

## Rosemount Care Home Limited

# Rosemount Care Home

### Inspection report

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### 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



### Overall summary

Rosemount Care Home is a care home based in Edgeley, Stockport and is registered for up to 14 older people, some of whom may also have a diagnosis of dementia. There were 13 people living in the home on the day of our inspection.

The inspection took place on the 15 December 2014 and was unannounced. We last inspected the service on the 28 and 29 July 2014 when we found it was not meeting five of the regulations we reviewed. We found that people who used the service were not fully protected from the risk of abuse, because the provider had not taken

reasonable steps to identify the possibility of abuse, appropriately respond to and report possible abuse. We also found people were not being cared for in a clean and hygienic environment, appropriate systems and arrangements were not in place to ensure people who used the service received their medicines safely, there were insufficient staff to meet the needs of people who used the service and the provider did not have an effective system in place to regularly assess the quality of service that people received. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make.

# Summary of findings

During our inspection we found that not all required improvements had been met.

The service does not currently have a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some improvements had been made since the last inspection such as in infection control procedures. We found cleaning schedules in place and completed. We found people now received their medicine safely and systems had been put in place to ensure this continued.

Staff told us they had received training in the safeguarding of vulnerable adults and this was confirmed by staff training records we looked at.

We found people's safety was being compromised in a number of areas. This included fire safety checks, emergency evacuations, how medicines were stored, how well equipment was maintained and the lack of knowledge and skills of staff to meet the needs of people who used the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report

Although people who used the service told us their privacy and dignity was maintained, we observed a lack of understanding in this from staff. We observed staff members walking past a person who was undressing in the main lounge without supporting them or responding to this. We also found people's privacy and dignity was potentially being compromised by visitors to a flat upstairs occupied by staff. Visitors could only access the flat through the main entrance of the home and bypassing people who used the services bedrooms.

There was a lack of meaningful activities for people throughout the day. We saw people spent most of their time sleeping in chairs or sat reading a magazine. Staff told us they did not have time to spend with people who used the service.

We observed that complaints were not being dealt with effectively resulting in one person who used the service being in a cold room without a working radiator for five days.

We found that people who used the service were at risk of gaining access to cleaning products which had the potential to be hazardous. This was because these products were not placed in a cupboard that was locked so that no unauthorised person had access to it.

# Summary of findings

## 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.

People who used the service were put at risk because the provider did not follow safe practice around fire safety and evacuation procedures within the premises.

Staff told us they had received training in the safeguarding of vulnerable adults and this was confirmed by staff training records we looked at.

People told us they felt safe at Rosemount Care Home. One comment we received was “I can’t really fault it in any way. I’m quite content here. I’ll stop here”.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

We found the service to be in need of refurbishment. We noted some furniture needed to be fixed or replaced and broken furniture needed removing from bedrooms. We noted some of the carpets were in need of replacing and general redecoration throughout the property was required.

Staff told us they enjoyed working at Rosemount care home. Comments we received included “The managers are approachable and fair” and “Managers are fair”.

**Requires Improvement**



### Is the service caring?

The service was not always caring.

We observed a lack of understanding in relation to privacy and dignity. We saw staff members walked past a person who was undressing in the main lounge. Staff told us this was normal behaviour and did not respond to this incident.

We found care plans were tailored to people’s individual needs and were person centred. These were reviewed and changed to meet people’s needs as required.

We found a breach in confidentiality as photographs of people who used the service were being taken without formal consent when attending outings or activities.

**Requires Improvement**



### Is the service responsive?

The service was not always responsive.

There was a lack of meaningful activities for people who used the service. We observed people sleeping in their chairs for long periods of time.

**Requires Improvement**



# Summary of findings

We saw the care plans directed care staff on how to best meet the needs of the people who used the service and evidenced that people had been involved in the development of their care plans.

We found the complaints procedure to be ineffective. This was because complaints were not being documented correctly which resulted in a risk to people who used the service not having their complaints addressed.

## Is the service well-led?

The service was not consistently well-led.

There was no registered manager.

We found satisfaction/feedback forms were being used by the service and these had proven to be effective as changes had been made from the comments received.

The service had an effective incident and accident reporting system. This system also evidenced learning from incidents.

**Requires Improvement**



# Rosemount Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we contacted the local Healthwatch organisation. They told us they did not hold any information about Rosemount Care Home.

We also contacted the local authority contracts team. They were not aware of any concerns, although during their last quality assurance visit requirements were made by them with the previous registered manager to improve arrangements for the safe storage of medicines. We also contacted the local safeguarding team but did not receive a response prior to our inspection visit.

We visited Rosemount Care Home on the 15 December 2014. Our visit was unannounced and the inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with three people who lived in the home, the new manager, the new deputy manager and two care staff members. We also spoke with a visiting social worker and a pharmacist to ask their opinion of the service.

