

Rosclare Residential Home Limited

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Inspection report

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Date of inspection visit:
17 January 2017

Date of publication:
03 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 17 January 2017 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in February 2016. At that inspection we gave the service an overall rating of requires improvement. This was because we found the provider in breach of the regulations. They did not always maintain accurate and complete records in respect of people using the service and in relation to the management of the service. We did not identify any further breaches but we found some aspects of the service were inconsistent. The provider could not always demonstrate suitable staffing levels were being provided at all times of the day according to people's dependency levels. They also did not carry out risk assessments to assure themselves of the continued suitability of staff who worked at the home.

We asked the provider to take action to make improvements in respect of the breach in regulation. We went back to the service in May 2016 to check that improvement had been made and found the breach of regulation was met.

Rosclare Residential Home provides accommodation for up to 19 people who require personal care and support on a daily basis. The home can accommodate people living with dementia and/or older people living with mental health issues. At the time of our inspection there were 18 people living at the home.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we identified new concerns about risks posed to people by the premises. The provider had not taken action to address hot water temperatures exceeding permitted safe levels in some parts of the home. They had also failed to identify that some window restrictors fitted on first floor windows would not have prevented a person from climbing out. This meant people were not sufficiently protected from the risk of injury or harm that could arise from scalding or a fall from upper floor windows.

We also found the provider's current arrangements for monitoring the quality and safety of service were ineffective. The registered manager had not reviewed checks undertaken by staff to identify any issues or concerns that may have posed a risk to people's safety, health and wellbeing. We were also concerned current checks and audits did not review all aspects of the service to give the provider the assurance they needed that the service was operating safely.

We identified two breaches of regulations during the inspection. These were in regards to safe care and treatment and good governance. You can see the action we have told the provider to take with regard to these breaches at the back of the full version of this report.

The provider had continued to maintain the improvements that we saw in May 2016. Our checks found people's records were accurate and up to date. Records, including information relating to staff, were easily accessible and kept secure. Senior staff continued to document their 'out of hours' visits to the home. We saw other improvements had been made. The provider had appointed a new deputy manager in October 2016. The registered manager acknowledged that current governance arrangements needed to improve and this appointment would give them the capacity they needed to fulfil their management duties particularly with regard to oversight and scrutiny of the service.

The provider continued to ensure appropriate checks were undertaken on new staff of their suitability and fitness to work at the home. We found some improvement had been made to checks of existing staff's on-going suitability. Staff now completed an annual self-declaration relating to any criminal convictions incurred. The registered manager said they would look at introducing extra checks to seek additional assurances about staff's on-going suitability.

Arrangements for ensuring there were enough staff to meet people's needs had been improved. Staffing levels were now reviewed as the dependency levels of people in the home changed so that senior managers could assess there were enough staff on duty to meet all of the peoples' needs safely. We saw staff were available to support people around the home when needed. Staff said they felt better supported in their roles. They received regular training and supervision from managers to help them to meet people's needs effectively.

People and staff were positive about the new deputy manager who they said had had an immediate and positive impact at the service. They had made improvements in relation to the quality of activities that people participated in and to care records. People's care records had been updated and staff had access to up to date information about how to support people. People's care records reflected their choices and preferences for how support should be provided. Where people lacked capacity to make specific decisions there was involvement of their representatives and relevant care professionals to make these decisions in their best interests. People's care and support had been reviewed to check this continued to meet their needs.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy and to access healthcare services when they needed this, particularly if they became unwell. Medicines were managed safely and people received them as prescribed. Staff treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

Staff assisted people to do as much for themselves as they could and wanted to do. The service continued to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Conditions on authorisations to deprive a person of their liberty were being met. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests, and there is no other way to look after them.

Staff knew how to protect people from the risk of abuse or harm. They followed appropriate guidance to minimise identified risks to people's health, safety and welfare. Notwithstanding the issues identified above, the provider had maintained a regular programme of maintenance and servicing of the premises and equipment to ensure these were safe. The premises were clean and free of clutter and malodours.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted. The provider ensured the complaints

procedure was easily available if people wished to make a complaint.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were still not safe. People were not sufficiently protected from some risks posed by the premises.

The provider had improved the way they reviewed staffing levels. On the day of the inspection there were enough staff to meet people's needs.

The provider had also improved arrangements for checking the on-going suitability of existing staff. Recruitment procedures were followed and appropriate checks were undertaken on all new staff.

People received their medicines as prescribed. These were stored securely. Staff knew what action to take to protect people from abuse or harm and to minimise specific identified risks to people's health, safety and wellbeing.

Requires Improvement ●

Is the service effective?

The service remains Good. Staff continued to receive training to help them meet people's needs. They were supported in their roles by senior staff.

Staff were trained and aware of their responsibilities in relation to the MCA and DoLS.

Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They reported any concerns they had about this so that appropriate support was sought.

Good ●

Is the service caring?

The service remains Good. People spoke positively about the staff that supported them.

Staff ensured that people's dignity and right to privacy was maintained, particularly when receiving care.

People were supported by staff to be as independent as they could be.

Good ●

Is the service responsive?

Good ●

The service remains Good. Care plans reflected people's choices and preferences for how they wished to be supported. These were reviewed regularly by senior staff.

People continued to be supported to undertake activities which promoted conversation, interaction and social inclusivity.

The provider maintained arrangements to deal with any complaints and issues appropriately.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were still not well led. Current checks and audits failed to identify and address areas that needed to improve the quality and safety of the service.

Management arrangements had recently been strengthened to support the provider to improve oversight and scrutiny of the service.

People and staff were positive about the new arrangements. They were supported to give their feedback and suggestions about how the service could be improved.

The provider continued to maintain the improvements they had made to the management and maintenance of records.

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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 checked 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 was a comprehensive inspection which took place because we carry out comprehensive inspections of services rated requires improvement at least once every year. The inspection took place on 17 January 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we spoke with five people using the service. Some of the other people using the service could not share their experiences with us due to their complex communication needs. In order to understand their experiences of using the service we observed staff carrying out care and support and the way they interacted with people. We also spoke with three members of staff, the deputy manager and the registered manager. We looked at four people's care plans, four staff files and other records relevant to the management of the service.

Is the service safe?

Our findings

At our last comprehensive inspection of the service in February 2016 when answering the key question 'is the service safe?' we gave the service an overall rating of 'requires improvement'. We did not find the provider in breach of the regulations. However we found the provider could not always demonstrate suitable staffing levels were being provided at all times of the day according to people's dependency levels. They also did not carry out risk assessments to assure themselves of the continued suitability of staff who worked at the home.

At this inspection we found people were not sufficiently protected from identified risks of injury or harm posed by the environment. This was because the measures in place to mitigate these risks were ineffective. The provider required staff to check and record the temperatures of all hot water outlets in the premises to ensure these did not exceed the maximum temperature of 44 degrees Celsius as recommended by the Health and Safety Executive (HSE) in their guidance 'Health and safety in care homes'. From November 2016 to December 2016 we saw the recorded temperature of hot water outlets located in six people's rooms, the ground floor shower room and the first floor bathroom, regularly exceeded 44 degrees and there was no action taken as a result to adjust the temperature of hot water to safe levels. The registered manager was not aware at the time of our inspection that these temperatures had exceeded permitted safe levels. This meant people were not sufficiently protected from the risk of scalding from hot water.

We checked restrictors fitted on windows on the first floor of the home. Restrictors help to protect people from the dangers of falling from upper floor windows. In five people's bedrooms we found restrictors were not fitted correctly and window openings exceeded the HSE's recommended safe level of 100 millimetres. This meant people were not sufficiently protected from the risk of injury or harm that could result from a fall from these windows.

The issues we identified were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed other aspects of the environment and equipment were regularly maintained and serviced including the gas heating system, fire equipment and systems, alarms, calls bells, emergency lighting, the chair lift, water hygiene and portable electrical appliances. We observed the home was clean and staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene.

We found some improvement had been made since our last inspection to the assurances sought by the provider about staff's on-going suitability to work at the service. Staff were now required to complete an annual self-declaration relating to any criminal convictions incurred since their last criminal records check. However the provider did not carry out their own verification checks and therefore did not have full assurance about staff's on-going suitability. We discussed this with the registered manager who told us they would look at introducing this additional check to seek the appropriate assurances. Records showed, in respect of new staff, the provider continued to follow established recruitment procedures that enabled them to check the suitability and fitness of these staff to support people.

There were enough staff on duty to support people with their needs. People told us and we observed staff were visibly present and providing appropriate support and assistance when this was needed. The registered manager and deputy manager told us staffing levels were now reviewed as the dependency levels of people in the home changed. They said before a new person came to live at the home their needs and those of people already using the service were reviewed to assess whether changes were required to staffing levels to meet all peoples' needs safely. We checked staffing rotas over a period of two months and noted staffing levels had remained at a consistent level during this time.

People received their medicines as prescribed. We looked at medicines administration records (MARs) which should be completed by staff each time medicines are given. There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MARs. Records maintained for people who had their medicines covertly showed the provider followed current legislation and recommended good practice in this area by seeking and obtaining appropriate authorisation and input from professionals. Medicines were administered by staff that had been suitably trained. All prescribed medicines were stored securely in the home.

