

Rosemary Limited

Rosemary Retirement Home

Inspection report

65 Vicarage Road
Wollaston
Stourbridge
West Midlands
DY8 4NP

Tel: 01384397298

Date of inspection visit:
30 September 2019
01 October 2019

Date of publication:
07 November 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosemary Retirement Home is a residential care home providing accommodation and personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

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

The support people received was not always safe. There were not sufficient staff to ensure any potential risks to people could be managed safely. People could not always decide what they had to eat and drink. People were not consistently supported to have maximum choice and control of their lives. The characteristics of the Equality Act 2010 was not consistently being identified in how people's needs were assessed. However, staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were not always caring and kind as people were sometimes given cold meals. We found since our last inspection people's privacy, dignity and independence was being promoted.

Reviews were carried out but did not identify who was present and the discussion that took place.

There was a constant odour within the environment of the home, which did not demonstrate a well led service. While the provider did not conduct spot checks, we found the registered manager did carry out these checks and audits. These checks were not always clear as to actions taken as a result of concerns identified. Questionnaires were not consistently used to gather views from people and their relatives. Not all staff were aware of the provider's whistle blowing policy and its purpose.

Assessments and care plans while basic were completed. People could access healthcare when needed. The provider had a complaints process in place which people used to share any concerns they had.

Staff received training and knew how to keep people safe and were appropriately recruited. Staff went through an induction process, so they would know how to support people appropriately. Medicines were administered as it was prescribed. Infection control processes were in place and staff could access personal protective equipment when needed. When an accidents or incidents took place, they were logged and the registered manager ensured trends were monitored.

Rating at last inspection:

The last rating for this service was Good (published 16/02/2017)

Why we inspected

This was a planned inspection based on the previous rating. However, concerns were identified because of a serious injury and this inspection examined those risks.

Follow up

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

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

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring 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 ●

Rosemary Retirement 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Rosemary Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. 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 the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our

inspection.

During the inspection

During the inspection we were unable to speak with many people to understand how they felt about the service, as they were unable to communicate their views. We managed to speak with two people and observed how people were supported. We spoke with three relatives, two members of staff, the staff supervisor, the registered manager and two directors. We reviewed a range of records, this included the care records for three people and medicine records. We looked at staff files in relation to recruitment and staff supervision and records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

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 now deteriorated 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.

Staffing and recruitment

- There was not sufficient numbers of staff to support people safely. The registered manager did not use a staff dependency tool to ensure there were enough staff to support people safely based upon their needs. This meant there was no system to ensure there were sufficient numbers of staff in the home to provide people's care and support in a safe way.
- During our inspection people were left to sleep most of the time as there were not sufficient staff numbers to enable staff to engage with people regularly.
- During the night there were two staff on shift and some people needed support from both staff at the same time. This left no other staff available to support people if needed or in an emergency. There was a potential risk people could be left at risk where staff were required immediately.
- There were not sufficient staff employed to cook meals. The cook was on long term sick and there was no other cooking staff available to cover them, so care staff had to leave their role to cook people's meals. We saw on occasions that where people needed support from staff to eat or drink, they had to wait and as a result their meal went cold. The registered manager told us they were aware there was not sufficient staff and had made the provider aware of the shortfall in staffing levels.
- The provider ensured staff recruited were appropriately checked to ensure they were suitable to support people. A staff member said, "We do complete Disclosure and Barring Service (DBS) checks and references". A DBS check was carried out to ensure the provider had employed suitable staff to support people.
- We found the registered manager did not keep a record of the questions and answers given as part of the interview process to show the decision making that led to staff being recruited. The registered manager told us they would do this in future when interviewing for staff.

The concerns above showed the registered manager and provider did not ensure there was sufficient staffing, so people could be supported on a timely basis and safely.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- We found risk assessments were used to identify risks, but this was not being done consistently to ensure people were safe.
- We found where people demonstrated challenging behaviour a risk assessment was not used to identify how the risk should be managed to keep people safe. For example, the registered manager did not identify the actions required to reduce risks until after a serious injury had already taken place. During the inspection

we found the risks to the individual person who was challenging was mitigated however, systems to proactively assess and mitigate risk needed strengthening to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- A person we spoke with said, "I do feel safe living here". We found processes were in place and staff understood how to keep people safe and could explain the actions they would take if they felt people were at risk of harm. The registered manager told us that staff were trained in safeguarding people and staff confirmed this.

Using medicines safely

- Systems were in place to support people safely to manage their medicines and record what people were given. A relative said, "I have no concerns as people do receive their medicines as they need".
- Where people were supported with medicines 'as and when required' we saw that guidance was in place to ensure consistency in how these medicines were given.
- Staff received appropriate training before they could support people with medicines and their competences checked. Staff we spoke with confirmed this.

Preventing and controlling infection

- Staff had access to Personal Protective Equipment (PPE). A person said, "Staff do wear gloves before they support me". Relatives we spoke with confirmed this.