During our inspection we observed care and support in communal areas, spoke with people who used the service and looked at the care records for three people. We also looked at records that related to how the home was managed; these included training records and policies and procedures.

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

# Is the service safe?

## Our findings

We found the service was not safe. The service did not follow safe practice around fire procedures and medicines were not stored safely.

During our inspection we looked at all the records that related to fire. We found a note informing staff that a fire alarm was not working in one part of the building. We asked the manager and deputy manager if action had been taken to repair the fault. They informed us that they knew nothing about it and it was the previous registered manager who had been in post at the time. The manager informed us they would ensure this was checked the following day by the maintenance person.

We also found that regular fire alarm testing had not been undertaken since August 2014, fire drills had not been undertaken since October 2013, fire escapes had not been checked since February 2014 and people who used the service did not have a Personal Emergency Evacuation Plan (PEEP) in place. This meant that people who used the service were at risk in a fire situation and were at risk of ineffective evacuation procedures in the event of a fire.

We looked around the home and found that an emergency escape on the first floor was obstructed by old furniture items and a Hoover. We mentioned this to the deputy manager who informed us they would arrange for these items to be removed by the maintenance man. This meant the provider was obstructing the emergency exit that might need to be used as a means of escape for people who used the service and staff members in the event of a fire.

These matters were a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our previous two inspections we found the service to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the service continued to have unsuitable arrangements in place for the correct recording of medicines.

During this inspection we found improvements had been made regarding recording of medicines and that suitable arrangements were now in place for the recording and administration of medicines. We found staff were

completing these correctly. All handwritten medicine records had been completed correctly and signed by two staff members. The service had met all the required actions required from the last inspection.

The manager informed us that they had recognised the need for a new system to be put in place for medicines and were in the process of changing this with a local pharmacy they had identified. During our inspection the new pharmacist was visiting to discuss the new system. The pharmacist informed us they would be providing training for all care staff members on the new system. The pharmacist told us they would not sign staff as competent until they had completed the relevant training and had been observed as competent. The pharmacist said that the new manager was making steps to improve the systems and commented "They are really trying".

We noted there was a medication policy in place, along with current legislation regarding the safe handling of medicines. We found that room temperatures where the medication was stored were being recorded and the medication stored in the fridge was safe and in line with current guidelines. The service had a controlled drugs record and we found this had been completed appropriately.

We looked at the storage and handling of medicines during our inspection. We saw in the ground floor room where medicines were stored that the window was open, without a restrictor in place to prevent anyone gaining access. The keys to the medicine trolley had been left on top of the trolley, which was not securely fixed to the wall. This meant that anyone could access the medicines as it was not securely held. We noted that this issue had already been raised with care staff by the manager and a note had been placed in the communication book to address the concerns. However this practice was still continuing during our inspection.

These matters were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in regards to the safe keeping of medicines.

During our last inspection we also noted that the water cylinder cupboard door was not locked and the door to the sluice was open. We told the provider to take action regarding this. During our latest inspection we found the

## Is the service safe?

provider had taken action and placed small bolts on the doors as advised. However, these could still be unlocked by people who used the service. We found this to be a risk due to paint and other toxic items being stored in these areas.

We found that the room identified for the storage of cleaning products was unlocked and accessible to people who used the service. The room contained cleaning equipment as well as cleaning solutions that had the potential to cause harm if inhaled or swallowed. The deputy manager informed us they would ensure a lock was placed on the door as a matter of urgency.

These matters are a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service was taking some precautions to reduce the risk of legionella. Regular water samples were being collected and sent to an external contractor for testing. The provider was able to demonstrate this through the provision of invoices after our inspection. However the service did not have a policy on Legionella and we saw no other precautions being taken to reduce this risk, such as risk assessments, cleaning of shower heads and any other precautions as defined in the Health and Safety Executive (HSE) guidelines. This meant people who used the service may be at risk of legionnaires' disease due to a lack of control measures in place.

These matters are a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All the people we spoke with who used the service told us they felt safe at Rosemount Care Home and they were happy living there. One comment we received was "I can't really fault it in any way. I'm quite content here. I'll stop here". None of the people we spoke with had ever seen any bullying or abuse from staff or other residents.

We found improvements had been made since our last inspection when we told the provider to take action to protect people from the risk of abuse. Staff told us they had received training in the safeguarding of vulnerable adults and this was confirmed by staff training records we looked at. Both care staff members were able to tell us how they would respond to allegations or incidents of abuse; they were also aware of the lines of reporting concerns in the home or with external agencies such as the local authority or the Care Quality Commission (CQC).