Risks posed to people from their current health care conditions and needs had been assessed and were reviewed monthly. Where risks had been identified, plans were put in place to instruct staff on how to minimise or reduce these. For example, where people had reduced mobility and were at risk of falling, there was guidance for staff on how to help people to move safely around the home. Managers continued to review all accidents and incidents in the home to minimise reoccurrence and to identify any trends or new risks posed to people's health and safety. We saw action was taken to seek appropriate support for people to help reduce these risks. For example one person had recently been referred for additional support through their GP to help them reduce the risk of falling.

People continued to be protected from abuse or harm from discrimination. Since our last inspection all staff had received refresher training in safeguarding adults at risk and in equality and diversity. This helped them to stay alert to signs of abuse or harm and the appropriate action that should be taken to safeguard people.

Is the service effective?

Our findings

People said staff were able to meet their needs. One person said, "Yes, staff are good. We get the doctor when we want [them]."

Since our last comprehensive inspection, records showed staff had undertaken mandatory training in topics and subjects relevant to their roles. This helped staff keep their knowledge and skills up to date. The managers checked how staff were meeting people's needs through a programme of regular supervision (one to one meeting) and an annual appraisal of their work performance. A staff member said, "Every month we have training and a meeting with the managers. It's very helpful." Staff also told us with the arrival of the new deputy manager in October 2016, they felt better supported by the senior staff team. One said, "The new manager understands us. Very supportive. She's a happy person...all the residents are very happy!"

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation.

People were supported to have enough to eat and drink and given choice. Staff were aware of people's individual dietary needs and their likes and dislikes. Minutes of residents meetings showed staff encouraged people to help plan menus so that these reflected people's preferences for the meals they ate. Where there were concerns about people's nutrition and hydration needs staff observed and recorded what people ate and drank. This helped them to monitor people were eating and drinking enough to reduce risks that could arise from malnutrition and dehydration.

Staff supported people to keep healthy and well. They maintained daily records of the support provided to people including their observations about people's general health and wellbeing. At each shift handover, senior staff updated staff coming on duty about any specific issues or concerns about people. Records showed staff took prompt action to ensure people received appropriate care and support from their GP when they became unwell. Staff ensured people attended scheduled appointments and check-ups such as

with their GP or consultant overseeing their specialist health needs. They maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.

Is the service caring?

Our findings

People spoke positively about staff. One person said about a staff member, "She's pretty good, isn't she." Quality surveys recently completed by people in November 2016 also indicated a good level of satisfaction with the attitude and conduct of staff. One person had commented, "Everyone is caring." Another person had stated, "All you lovely ladies look after me."

We observed positive interactions between people and staff. People looked at ease and comfortable in staff's presence, responding positively to their questions and readily asking for help and assistance. During activities staff were friendly, energetic and supported people to take part so that no one was left out. We saw on one occasion one person did not wish to take part in the group activity and staff respected their wish not to. Staff continued to offer words of encouragement and support to the person so that they were not excluded.

We also spent time observing the lunchtime service. It took staff approximately 20 minutes to ensure everyone was served their meal. Although people did not appear anxious or upset whilst they waited, we discussed this with managers who said they would look at ways this could be improved so that people didn't have to wait too long. Lunch appeared freshly cooked, hot and appetising. Staff checked people were happy with their meal, offered drinks and made sure people had extra condiments if they needed this, for example tomato ketchup to accompany their chips. People we spoke with after said they had enjoyed their lunch.

People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter. People's doors were kept closed when staff were providing personal care so that their privacy and dignity was protected. People appeared neat and tidy and dressed in fresh, clean clothes. Staff told us the various ways they ensured people were afforded privacy and dignity when being supported with their care. This included respecting people's choices if they did not want to receive care at that time.

People were supported to be as independent as they could and wanted to be. People's care records prompted staff to encourage people to do as much as they wished to and could for themselves. We observed instances where staff encouraged people to undertake tasks and activities and only stepped in when people couldn't manage these. For example, we saw one person putting on a pair of slippers and a staff member said, "I know you like to do this yourself so you just let me know if you need me and I'll give you a hand."

Is the service responsive?

Our findings

People were generally satisfied with the support they received. One person said, "They're fairly good. We don't have many complaints." Quality surveys recently completed by people in November 2016 also indicated satisfaction with the support people received and that their needs were being met. The registered manager confirmed there had been no formal complaints received by the service since our last comprehensive inspection. The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. The complaints procedure was made easily available in the home.

People continued to receive personalised support which met their specific needs. Each person had an up to date support plan which set out for staff how their needs should be met. Support plans contained information about people's likes, dislikes and their preferences for how care and support was provided. For example plans detailed when people liked to wake up and how they wished to be supported with getting washed, dressed and ready for the day. Where changes were identified to people's needs and the level of support they required, their support plans were updated promptly and information about this was shared with all staff.

