

Mrs Jennifer Grego

Rosedale House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosedale is a small residential care home providing personal care to a maximum of 2 people. The service provides support to people with learning disabilities and autism. At the time of our inspection there were 2 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The model of care and setting did not consistently maximise people's choice, control and independence. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

The manager and staff team were aware of people's strengths and had considered possible goals for people, but they needed to involve the person more in the planning, identifying and developing the steps they needed to take to achieve them and work towards leading as independent life as they could.

People were supported to take part in activities and interests in the local area. Some inhouse opportunities had been developed with a summer house for arts and crafts and involvement in the decisions for the imminent redecoration of some of the home.

Right Care:

There was a permanent staff group who worked consistently with people, so they knew them well, which helped ensure they received the care they needed, which was person centred and promoted people's dignity and privacy.

Staff had been given training in signing to help ensure they had the skills to be able to communicate, which needed embedding into the support provided.

Right Culture:

The manager's responsibilities were too great as they covered other homes and had a lack of support due to vacancies in senior staff. This had impacted on the quality assurance and governance processes and had led to a lack of oversight and gaps in monitoring, involving families and other professionals in reviews of care plans, as appropriate. However, this had been identified by the provider and there were plans in place

to improve the situation.

People received support from trained specialists where necessary, who helped staff understand people's needs and encouraged consistent support.

Staff and the management team at the service spoke positively about people within the service and wanted people to live their best lives.

There were plans in place to redecorate and upgrade the accommodation, which was needed. Health & safety checks and servicing of facilities were carried out.

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 on 08 July 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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.

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 based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider and manager took action following our inspection to address the concerns we raised and submitted evidence to show actions they had taken.

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

Enforcement

We have identified a breach in relation to quality assurance and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Rosedale House

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.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Rosedale 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. Rosedale 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post since last July. They were planning on submitting an application to become the registered manager.

Notice of inspection

This inspection was unannounced. Inspection activity started on 16 May 2023 and ended on 6 July 2023 when final feedback was given, with some aspects of the inspection being carried out remotely. We visited the location's service on 16 and 18 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives, 1 person who used the service, 7 staff including the manager and provider. We received feedback from 2 health care professionals. We observed people's care and support. We reviewed a range of records. This included 2 people's care records including records in relation to medication. We looked at 2 staff's recruitment records and a variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

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. There was a possible increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding, what abuse was and who to report it to. The service's safeguarding policy stated staff would undertake training on an annual basis. However, the training matrix and supporting training information did not record all staff had received safeguarding training.
- There was a safeguarding log in place which showed referrals were made to the Local Authority. However, we identified an incident which had not been reported to the Local Authority and another incident reported to the Local Authority but not notified to CQC. The manager responded promptly and submitted the notifications retrospectively.
- Staff had access to the Local Authority Safeguarding Adults guidance which was dated 2016. However, this was not current guidance as there was updated version dated August 2022.
- People's relatives told us overall they felt their family members were safe.

Assessing risk, safety monitoring and management

- People had plans in place to assess and manage their risks. However, we found these were not always up to date and complete especially in relation to distressed behaviour. One positive behaviour support plan was last reviewed in April 2022, before the person moved to Rosedale. It should have been reviewed every 6 months. Since then, there had been additions made to the person's support which were not included in their risk management plans. However, the same consistent group of staff worked with people who knew them well and were following the updated guidance on how they needed to be supported.
- Reviews took place after each incident involving people who lived at the service, and these were analysed at the end of each month to look for trends and lessons learnt. However, themes and actions were not carried over from one month to the next to be reviewed.
- The environment was in need of repair and redecoration. There was a list of maintenance required, however, not all works needed were included. We found a radiator cover which was loose and a wardrobe which needed securing which were not on maintenance list.
- Regular checks and servicing for such things as water, fire and gas were taking place.

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 not always working within the principles of the MCA. If needed, appropriate legal authorisations were in place to deprive a person of their liberty. Whilst appropriate authorisations had been sought to deprive a person of their liberty there was no mental capacity assessment or best interest decision for these.
- Whilst best interest decisions were documented there was no evidence health care professionals or people's relatives were involved in them.
- Staff had an understanding of the MCA and its principles. Their competency was checked during supervision with their manager.

Staffing and recruitment

- Recruitment files were reviewed, and we found there were gaps in employment which were not clarified and references from previous employers did not hold sufficient details. However, Disclosure and Barring Service (DBS) checks were carried out which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff said they felt supported, had regular supervision and their competency to practice had been checked and they received all the training they needed for their roles. However, there appeared to be a lack of oversight of training with some staff not up to date with all that was required.
- The service did not employ staff from agencies. All shifts were covered by permanent staff which meant the same group of staff worked with people in the service. People's relatives felt this was important in providing the consistency of support people needed.
- During our visit there appeared to be sufficient staff to meet people's needs and to ensure they could leave the service for activities.
- The provider and manager were aware of the issues with recruitment files and training matrix and had plans to ensure these were improved.

Using medicines safely

- Medicines were stored safely. Records showed people received their oral medicines as prescribed.
- Although there were regular checks including counting medication in place, the procedure was not always followed and not all medication was counted. Medication was delivered and return to the pharmacy via a sister care home. However, there was no documentation in place to record this.
- Staff authorised to give people their medicines had been assessed as competent. However, not all staff had not been recorded as being trained on the training matrix, as this was not complete to show all training received.
- Medication audits were taking place and when a medication error was made this was investigated and staff reflected on the reasons behind them.
- The manager responded promptly to our findings and implemented a system to record medication moving between the homes and ensuring all medication was counted regularly.

