

Rose Petals Health Care Ltd

Clare Mount

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Clare Mount is a residential care home providing personal and nursing care to up to 29 people in one adapted building. At the time of the inspection there were 22 people using the service.

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

People and their relatives told us they felt safe. Feedback from people and their relatives was very positive. Staffing levels were appropriate and staff had been recruited safely. Three quarters of the staff team were male. We have made a recommendation about the consideration of a more balanced gender mix of the workforce.

Staff wore appropriate Personal Protective Equipment (PPE) and infection prevention and control procedures were in place. Where maintenance issues with tiling had been identified on the first day of inspection, these had been actioned swiftly once the home had re-opened.

The environment was clean and people had access to a range of activities. Communication passports and life histories had been completed to ensure care was person-centred.

Staff told us they enjoyed their jobs and felt well supported by the registered manager, who was always there for them. There was evidence of continuous learning and good outcomes for people. The registered manager was passionate about providing a good standard of care and had good oversight of people's needs.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 3 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection control, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, responsive and well-led. 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 in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. Please see the safe, responsive and well-led sections of this full report.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-Led findings below

Good ●

Clare Mount

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 first two days of inspection were undertaken by one inspector, who looked at the infection control and prevention measures. On the third day, another inspector re-visited the service unannounced to widen the scope of the inspection.

Service and service type

Clare Mount 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 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

The first day of the inspection was announced. However, the subsequent second and third days of the inspection were 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 professionals who work with the service. We used all of this information to plan

our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager and contacted nine members of staff by telephone. We managed to speak with four staff members.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed safety certificates and information around activities.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, Learning lessons when things go wrong
At our last inspection the provider had failed to ensure the premises were secure or properly maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The home was secure and key pad locks had been fitted to all external doors.
- Doors were not wedged open and a review of fire safety records was carried out. Staff confirmed that regular weekly fire drills took place.
- Risks to people's health, safety and wellbeing were managed and measures put in place to reduce these risks. The registered manager kept these under review and updated when required to ensure people's safety.
- Accidents and incidents were investigated and monitored, and actions were put in place to minimise future occurrences. Lessons learned were shared to improve the service.

At our last inspection the provider had not ensured accurate, complete and contemporaneous records of care were kept. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care records had been reviewed regularly and were accurate. We saw good evidence within care records of repositioning people at risk of developing pressure sores, monitoring of people's weights and monitoring fluid intake.
- Screening checklists were also in place for social isolation and there was a clear focus on oral hygiene.

Staffing and recruitment

At our last inspection the provider had failed to establish and operate an effective recruitment procedure. This was a breach of Regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Systems were in place for staff recruitment. Staff files contained the necessary pre-employment checks and documents to ensure fit and proper people were employed.
- Full employment histories had been obtained, however, discussions took place about additional measures and risk assessments when employing international students.
- Staffing levels were safe. Staff told us they had time to care for people and there were plenty of staff visible within the communal areas.

Preventing and controlling infection

- Following on from the first day of inspection we became aware of a concern relating to photographs of staff who were not socially distancing and wearing appropriate PPE. We conducted a further two unannounced visits to investigate this further and found that the photographs were not reflective of what was routinely happening in the service. We found that staff were wearing appropriate PPE and this was also confirmed by the local authority and the local infection prevention team who had also conducted visits to the service.
- On the first day of inspection we noticed the donning area had cracked tiles on the floor. The registered manager confirmed that they had planned to replace this. On the third inspection visit we observed that the flooring had been replaced. This evidenced that the registered manager had organised the repairs as soon as the home had come out of lockdown.