We saw all people's care records had recently been updated and improved by the new deputy manager to make information about people's needs more easily accessible to staff. The deputy manager said this helped to support new staff working at the home to familiarise themselves more quickly to people's needs. Staff knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes.

People remained active and participated in a variety of activities and events that met their social and physical needs. Staff facilitated a range of activities in the home including music and singing, games and quizzes and light gentle exercise such as ball games. On the day of our inspection we saw staff encourage people to participate in a sing a long which people appeared to enjoy. Later, during a quiz about the world map, staff used this to encourage people to talk about their experiences of visiting other countries. People that could go out independently continued to do so. People who needed more help were supported to attend outings in the community. For example the deputy manager had recently taken four people to visit a local church and have lunch.

Musical performers continued to visit the home to entertain people. The service had also maintained their links with local schools and regularly received visits from volunteer schoolchildren. The registered manager said this enabled children to learn about what life was like for people living in a care home to raise their awareness and understanding of this. The deputy manager told us how one person prior to using the service, had lived socially isolated for a number of years. They said through conversations, they established the person enjoyed music and could play the piano. They had encouraged the person to play songs for people on the home's piano and the person was now doing this regularly, helping them to build new social networks which they didn't have access to previously.

Is the service well-led?

Our findings

People were positive about the current management of the service. People said managers were approachable. One person said, "Yes, they're easy to talk to. A nice pair of ladies."

At our last comprehensive inspection of the service in February 2016 when answering the key question 'is the service well led?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations. This was because the provider did not always maintain accurate and complete records in respect of people using the service and in relation to the management of the service. We asked the provider to take action to make improvements which we checked had been made during a focused inspection in May 2016. We found the provider was meeting the breach of regulation we looked at, but we did not amend our rating as we wanted to see consistent good practice and improvement over time in respect of the management and maintenance of records.

At this inspection we identified a new breach in the regulations in relation to the provider's governance arrangements. People were not protected from risks that can arise from ineffective audits of the service which fail to identify and address areas that need to improve. Documented checks of the service were limited and focussed on the safety of the premises, 'out of hours' visits by senior staff and medicines management. We identified concerns about the effectiveness of some of the documented checks. Records maintained of hot water temperatures between November and December 2016 showed some hot water taps in the home exceeded the maximum recommended temperature by the HSE of 44 degrees Celsius. However this information had not been reviewed by the registered manager for them to take the appropriate action to improve the safety of the hot water system.

Records had been kept of call bells maintenance which showed these had been checked regularly. The registered manager told us they regularly checked all aspects of the service to ensure that policies and procedures were being followed by all staff but did not document these as a matter of course. As a result they could not show us how any identified shortfalls and gaps had been addressed to improve the service. We had concerns whether these checks covered all aspects of the service. For example, if checks had been undertaken of window restrictors, the registered manager would have been aware these were not sufficiently protecting people from the dangers of falling from upper floor windows.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The above issues aside, we found the provider had continued to maintain the improvements we saw in May 2016. Our checks found people's records were accurate and up to date. Records, including information relating to staff, were easily accessible and kept secure. Senior staff continued to document their 'out of hours' visits to the home.

We discussed with the registered manager the reasons why aspects of the service continued to be not as well managed as they should be. They told us the service had been without a deputy manager for a long

period of time and this had impacted on their ability to undertake all the necessary tasks to ensure the service was managed well. Management arrangements had now been strengthened and improved with the appointment of a new deputy manager in October 2016. The registered manager acknowledged that current governance arrangements needed to improve and this appointment would give them the capacity they needed to fulfil their management duties particularly with regard to oversight and scrutiny of the service.

It was clear the appointment of the new deputy manager had had an immediate and positive impact on the service. People and staff described them as "fun", "energetic" and "a breath of fresh air". One staff member told us, "The place is different now. More alive and happy. It's very good." We observed for ourselves the deputy manager was friendly, yet professional with people and staff, who appeared happy and pleased to see and speak with them. We saw examples of new activities they had introduced to the home to improve people's experiences such as games and puzzles to stimulate and engage people.

People and staff were encouraged to provide feedback about their experiences and suggestions for how the service could be improved. People completed annual surveys in which they were asked to rate their satisfaction with the care and support provided. We reviewed the most recent completed surveys from November 2016 and noted people had very few suggestions for how the service could be improved which indicated people were satisfied with the support they received. Records showed regular meetings took place at the home with people where they were encouraged to raise issues and to give their suggestions for improvements. We noted suggestions made by people about new activities and outings were taken on board and arranged. Staff said they could share their views and ideas for how the service could be improved at team meetings, which minutes of recent meetings supported.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured the premises were safe so that people were sufficiently protected from the risk of injury or harm. Regulation 12 (2)(d).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems to assess, monitor and review the quality and safety of the service were not effective as they failed to identify areas which needed to improve. Regulation 17(2)(a).</p>