Learning lessons when things go wrong

- The registered manager had systems in place so where things went wrong lessons could be learnt and actions taken immediately to reduce risks to people. For example, we found this was being done when someone had a fall.
- Accident and incident records were kept and trends monitored to identify patterns to reduce these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed so the provider could be sure they could support people as they would want. A person said, "I did have an assessment before I came to the home. Someone visited me in hospital".
- Staff had access to people's care records when needed so they knew the support people needed. Where people may have specific care needs covered under the Equality Act 2010, the provider did not ensure this was clearly identified within care records. For example, religion, culture and people's gender was assessed. However, other characteristics of the act were not known or considered.
- The registered manager and staff had limited knowledge of the Equality Act and its impact on how people were supported. The registered manager told us they would ensure the Act was discussed with staff.

Staff support: induction, training, skills and experience

- Systems were in place to support staff. For example, staff told us they had supervisions and appraisals. A staff member said, "I do feel supported. I can speak with the manager whenever I need to".
- The registered manager told us staff meetings no longer took place and they did not keep a record of the discussions and agenda items from supervisions. Having discussed the importance of this the registered manager told us they would resume staff meetings and keep a record of supervisions in future, to ensure staff were supported to work effectively in their role.
- We found that staff had access to suitable training and newly appointed staff completed the Care Certificate as part of the induction process, which staff confirmed. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. Staff told us they were required to shadow more experienced staff before working on their own. Relatives told us that staff demonstrated they had the skills to support their relatives.

Supporting people to eat and drink enough to maintain a balanced diet

- People could make a choice as to what they had to eat and drink at breakfast and tea time. However, the provider did not ensure people had the same choice as to what they had to eat and drink at lunch times.
- Menus were not displayed in areas that were meaningful to people and therefore people were not always supported to make choices about what meals were on offer in the home.
- At lunch time there was only one meal choice. People who lacked capacity were not given a choice and there was no system in place to enable people to make a choice as to what they had to eat or what was on the menu. The registered manager told us there was only ever one meal choice at lunch time, but they would ensure there was more of a choice made available to people in the future.
- A number of people needed support from staff to eat and drink. We observed people had to wait for this

support and this meant their meals became cold and staff were then observed supporting people to eat cold meals.

- Appropriate support was sought where people were at risk of choking or had other complex support needs in relation to their eating and drinking. Fluid and food charts were used when required to monitor people's food and drink intake.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found a DoLS application had recently been made to deprive someone of their liberty.
- The registered manager and staff had limited knowledge about the MCA and DoLS, but further training had already been planned for December 2019.
- We found a mental capacity assessment was not taking place where people lacked the capacity to make decisions or understand. We discussed this with the registered manager who told us they would ensure an assessment was carried out in future where people lacked capacity.
- A relative said, "When I visit I always hear staff asking my relative whether they want a hot or cold drink". We observed staff consistently seeking people's consent before they did anything.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies, so they had the skills and knowledge to support people how they wanted. For example, advice sought from nursing staff about end of life care and social workers.

Adapting service, design, decoration to meet people's needs

- The environment where people lived was designed appropriately so people had space to move and access areas safely. We saw lifts in place to aid people who used wheelchairs access different levels within the home.

Supporting people to live healthier lives, access healthcare services and support

- A relative told us they had no concerns as their relative recently saw the dentist and saw the chiropodist every month.
- We saw records that confirmed the information we were told and that people had access to healthcare services when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same 'Requires Improvement'. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Previously we found people's privacy, dignity and independence was not always respected. At this inspection we saw an inconsistency in how staff promoted people's privacy, dignity and independence. For example, we saw people being repositioned using a hoist and that staff ensured people were relaxed during the process and ensured their modesty was protected.
- Staff could explain how people's privacy was promoted and relatives told us that their relatives' privacy and dignity was respected. A relative said, "I have never seen people dressed or left in an undignified way".
- Observations showed staff supporting people to eat cold food which was not respecting people's dignity. This showed a lack of understanding as to what staff understood about promoting dignity.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff showing people compassion and kindness. A person said, "Staff are kind and caring". A relative said, "Staff are warm and caring towards residents".
- While staff were observed showing people compassion, the support people received were not always caring as people were given cold meals to eat and drink.
- Staff did not spend quality time with people engaging with them or consistently ensuring social stimulation as they did not have the time to do so due to their not being sufficient staff.
- On the limited occasions we observed staff engaging with people, people were relaxed around them and some people were seen having a laugh and showing affection towards staff.

Supporting people to express their views and be involved in making decisions about their care

- Where people could express their views, they were encouraged to do so and make decisions as to how staff supported them.
- We saw open ended questions used to give people the opportunity to make decisions. Where people lacked the capacity to make decisions people's relatives supported and advised staff as to what was most appropriate.
- The provider told us they had access to advocate services to support people to make decisions where necessary.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant people's needs were not always met.

