

Rosedale Care Home Ltd

# Rosedale Care Home Limited

## Inspection report

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30 July 2020

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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

Rosedale Care Home Limited is a residential care home providing personal and nursing care to seven people at the of time of the inspection.

The service was not initially developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, people were given choices and their independence and participation within the local community was encouraged.

The provider is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The management office was in a separate outbuilding on the same site as the service.

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

Systems and processes had not identified windows were not adequately restricted to reduce the risk of people falling from height, or that legally required notifications had not been submitted to the CQC.

People told us at the time of the inspection, they felt safe living at the service. Staff knew how to recognise, and report suspected abuse. However, records showed allegations of abuse had not been reported to the local authorities safeguarding team.

Personal Emergency Evacuation Plans (PEEPS) were in place. We have recommended the service review these. Staff had been safely recruited and people received their medicines on time. Staff had a good knowledge of infection control requirements and wore personal protective equipment in line with government guidance for responding to the Covid-19 pandemic.

We observed positive interactions between staff and people receiving care. People told us staff were kind and caring. People received support from staff that had undertaken training the provider deemed compulsory. However, this was not always undertaken within the required timeframe.

We did not inspect whether the service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was good (published 20 November 2018). The rating for the service has

changed from good to requires improvement. This is based on the findings at this inspection.

#### Why we inspected

The inspection was prompted in part by an allegation of abuse. This was subject to a criminal investigation; therefore, the inspection did not examine the circumstances of the incident.

We received concerns about people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosedale Care Home Limited on our website at [www.cqc.org.uk](http://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.

We will request an action plan for 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 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?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rosedale Care Home Limited

## **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

The inspection was undertaken by one inspector. On the first day of inspection there were representatives from the police and the local authority at the service.

#### Service and service type

Rosedale Care Home Limited 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 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

We gave the service ten minutes notice of the inspection. This was because we needed to check whether anyone had Covid-19 at the service and to establish the level of personal protective equipment (PPE) the inspector required for the inspection.

Inspection activity started on 29 July 2020 and ended on 30 July 2020.

#### What we did before the inspection

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 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.

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 two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. This included two people's care records and four medicines records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance systems and processes and environmental checks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, quality assurance records, health and safety checks and accident and incident reports.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to identify and report abuse. However, records showed the service had not reported all incidents and allegations of abuse to the local authorities safeguarding team.
- People told us in the past they had not always felt safe due to another person's distressed behaviour. A person told us, "Staff tried really hard to keep people safe." The service had acted, and people told us since then, they felt safe and would speak to staff if they had any concerns about their care and treatment. One person said, "If I had any worries or didn't feel safe, I would tell the staff." Another person said, "Any worries, I sit and chat with staff and they reassure me."
- Staff told us there was a whistle-blowing policy and they felt confident any concerns raised would be addressed. One staff member said, "If I had concerns about staff, I would raise them with [management team] who would deal with it. I've never needed to."

Assessing risk, safety monitoring and management

- Windows were not adequately restricted to reduce the risk of people falling from height. We brought this to the attention of the registered manager who following the inspection arranged to have window restrictors fitted.
- Part of the landing carpet had been removed, presenting a trip hazard. The registered manager told us there had been delays in replacing the flooring due to the current pandemic. Following the inspection, they told us the carpet had been replaced.
- Risk assessments and care plans contained enough information to instruct staff how to respond to people's risks. Staff had good knowledge of people's risks and the support needed to reduce these.
- Individual personal emergency evacuation plans (PEEPS) were in place to instruct staff how to support people safely in the event of an emergency. We recommend the service review these to ensure they describe the support people need during the day and night.
- When asked where the fire assembly point was two people and a staff member pointed, with one person saying, 'we all know where it is'. People knew of the action they needed to take in the event of a fire.

Staffing and recruitment

- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff.
- The registered manager told us they utilised a human resources company to ensure that should any disciplinary matters arise, these would be managed independently.

