

Rosemount Trust

Rosemount Home

Inspection report

79 Medomsley Road
Consett
County Durham
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosemount Home is a residential care home providing personal care to up to 16 people. The service provides support to older people and people with dementia. At the time of our inspection there were 15 people using the service. Rosemount Home accommodates people in one adapted building.

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

We have made a recommendation about infection control practices and risk assessments needed to support best practice. Additional competency checks and spot checks were implemented by the registered manager following our inspection with all staff regarding safe use of Personal Protective Equipment as well as competency checks.

We received positive feedback from people and their relatives who told us they were happy living at Rosemount care home. People received personalised care and the staff team knew people very well. People and their relatives felt safe living at Rosemount Home and their care outcomes were met.

Medicines were administered and managed and recorded safely. Peoples care plans were person-centred and covered all aspects of people's care, including people's personal safety.

There were systems in place for communicating with people, their relatives and staff regarding people's care and support. This included one to one meetings, handovers and team meetings. The environment was clean, safe and maintained to a good standard. It was also adapted to meet people's needs.

Individualised risk assessments were in place to ensure people could take risks safely. Procedures were in place and followed by staff about how to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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

Rating at last inspection

The last rating for this service was good (published 12 February 2020).

Why we inspected

This was a planned inspection based on the previous rating.

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. This included checking the provider was meeting COVID-19 vaccination requirements. For those key questions not inspected, we used

the ratings awarded at the last inspection to calculate the overall rating.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

This service was not always well led

Details are in our well-Led findings below.

Requires Improvement ●

Rosemount 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 Health and Social Care Act 2008.

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

This inspection was carried out by one inspector.

Service and service type

Rosemount Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced

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 and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

During the inspection we spoke with two people who used the service and received feedback from five relatives about their experience of the care provided. We spoke with the registered manager and the deputy manager.

We reviewed a range of records. This included people's care records and medication records. We looked at 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 registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with NHS infection prevention control colleagues for further advice.

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 changed to requires improvement. This meant people were not always and protected from avoidable harm regarding infection prevention control practices.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance. From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.
- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was using PPE effectively and safely.

The service was clean with robust cleaning procedures in place however, storage of PPE required improvement, this was addressed on day one of our inspection. Issues regarding airing laundry in a bathroom and storing mobility equipment there also posing a potential cross contamination risk. The service was limited on space however a risk assessment was required and has been raised with the provider to help address these infection prevention and control concerns. We have also signposted the provider to resources to develop their approach in regard to testing visitors.

Assessing risk, safety monitoring and management

- Peoples mobility equipment and laundry was not always stored safely and caused a potential infection prevention control risk of cross contamination.

We recommend the registered manager adopts a risk assessment to ensure the safe storage of moving and handling equipment and laundry use is in place.

- People's support plans and risk assessments were in place and reviewed appropriately to ensure they were relevant to their needs.
- Accident and incidents were recorded. They were monitored and analysed for any trends.

Using medicines safely

- People received their medicines safely.
- People's preferences regarding medicines were respected and promoted. One person told us, "I have medicine on a morning and at night-time and they're on time."
- Staff's competency in administering medicines was assessed regularly and recorded.
- The provider's medicines policy was in date and clearly explained the expectations for safe medicines management.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected by processes in place to highlight and report any unsafe or abusive practices.
- Staff had received training on safeguarding and followed the provider's policies and procedures.

Staffing and recruitment

- There were enough staff on duty to meet people's needs.
- We observed that the atmosphere was calm. Staff spent time engaging with people through meaningful activities.
- Staff were recruited safely. Robust checks were in place to ensure appropriate staff were employed.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

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 had changed 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

- The registered manager carried out audits that included action plans for improvement where needed. However, had not identified the issues found on inspection but took immediate action.
- Policies and procedures were current. However, not always in line with Infection prevention control best practice.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. They had sent us notifications relating to significant events occurring within the service.
- The provider had a plan to ensure minimal disruption to care in case of an emergency.

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 their responsibilities around duty or candour. Feedback varied in relation to how concerns were dealt with by the provider.
- The registered manager was open with the inspector during the inspection and took on board suggestions for improvements.

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

- Quality assurance and auditing systems were in place.
- Staff followed the provider's policies and procedures.
- The service used the information in its audits to learn and improve practice in the service.
- Staff training was in place. Supervisions and competency checks were carried out by the registered manager and deputy manager to assure themselves staff were skilled in delivering care needs.
- People's care was person-centred, One person told us, "I am as happy as can be, I get out to lunch club and chapel and I see my relatives all the time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although COVID-19 restrictions affected the way the service would usually have liaised and interacted with

staff, people, relatives and outside agencies. The registered manager ensured communication continued via telephone calls and other technology.

- The registered manager worked in partnership with key organisations to support care provision; for example, local GP, dentist and community nursing team. One relative told us; "They're good and the dentist has been back to visit recently".

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

- The provider and manager encouraged people and staff to be open with each other and created a culture of acceptance.
- The provider's aim was to support people to achieve their goals and provide person centred support. This was embedded in the culture of the service.