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

- We found on our arrival to the home that people were left to sleep in the lounge area and while an activity took place later on the morning, we saw no other activity during the inspection.
- While relatives told us activities did take place, we found they were not happening consistently.
- The registered manager could not show us a proper activity plan which involved meeting people's preferences, likes and interest.
- The activity plan did not match people's preferences and this information was not being gathered consistently.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We discussed this legislation with the registered manager who was not aware of it and how the standard would impact the way people were communicated with.
- While we found elements of the legislation was incorporated, for example, picture cards were used to support people understand a range of topics, staff could not demonstrate they knew how to communicate with people, so they understood. Care records and other documents did not reflect the provider ensured people were communicated with in a way they could understand.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans and assessment documents were used to show how people's needs would be met. While these documents were in place they contained only basic information and were not person centred. For example, people's personal history, individual preferences, end of life care were just some areas not covered. We discussed this with the registered manager who told us they were already acting to improve these documents because of a recent quality audit by the Local Authority.
- Relatives told us they were involved in the care planning process and attended care reviews. A relative said, "Reviews do take place". However, records did not show that relatives attended reviews or what the discussion points were. We discussed this with the registered manager who told us they would amend the forms, so they could show who attended and what was discussed.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. A person said, "I have never had to complain but would complain to the manager". We found a recent complaint dealt with was logged appropriately and showed how the complaint was resolved and the actions that followed.
- The registered manager had a system in place to monitor trends, so they could use information gathered through complaints to improve the service people received. Staff confirmed they were aware of the complaints process.

End of life care and support

- We found records did not reflect people's preferences and choices in relation to end of life care or considered any cultural and religious needs.
- The provider had accessed some training in palliative care, but this was not available to all staff. We raised this with the registered manager who was already sourcing further training for all staff to complete.

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 'Good'. At this inspection this key question has now deteriorated 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.

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

- There was not a system in place to ensure that the home was appropriately clean. We found several areas with a build-up of cobwebs and dust. The entrance and lounge area of the home had a strong odour. The registered manager and one of the director's told us the home's carpets had been recently cleaned as they had concerns, but we found this did not make a difference to the odour. The registered manager made arrangements for staff to do some cleaning on the second day of the inspection, but this also did not make any immediate difference to the odour. The registered manager and provider told us they would take the appropriate action needed to resolve the odour problem.
- Although the registered manager carried out spot checks and audits, these were not effective because actions had not been followed up and completed.
- Medicine spot checks and audits were carried out by the registered manager to ensure medicines were being given to people as they were prescribed.
- There was no evidence the provider carried out regular spot checks and this was not reflected in their provider information return, to show how they ensured the quality of the service was maintained. We discussed this with the registered manager and directors who were present and we were assured action would be taken to put this right for the future.
- Staff meetings were not taking place and a record of staff supervisions were not being kept. This was discussed with the registered manager who told us this would be implemented immediately and we saw that a staff meeting had been arranged before the end of the inspection.
- Staff we spoke with were not all aware of the whistle blowing policy and could not explain its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- People were not given a choice of meals at lunch time.
- Risk assessments were not consistently being completed to show how risks were being managed.
- The registered manager and provider did not ensure the appropriate systems were in place to manage the service and quality, so people could be assured the systems were in place to monitor and improve the quality and safety of care they received.

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

- We saw evidence of links within the community as a number of organisations worked with the home to

improve the support people received.

- Relatives told us that questionnaires were used to gather their views on the service as people could not all share their views. However, we found questionnaires had not been sent out since 2017, the registered manager provided evidence to show questionnaires were being prepared to go out shortly.
- There was no evidence to show how the characteristics of the equality act were being considered as part of how people were engaged with and due to the registered manager's lack of knowledge in this area they had not considered the implications.

The concerns above showed the registered manager and provider could not ensure sustained improvement within the service to show the service people received was safe, effective, responsive and well led. The above concerns identified showed a lack of management at this inspection which has led to the following action.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Relatives spoke positively about the home and told us that they were made to feel welcome and could visit their relatives whenever they wanted.
- We found the culture within the home was friendly, open and inclusive.
- Staff showed an understanding of people's needs and could tell us the support needs of people we asked about.
- People presented to us as comfortable and relaxed around staff and the registered manager.
- Relatives told us they were kept informed of any changes to people's needs and they had no concerns about how they were communicated with.
- The registered manager showed they understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.

Continuous learning and improving care and working in partnership with others

- We found that systems were in place to aid staff learning. For example, the registered manager had arranged a number of training sessions with external trainers to improve areas of staff knowledge and skills that needed improving.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure the effective governance of the service, including assurance and auditing systems were effective in ensuring the quality of the regulated activity. In addition, the provider did not ensure people receiving the service could access the office effectively.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.</p>