- During our inspection, we observed staff responding to people needs promptly. People were supported by a consistent team of staff that knew them well. A relative told us, "There are always [staff] around."

#### Using medicines safely

- Systems and processes for the administration of medicines were safe. Medicine Administration Records (MARs) indicated people had received their medicines as prescribed.
- Protocols were in place to enable staff to identify when people needed 'as required' medicines.
- Best practice guidance for the safe storage of medicines was followed.
- Staff we spoke with had a good knowledge of people's medicines and how they liked to take them.

#### Preventing and controlling infection

- Staff were observed to wear the correct personal protective equipment (PPE) in line with current government guidance. This included surgical masks, gloves and aprons.
- Staff demonstrated good awareness of infection control requirements to minimise the risk of transmission of Covid-19. People were prompted to socially distance within the service and encouraged to wash their hands regularly. High touch areas such as door handles were cleaned frequently. One relative said, "Rosedale locked down sooner than the government guidance which I think was really good."
- The service was observed to be clean and free from malodours.

#### Learning lessons when things go wrong

- Records showed staff documented accidents and incidents when they occurred.
- Accident and Incident audits were undertaken monthly. Lessons learned and action taken to mitigate against risk was not always recorded on these audits. However, a staff member and person described action that had been taken to reduce the risk of them falling.



# 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 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. Continuous learning and improving care. 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

- Quality assurance systems and processes were not always effective; they had not identified window restrictors did not comply with current health and safety guidance, or that allegations of abuse had not been referred to the local authority safeguarding team. Accident and Incident audits did not always evidence lessons learned.
- A review of records indicated that legally required notifications had not been sent to CQC.
- The services policy stated, 'interviews will be documented'. Three of the four recruitment records we reviewed did not contain a record of staff interviews.
- The service was unable to download or print people's electronic care records at the time of the inspection. This meant information about how people's care was delivered could not be shared with professionals involved in their care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the regulatory activity was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us window restrictors had been installed; the issue with downloading records had been corrected and quality assurance systems and processes had been reviewed.
- The service told us training they determined as compulsory such as 'moving and handling', 'medication handling' and 'safeguarding adults' was completed yearly. However, records evidenced training was not undertaken this frequently.
- CQC's rating of performance was displayed at the location.
- Staff had received training relevant to their role.

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

- Staff we spoke with gave differing information as to who had a Deprivation of Liberty Safeguards (DoLS)

standard authorisation in place. DoLS ensures people who cannot consent to their care arrangements are protected if arrangements deprive them of their liberty, therefore, there was a risk therefore that people's rights would not be upheld.

- People's care plans and risk assessments were reviewed monthly. However, people told us they were not always involved in the review process.
- People told us they were happy with the care they received. We observed kind and caring interactions between staff and people.
- Staff were passionate about ensuring they followed government guidance to keep people safe during the Covid-19 pandemic. We observed staff to respond to people's questions about the pandemic honestly and sensitively. One person said, "With lockdown we can't go anywhere." They told us before lockdown they enjoyed going on day trips, to the cinema, shopping, swimming and bowling. During the inspection, we observed people reading, doing puzzles, listening to music and chatting with staff about their hobbies and interests. Staff told us they tried to keep people busy.
- People were supported to maintain contact with family and friends through calls and socially distanced visits.

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

- People told us they were happy with their care. One person said, "I get on with all my staff here, I love them to bits."
- Residents meetings were held where people could give feedback about their care.
- Staff told us they felt well supported by the management team.

Working in partnership with others

- Reviews of people's care needs were being undertaken by the local authority during our inspection.
- Staff were observed to liaise with healthcare professionals by telephone during our inspection to ensure people's healthcare needs were met. A relative told us, "[Staff] are proactive in seeking medical support."

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  Systems were either not in place or robust enough to demonstrate the regulatory activity was effectively managed