

Rosevilla Residential Home Limited

Rosevilla Residential Home

Inspection report

Penkford Lane
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Warrington
Cheshire
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Tel: 01925228637

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosevilla Residential Home is a 'care home' providing accommodation for persons who require nursing or personal care for up to 43 older people; some of whom lived with dementia. At the time of the inspection 41 people were living at the home.

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

People were not fully protected from the spread of infection and COVID testing was not managed in line with government guidelines. The provider acted immediately to make improvements. We have made a recommendation about the management of infection prevention and control measures.

People told us they were happy with the care they received and said they felt safe living at the home. One person said, "Its great here and we have fun." People living at the home were comfortable with staff. Staff were attentive and caring with people and supporting them when they became distressed.

People were protected from abuse because staff understood what was meant by abuse and the correct procedures to follow if they had any concerns about people's safety. People received their medicines as they preferred and prescribed. Staff were knowledgeable about people's health needs and the provider had sought advice from other health professionals as appropriate to support people's needs.

People were kept safe. Risks were well managed, and the provider learned from previous accidents and incidents to reduce future risks. Risks, such as falls, were fully assessed, monitored and reviewed. Key information in people's care records about the management of risk was accurate with daily notes completed and accurate.

Staffing levels were appropriate to match the needs of people at the home. The home used very low numbers of agency staff. The provider assured us that they were continuously working to recruit more permanent staff. Staff received training and support to enable them to effectively meet the needs of the people they supported.

Rating at last inspection

The last rating for this service was good (published 10 October 2017).

Why we inspected

We carried out an unannounced focused inspection of this service on 16 December 2021 following a number of concerns relating to infection prevention and control measures and intelligence gathered through various sources and our system. This report only covers our findings in relation to the Key Questions of Safe and Well-led.

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.

Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the caring, effective and responsive key questions were not looked at during this visit. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used to calculate the overall rating at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosevilla Residential 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 Care Act 2014.

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

The inspection was carried out by one inspector.

Service and service type

Rosevilla Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who lived in the home about their experience of the care provided. We spoke with seven members of staff employed including the registered manager, deputy manager, nominated individual, three senior carers and one care staff. We also spoke with three people's relatives.

We completed checks of the premises and observed how staff cared for and supported people in communal areas. We reviewed a range of records that included five people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures, and accidents records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audit and governance data, as well as infection prevention and control policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People living at the home had been supported to receive a COVID-19 vaccine. Staff had also taken part in the vaccination programme. The service made use of COVID-19 (LFD) testing for both staff and people living at the home. However, staff were not consistently using polymerase chain reaction (PCR) in line with government guidance.

We recommend the provider review the use of polymerase chain reaction (PCR) tests for staff.

During the inspection the provider acted swiftly and assured us that they had put a new system in place for recording and monitoring COVID-19 testing in the home. The provider consulted the infection prevention and control team and the local authority for further support and guidance.

- The home was clean and tidy with communal areas including dining room, lounges and bathrooms well maintained. One relative told us, "The home is extremely well cleaned, and I visit mum in communal areas, and they are very clean. It is spotless."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were fully assessed, monitored and regularly reviewed in line with their risk management plans.
- Risk assessments were fully completed and reviewed. Care monitoring records for people had been completed to show they had received the care and support they needed to minimise the risk of harm.
- Falls monitoring for people who were identified at high risk of falls was completed and records were completed. Following a high number of falls the provider changed the dining room and communal areas to minimise risk. The orientation of the rooms was altered making it easier for people to walk between the rooms. Staff could also monitor people more safely with clearer sights of view. Analysis showed that falls had reduced at the home since these changes had been made.
- Care records contained information that was person centred. This included a life story and people's preferences when receiving care. Staff could easily access care records and had a clear and concise understanding of the person they were caring for.
- Fire safety arrangements were in place at the home. Fire doors were clear of obstacles and clearly signposted.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider used a low amount of agency staff. Staff told us about staff shortages and recent changes. They discussed strains this created but they felt confident they could cope as a team. One person said, "We work well together to adapt if short staffed."
- Staff personnel files contained the appropriate information needed to ensure 'fit and proper persons' were employed. Staff files were well maintained and accessible.
- Disclosure and Barring Service (DBS) checks were completed for all staff who worked at the service. This ensured that all staff were deemed 'suitable' to work in health and social care environments.

Using medicines safely

- Medication management procedures were in place and medicines were routinely ordered, safely stored, administered and disposed of in accordance with current guidance.
- People had medication risk assessments in place and staff were familiar with individual medication administration procedures.
- Staff received regular medication training and competency checks. Routine medication audits were completed.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what to do if they had safeguarding concerns. This included how to safeguard people and 'whistle blow' to external bodies such as the CQC and local authorities. One person said, "I would not hesitate to raise any concerns. The manager and deputy listen to us and would do something about it."
- Staff had received safeguarding training and were aware of the signs of abuse.
- Safeguarding incidents were appropriately reported to the local authority and CQC.
- Accident and incidents were recorded, and staff completed the relevant documentation and follow up actions were completed.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Governance and quality assurance procedures and processes were not always effective. They used these to identify issues in relation to risk management. The provider had failed to identify one issue we found in relation to IPC practices and PCR testing in line with government guidance. However, this was acted on immediately by the registered manager and the nominated individual.
- The provider understood the importance of their role and effectively managed risk and complied with regulatory requirements. The provider completed a range of audits and we were assured that appropriate actions had been taken.
- Records had been accurately maintained. For example, records had been updated when someone had a fall and risk assessments had been completed and updated. Staff knew about any changes and this was communicated to them in a number of ways including staff meetings and handovers,
- The provider involved people in their care planning and care records contained information that was person centred. The care files had life stories and contained the persons voice in the care planning and how their care should look.
- Staff were supported to express their views and contribute to the development of the service at team meetings. Staff told us that they felt comfortable to share their views of the service with the provider.

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

- Staff we spoke with knew people well and could tell us what was important in peoples care. We observed kind and caring interactions between people and staff. For example, we observed one of the care staff manage a difficult situation that involved three people all requiring three different levels of support. The member of staff was calm and treated each person in a dignified and caring way whilst waiting for additional support.
- Staff had effective supervisions where discussions and feedback were recorded.
- The provider promoted a positive culture. The provider told us they had an open door policy and staff told us they felt supported. One member of staff told us, "We had a team meeting yesterday and it was useful. We talked about recent changes and gave feedback on the bonus system."
- Effective systems and processes ensured accidents, incidents and safeguarding concerns were appropriately recorded, investigated and analysed.
- Quality surveys were shared with people living at the home and their relatives. People and relatives were encouraged to share their thoughts, views and suggestions about the provision of care provided. Relatives

told us that they felt confident making suggestions and raising concerns with the provider. One relative said, "The staff tell us everything and they understand my mums needs. "

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

- The provider understood and worked in accordance with their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive.
- Concerns, incidents and accidents were consistently reviewed. The provider was open and transparent and willing to learn and improve people's care.

Working in partnership with others

- Partnership working was embedded in the home, the provider engaged with relatives and staff and involved the people in decisions regarding their care.
- Effective connections with healthcare professionals such as Local GP's, falls team and the infection, prevention and control team were well established and this supported people to receive holistic care.
- Joint working with external health and social care professionals meant people had coordinated care. Referrals to external healthcare professionals had been made to help ensure people received safe and appropriate support.