

MyCare Homes Limited

Rosewood Care Home

Inspection report

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11 May 2022

24 May 2022

27 May 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosewood Care Home is a residential care home providing personal care and accommodation for up to 35 people. The service provides support to older people and those who may be living with dementia. At the time of our inspection there were 31 people using the service. The home is a single storey accommodation, purpose-built building.

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

People told us they were happy and safe living at Rosewood Care Home. We were told by people living in the service and their relatives that they felt included, safe and well cared for. The service was clean and well maintained. However, risks related to legionella had not been fully assessed and mitigated.

Processes and procedures were in place to store and administer medicines safely, although we did observe poor hygiene practice on our first day. This was rectified on our second visit. We were somewhat assured appropriate infection prevention and control measures were in place to protect people against the risk of COVID-19 and other infections. However, recording of exactly what had been cleaned could have been more robust.

People were supported safely and appropriately by sufficient staff who were competent and knew people well. Risks to individuals were assessed and well managed. The registered manager worked well with other health care professionals to ensure that learning took place and necessary changes were made to continually improve.

The service was well led. The staff team told us they felt supported by the registered manager. People who used the service and staff were involved in how the service was managed. The registered manager had processes in place to monitor and improve the quality of the service people received.

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

Rating at last inspection

The last rating for this service was good (published 28 February 2020)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to managing the risk of legionella at this inspection. We found that the two areas reviewed were now rated as Requires Improvement.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We have requested an action plan from the provider to show what they will do and by when to manage the risk of legionella.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rosewood Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and one Expert by Experience carried out this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rosewood Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosewood Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 May 2022. We visited the service on 11, 24, and 27 May 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) as part of this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This included notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

We used all this information to plan our inspection.

During the inspection

We spoke with three people and 10 relatives of people who used the service about their experience of the care provided. We spoke with the registered manager and four members of staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at records sent to us by the registered manager. These included training records, business continuity plan, health and safety records, and recruitment documentation.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had not taken full account of the risk of legionella, a potentially fatal infection. Legionella can cause a serious type of pneumonia called Legionnaires' disease. We identified there was no risk assessment in place and no regular pre tap temperature checks or flushing of little used outlets. There was an annual check of four randomly selected outlets for the presence of legionella carried out by an external company. These had come back as negative for the bacteria; however this was not in line with current guidance so we could not be assured the provider had taken sufficient steps to protect people from the risk of legionella.
- Following the inspection, the registered manager scheduled an external company to produce a legionella risk assessment. The registered manager also started recording water temperatures, although the initial readings were not within the safe temperature zones. After this, the external company would also be engaged to visit monthly to check water temperatures. When completed this should form the basis of an action plan

The provider had failed to properly maintain the building in that they had failed to follow national guidance to manage risks of legionella. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to individuals' safety and wellbeing were identified and assessed. The provider had processes in place to mitigate risks such as those associated with falls, skin integrity and medication. One relative told us, "We feel that [relative] is in a safe environment."
- All other health and safety checks of the building were completed effectively with documented maintenance records. Maintenance and repairs were carried out by a dedicated person at the home.
- Fire risk assessments were completed and equipment for use in the event of a fire was available and serviced in line with requirements. People had individual evacuation plans in the event of an emergency where they had to leave the home.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Consent to care had been obtained by the provider and this was recorded in the person's care plan. Staff were observed obtaining consent before administering medication.
- Best interest decisions had been made where required. Where the decisions were more significant such as end of life care, the provider had ensured that all the appropriate people were involved in the decisions made. Where the decisions were less significant the best interest decisions appear to record only the involvement of the provider and care staff. We would expect all relevant parties are involved in a person's best interest decision. People and their relatives did not raise this as a concern, and we did not find any negative impact on people.

Using medicines safely

- People received their medicines safely and in line with their prescription. Processes were in place to seek GP guidance if a person needed their medicine in a different format such as liquid rather than tablet to make it easier for them to swallow.
- Staff who administered medicines were appropriately trained. Medicines records were complete and up to date. Staff we spoke to knew the medication needs of the people they supported well. Relatives told us they had no concerns regarding medicines. One relative told us, "they bend over backwards to enable [relative] to get his medicines."
- There were appropriate guidance and protocols in place for people's medicines, including for medicines to be taken "as required" (PRN). Staff managed and stored people's medicines safely and securely.
- We observed staff administering medication. On the first day of our visit we observed medicines being tipped into a hand before being offered to the person to take. The person was not wearing gloves and did not use hand hygiene gel during the medicines round. This is not in line with best practice. We fed this back to the registered manager who told us this would be addressed with the staff member. On the second day of our visit staff completing the medication round did so in line with best practice.