Preventing and controlling infection

- The service did not always meet current national guidance and standards in relation to infection control.
- People's living spaces were cluttered with clothes, games and dirty cups. Although additional storage had been identified to help this situation it had not been actioned, which meant the area was hard to clean and to encourage the person, whose space this was, to be involved and keep their space tidy.
- There was cleaning schedules in place which had some gaps in and there were issues on standard of

cleaning provided including for deep cleans.

- Infection prevention and control policies were in place. However, the guidance in relation to COVID-19 pandemic did not follow current Government guidance.
- After the inspection the provider and manager had started to action the improvements needed to people's living space.

Learning lessons when things go wrong

- There was limited use of systems to record and report safety concerns, incidents and near misses involving staff. Incidents forms were not completed for all incidents or near misses involving staff, so we could not be assured a full investigation had taken place and all lessons had been learnt from them.
- Forms were completed when people exhibited distressed behaviour. These were reviewed on a monthly basis, to look at trends and actions needed. However, there were repeated themes and actions from one month to the next which did not appear to be actioned.
- Lessons learnt and themes from incidents were discussed at staff meetings.

Visiting in care homes

- The processes in place for visiting were in line with Government guidance.
- There were no restrictions on visiting and people's relatives said they visited the service as well as people visiting them at their homes and other places.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person centred with details of what people liked and didn't, what was important to them including their family and what they liked to do. However, not all the support they needed was accurate and up to date. Staff knew people well which had led to improvements in their wellbeing, but this approach was not always consistent.
- Some goals had been identified and achieved for people including reconnecting with family they had lost contact with, improved healthy eating which had led to weight gain and more consistent eating, redecoration, vaccinations for one person who had been scared of needles and visits to London and Santa Pod. One relative said about an achievement, "[Person]'s diet is wonderful. It used to be limited but [they] eat well now."
- However, the goals needed further developing with the individuals to ensure they included all people's aspirations and goals to promote independence and the steps needed to achieve these.
- There had been a lack of involvement of others including family in the reviewing of care plans. Reviews had taken place solely by the manager.
- For one person there had been meetings to plan and discuss care and activities, but these had not happened for approximately a year. One took place after we inspected the service. These meetings had helped organise holidays, trips, regular activities and such things as a summer house for arts and crafts in the garden. The relatives found them especially beneficial but felt they needed them to help ensure these things happened.
- The staff and manager knew the importance of home visits and keeping contact with families. One relative said, "I am very grateful that they do home visits as it is so important [person] has quality home visits. They always go out of their way to put extra staff on to bring [person] home. If it is birthday or Christmas time I have to say they have always been absolutely brilliant at supporting the family contact time." The home has also supported people joining their families on holidays out of the county.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was seen in different formats within the service for people including easy read and pictorial.

- Staff had received training in signing to help communication with people living in the service. This was an area to be developed further to ensure consistency.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and a log to keep track of complaints received. Responses to complaints were seen which were sent in timely manner.

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 not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance arrangements were not always applied consistently or were effective. Improvements were not always identified and acted up on in a timely manner.
- The manager currently covered 4 homes. There were vacancies for a deputy manager and senior carers to support them. We were concerned this was impacting on the effectiveness and oversight the manager had to perform their role.
- Audits of systems were not up to date including on care plans, no weekly or monthly weight monitoring had taken place, and analysis of behaviour charts was behind. There was no service development plan to help give the manager oversight of actions and work required.
- There were no effective systems to ensure training and care plans were kept up to date, which could mean staff did not have the skills or the guidance to provide the care needed.
- Systems to review incidents and ensure safeguarding's were made, lessons learnt and taken forward were not effective. Not all incidents had been reported to safeguarding and CQC as required.
- The manager had been in post since July 2022. However, although they intend to apply to become the registered manager, at the time of the inspection there was no application submitted.

The provider had failed to ensure effective systems were in place to monitor and improve quality and to monitor risk. This was a breach of regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014. □

- Following the inspection visit the manager did provide some of the missing reviews, submitted notifications and the service development plan, which needed further developing to cover all required areas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture of the service was not always person-centred, open, inclusive and empowering.
- Relative spoken to initially were not happy with the level of consultation and communication. From this circle of support meetings were started with relatives, professionals and staff for one person. This had made a difference in the planning, consultation and co-ordinating of care with input from the relatives. However, recently there was a gap of over a year between meetings, which had led to frustrations that staff were not

always following the positive behaviour support plan.

- Staff mostly felt the manager was approachable, would listen and support them in their role. They felt they had received support and training required to do their role. Staff meetings had been regularly taking place when strategies, changes in policy were discussed. Staff said they had found them useful.
- There had recently been a survey sent out to relatives and professionals. This had been analysed identifying areas of improvement and what was going well. However, the areas of improvement were not on the service development plan.
- Weekly meetings had taken place with people who lived in the service to look at such things as activities, menu choices and if they have any complaints. These were in an easy read format.

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 manager understood their responsibility in relation to the duty of candour.
- Relatives said they had faith in the providers to ensure they were kept informed and would approach them if there were any concerns which they had difficulties resolving.

Working in partnership with others

- The management team were keen to work with health care professionals to improve the care they provided. A psychologist had attended a staff meeting to discuss strategies and had worked closely with them to ensure the appropriate support was provided. They were also working with a transforming care navigator to help one person to identify and become involved in opportunities in the community.
- Feedback from a health care professional on working with the team said, "Overall this is a very caring and thoughtful staff team who have worked really well with professionals to provide an excellent placement for [person] with a very complex history, and [they] have thrived more than [they] ever have before, which is testament to the relationship the care staff have created with [them]."

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective systems were in place to monitor and improve quality and to monitor risk.