We observed that the provider had a whistleblowing policy in place and two safeguarding policies, one of which was from the local authority and the other was one the provider had put in place. All staff were expected to read the internal safeguarding policy and sign when they had read and understood it. We found that out of seventeen care staff members, six had signed to confirm they had read this policy.

We looked at personnel files held for three staff who were employed in the service. We saw there were robust recruitment and selection procedures in place which met the requirements of the regulations. All the staff files provided evidence that the manager had completed the necessary checks before people were employed to work in the home. This should help protect people against the risks of unsuitable staff being employed.

During our inspection we found that two staff members were living in a flat above the service. We asked how the staff accessed the flat. We were informed that the only access to the flat was through the main entrance of the home. This meant any visitors to the flat had to walk through the care home and up the main stairs and past the bedrooms of people who used the service.

We contacted the provider by telephone on the day of our inspection visit to ask how they ensured the safety of people who used the service when there were visitors to the flat. They informed us that it was a condition of the tenancy that no visitors were allowed. We asked to see a copy of this agreement and were provided with a risk assessment instead. The risk assessment identified that visitors to the tenants were permitted but they must be supervised at all times. The provider told us there had been no visitors to the flat since the staff members had been living there. This meant that the safety and privacy of people who used the service may be compromised by unknown visitors. There were two care staff members, one senior care staff (who was the previous registered manager), a cleaner and a cook on duty on the day of our inspection. The manager and deputy manager arrived shortly after our arrival. We were informed there were thirteen people living in the home. The manager and deputy manager informed us they were new in post.

During our last inspection we told the provider to take action to ensure there were adequate staff on duty throughout the night. We asked people who used the service if they felt there was enough staff on duty on a daily



## Is the service safe?

basis to meet their needs. Comments we received from people who used the service included “Not really, they’re always busy, but it doesn’t really affect me” and “Yes I think there is enough staff, but I don’t need much care”.

We also spoke with care staff regarding staffing levels and they told us “The staffing levels are okay. It can be short staffed sometimes during the afternoon” and “I think there should be another senior care staff, I don’t always feel we have enough time in the mornings to be able to sit and talk to people”. One staff member told us “I do not get enough time to feed people properly”.

We looked at the rota’s that covered a period of a month before our visit and found that staffing was consistent with that we saw on the day of our inspection. The action plan developed as a result of our last inspection identified the need to improve staffing levels during the night. We found the service had improved and there were two night staff on duty every night. The manager informed us they were in the process of recruiting additional staff to increase staffing levels.

We looked at three care files and noted that risk assessments were in place which included pressure area care, falls and manual handling. We found that one person did not have the necessary risk assessment in place who was at risk of pressure sores. We found the risk assessments that were in place had been reviewed on a regular basis.

We observed walking frames being used by people who used the service and saw hoists and wheelchairs in place, some of which were being used. We looked at the maintenance check records for the hoists and wheelchairs. These indicated visual checks were to be carried out every six months. Records we saw indicated these had been completed in September 2014.

During our previous inspection we found people who used the service were not being cared for in a clean and hygienic environment. We told the provider to take action to improve the cleanliness of the environment. During this inspection we noted improvements had been made.

We asked people who used the service if they felt the home was clean. One comment received was “They keep it [the home] nice and clean; they vacuum every day, even behind the TV. My bed’s clean, they change the sheets every 4 or 5 days or so. The place is very clean and I’m fussy.”

We looked at the systems in place for infection control. We found that not all care staff members had completed infection control training; however the two care staff members that we spoke with during our inspection were able to explain the procedures they undertook. One care staff stated “I have not done infection control training but I wash my hands, wear disposable gloves and protective aprons”. The manager informed us that infection control training was mandatory for all staff and staff had access to online training for infection control, although we saw no record of online training having been completed by any staff member during our inspection. We noted that infection control was discussed during staff meetings and this was documented. We found the service had an infection control policy in place and guidelines on current best practice. During our inspection we noted that bathrooms, kitchen and laundry room had disposable paper towels and liquid hand wash available for people to use. The home had a weekly cleaning schedule in place and a separate cleaning schedule in the kitchen, which had been completed on a weekly basis. We also noted that the hours for cleaning staff had been increased.



# Is the service effective?

## Our findings

We found that the service was not consistently effective.

There was a lack of signage within the home to support people with dementia to orientate themselves to their surroundings, such as signs to identify where the toilets and bathrooms were, or where the dining room was located. Bedroom doors did not have numbers or photographs on for people to recognise which was their bedroom. This meant that people who used the service may enter other people's bedrooms by mistake or be unable to find their own bedroom independently.