Staffing and recruitment

- People were supported by sufficient numbers of staff to meet their needs and keep them safe. Most relatives we spoke with told us they felt there were enough staff. One person said, "There always seems to be enough staff to me, even at weekends".
- Most staff had suitable training. Some staff training had lapsed; however, we were provided with a plan detailing training dates for overdue courses. Our observations showed that staff worked in line with best practice. We observed a person being moved using equipment which demonstrated that staff were experienced and knew how to support the person safely.
- The provider made pre-employment checks to new staff to help ensure their suitability for the role. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This included appropriate checks as to their suitability to work with vulnerable people. However, in one of the files we looked at there were some gaps in employment history. We discussed this with the registered manager and this was rectified following our inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safe and safeguarded from abuse in the home. When asked if they felt safe, one person told us, "Oh yes, of course." All the relatives we spoke with were very confident that people were safe and well cared for by staff. One relative said, "I am really happy with the care, [my relative] is very comfortable with the staff, they are family." Another said their relative was, "As safe as they can be."
- Staff were aware of the risks of abuse and poor care, and what to do if they were to witness or suspect

instances of abuse. All the people we spoke with were confident if they were to raise a concern it would be dealt with appropriately.

- The provider had suitable policies and processes to keep people safe, however it was not clear when they were last reviewed to ensure all the information within remained current.

Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance. The home appeared clean and tidy with no malodours.
- Processes and procedures were updated in line with COVID-19 requirements. Relatives told us they felt the home was always clean, tidy and well maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a detailed check list of what needed to be cleaned and when, which staff used, however they did not keep clear records of what they had done. Issues were identified in hygiene practice while we observed a medication round, however this was addressed.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider was using and following the latest guidance provided from the local authority, however they had not collated this into one easy to access policy.

We have signposted the provider to resources to develop their approach.

- The provider allowed visits to the care home in line with government guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported. The registered manager reviewed the reports and took all appropriate action to reduce the risks to people, including working with other health care professionals where necessary.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Audits of various aspects of the service were detailed and carried out by the registered manager. The audits identified issues that needed to be addressed and covered most aspects of the service such as care plans, health and safety and fire. The registered manager carried out audits of various elements of the service monthly.
- However, robust legionella checks were not included in the regular audit which had resulted in the risk not being managed in line with guidance. In addition, staff files had not been audited recently which had also resulted in some missing information not being identified. We raised this with the registered manager who would look to address this.
- The registered manager reviewed processes and involved other health care professionals in response to incidents and accidents to ensure that any improvements in the care delivered were identified and actioned.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles, they were familiar with the people living in the service and supported them safely and appropriately.
- The registered manager was aware of reporting requirements to CQC and other organisations, including new ones which had been introduced during the COVID-19 pandemic. The registered manager had arranged with the primary care team to come to the home to ensure people were vaccinated and protected from COVID-19.
- The provider's recruitment policy met the requirements. Although the provider was not using many agency staff, we discussed with the registered manager during the inspection the need to obtain the same level of assurance. The registered manager said they would ensure that the agency supplied the information needed to meet the requirement.
- Staff were guided to provide appropriate care by the provider's policies but could not always remember when they had last read them. Those we checked were relevant, however, it was not clear when they had last been reviewed to ensure they remained in line with best practice. The registered manager told us they were moving over to a new set of online policies from a consultancy firm which would mean everything would be reviewed and updated as this process occurred.

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

- There was lots of positive feedback about the registered manager and staff team. Relatives said they knew

who the registered manager was and that they were approachable, and easy to talk to. Most people supported by the provider told us they couldn't remember having an annual survey, but all told us that they knew how to raise a concern and that they were confident it would be addressed. Relatives said the registered manager is, "Very good, available to everyone and very approachable" and "[I] can't recommend the manager enough, they know [relative] very well." Several people told us they would recommend the service.

- The registered manager worked well with people, their relatives and staff to create a friendly and open atmosphere in the service. The feedback from people and their relatives was very positive, all felt safe, well cared for and included within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People had a good relationship with the registered manager. People told us they could raise concerns and had full confidence they would be dealt with. The registered manager was aware of the need to be honest and transparent in the event of certain notifiable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service and their families were involved in changes in the service. There was an annual survey that relatives were encouraged to complete. Most relatives confirmed they completed this. One relative told us they had not been involved in any relatives' meetings but had completed the annual survey. They also said staff would listen to them if they had any feedback about the running of the home.

- People's diversity was considered to ensure they were supported appropriately. For example, one person had limited visibility. The service had ensured they had a room located where they would not feel isolated and consideration had been given to communication methods to ensure their needs were met.

- Staff told us they felt engaged and involved. There were staff meetings where staff were encouraged to raise concerns or ideas for improvement.

- Records showed that staff supervisions were not always happening regularly for all staff. Supervisions are opportunities for two-way conversations. However, staff told us they felt supported and could take concerns to the management team at any point.

Working in partnership with others

- The registered manager was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people. They had a good working relationship with other visiting health care professionals such as the GP and Occupational therapists. The registered manager had worked particularly well with Southampton Primary Care with regular multidisciplinary team meetings and virtual ward rounds to support people at the home. One of the GPs from this team said about Rosewood Care Home, "The team are extremely knowledgeable, caring and work cohesively under a very clear and strong directive leadership, they are a pleasure to work with and by far, one of our exemplar partners."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to properly maintain the building in that they had failed to follow national guidance to manage risks of legionella. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>