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

Using medicines safely

- Medicines were stored and managed safely. People received their medicines when they should.
- Staff responsible for administering medicines were trained to manage medicines safely. We observed people receiving their medicines safely and medication administration records (MARs) were completed appropriately.
- Annual competency checks of staff were being completed by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Family members also felt reassured their relatives were safe living at Clare Mount. One relative said "They are safe. [Family member] is thriving there."
- Staff told us they had received safeguarding training and had access to relevant information about protecting people from harm.
- Incidents were dealt with appropriately and action was taken to minimise future risks occurring.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had not ensured care was designed to meet service users' needs. Records did not always identify or reflect people's personal preferences. This was a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Support records had been reviewed to ensure they contained up to date and relevant information about individuals' abilities.
- Individual activity support plans were in place and reviewed regularly to ensure that activities were appropriate for individuals.
- Two activity coordinators were in post and we saw a range of activities on offer people. The story of my life records were thorough and personalised containing photos, funny stories and people's likes and dislikes.

Improving care quality in response to complaints or concerns

- People, staff and relatives told us they could speak to the registered manager if they had any concerns. One relative said, "If there were any concerns, I'd be on to them. But we can't complain. She has dealt with the outbreak really well, isolating people."
- There was a complaints procedure in place to log any complaints received. The registered manager had investigated complaints appropriately.

End of life care and support

- At the time of inspection there was no one on end of life care. We saw evidence that people's individual preferences about how they wanted to be cared for at the end of their life were identified and clearly documented. Staff we spoke with told us they had received training in end of life care.

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.

- Communication passports were in place for people with additional communication needs and user-

friendly information, including pictorial menus. There was evidence of life stories in place and dementia friendly murals.

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

- People told us they were happy with the activities on offer, such as Zumba, bowls and music. One relative told us, "We are happy and it's doing her good. Her behaviour has changed for the better. They have got to know her likes and dislikes and really gained her trust."
- Staff also supported people to maintain contact with relatives and friends. Relatives told us they had been kept updated. One relative who hadn't been able to view the home due to the covid pandemic told us they had been shown a video of the home and their relatives' room, which had been extremely reassuring for them.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We noted that the staff team was predominately male. We discussed with the registered manager the need to ensure that people's personal preferences were being met in relation to personal care, particularly when they lacked capacity. The registered manager told us they always ensured at least one female staff was on shift and that they were currently in the process of recruiting more female staff.

We recommend the provider consider the gender mix of the workforce, in relation to people's personal preferences and their equality characteristics.

- The service engaged and involved people and their families. The service had a newsletter and the registered manager was keen to share information with people and their families. One person told us that two staff in particular, went above and beyond their duties.
- Relatives we spoke with, told us that communication was good and they felt the service was well led. One relative said, "[Registered manager] is excellent, she's very caring and always helpful. What can more can I ask for."
- The registered manager had introduced staff incentives, such as employee of the month. Staff told us they felt well supported and that it was a good place to work. One staff said "She motivates us and reminds us to treat people like our own family members."

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

At our last inspection the provider had not ensured effective systems to monitor and improve the quality of the service. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Systems were in place for oversight and monitoring of the service and action plans were in place when shortfalls were identified.
- There was evidence of analysis of incidents and accidents and lessons learned. Where audits had

identified concerns, actions had been taken to make the required improvements.

- The registered manager had a good understanding of quality performance and appropriate notifications to safeguarding and CQC were made by the manager.
- We saw evidence of staff supervisions and team meetings taking place.

Continuous learning and improving care; Working in partnership with others

- We saw evidence of continuous learning and improvements since the last inspection. The registered manager was passionate about providing good quality care and had worked hard since the last inspection. Accidents and incidents had been analysed and action plans implemented to reduce the risk of them happening again.
- The service had established good links with the local authority and had developed good working relationships with professionals.

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

- There was a positive culture at the service and people achieved good outcomes. One relative told us, "I think [family member] is extremely well cared for. There was a big improvement after a month of [family member] being there.
- Staff told us the registered manager was approachable and friendly. One staff member said, "It's a good atmosphere and you can talk openly. The manager is always there to help." The service understood the duty of candour and were aware of their responsibilities.