We looked at the service staff induction file and found this contained current legislation and best practice guidelines for care staff to read, including "Getting to grips with hoisting people" from the Health and Safety Executive and "Health and Safety that works" document from the local authority. We spoke with two care staff members who told us they had received an induction when they started working at Rosemount Care Home. This included shadowing experienced members of staff and completion of some training.

We looked at the staff training record for all the care staff employed at the home. We found that most of the staff team had completed moving and handling training. However, eight staff members had not completed infection control training, eleven staff members had not completed health and safety training and only one person had completed training on the Mental Capacity Act (MCA) 2005.

The manager informed us that the service also had access to online training for staff members. We found documentation that the previous registered manager had requested all care staff to complete some online training courses. However there was no evidence to show that training had been completed by any of the care staff members.

We spoke to the new manager and the deputy manager about the lack of training for staff. They told us they were aware of the need to ensure staff had received appropriate training and they were addressing this issue. They also informed us that the training matrix was out of date and that some of the staff had recently undergone training. The manager also informed us that more care staff had

received training on the Mental Capacity Act (MCA) 2005 and they had requested the assistance of social services to further support them with this training need. We did not see any evidence of this during our inspection.

We found policies and procedures were in place on the Mental Capacity Act (MCA) 2005. These provided care staff with guidance about their responsibilities under this legislation which is in place to safeguard the rights of people who may lack the capacity to make their own decisions. The manager informed us that they had made one application under Deprivation of Liberty Safeguards (DoLS) to restrict a person from leaving the home. We noted that both an emergency application and a standard application had been made and the manager was awaiting a decision regarding this. No further DoLS applications had been made.

The new manager and the deputy manager informed us that they used bed rails to protect people falling out of bed at night time. They stated they had received conflicting information about whether they were required to apply for a DoLS for these to be used. We also noted a keypad was fitted to the front door to restrict people leaving the service. The manager informed us they were working with the local authority to assess how many DoLS applications they needed to make and have arranged for best interest decisions meetings to take place.

Staff told us they enjoyed working at Rosemount Care home. They said they felt supported by the new manager and deputy manager. Some comments we received included "The managers are approachable and fair" and "Managers are fair". Staff told us they received daily handovers which focussed on current issues, concerns or requirements in the home as well as a communication book and looking at care plans. All the staff we spoke with felt they knew the people who used the service well and were aware of their needs.

The care staff we spoke with were able to tell us how they supported people to make their own choices and decisions whenever possible. Examples included choosing what time they retired to bed, what clothes they would like to wear and what they would like to eat. We looked at some records that indicated people who used the service could only have a bath on one set day during the week. We spoke with the manager regarding this and asked why people

## Is the service effective?

could not have a bath when they chose to. The manager was not aware the form was in place and assured us this would be removed and that people who used the service could have a bath when they chose to.

We looked at care plans for three of the people who used the service. We found that the system used by signing each individual form in the plans of care led to the possibility of people's consent being archived when they were updated. Two of the three plans we looked at had been signed by people which meant they agreed to the care they were given. We saw that new forms had been developed to address this issue and should ensure that where possible people who used the service could sign their agreement to care and treatment. This would be better practice by the provider.

During our inspection we noted that staff meetings were regularly taking place. We looked at the minutes of these meetings and noted that approximately 85% of care staff attended. This meant the majority of the staff should be well informed regarding the day to day issues/concerns in the home. Topics discussed included improvements being made to care plans, the new medication system being brought into place, and health and safety. We also found that regular supervisions were provided for care staff.

From the records we looked at we saw people at Rosemount Care Home were supported to access health care services in relation to their physical health needs. We saw that the doctor attended the home when needed and people were supported to attend the doctor's surgery if they were unwell. People we spoke with stated "If you need a doctor, they'll get you a doctor." During our inspection a falls advisor was in the home to support staff with risk assessing a person that used the service who had fallen in their bedroom. The falls advisor supported the manager to identify systems they could put in place to reduce the risk of further falls and the best way to keep the person safe. We also noted that care staff documented the dietary intake of people who used the service and regular checks of people's weight were undertaken.

At lunch time we undertook a Short Observational Framework for Inspection (SOFI). Lunch time was a relaxed

event with music playing quietly in the background. We noted that some people who used the service ate their lunch at the dining table and observed other people choose to remain in their chair with a portable table in front of them. Staff supported people who required assistance, informed people what their meal was, offered choices and monitored dietary intake. We spoke with people who used the service about the food at Rosemount Care Home and comments we received included "The food, it's alright. You get nice hot meals, there's always a choice. I like the hot pot" and "The food is good and wholesome, I'm very well fed. If you didn't like the meals, they would ask what we would like".

During our inspection we spoke with the cook. They told us they spoke with people each day to inform them what was being prepared for lunch and if anyone wanted something different they would make them an alternative. The cook said that they had worked at the home for some years and knew the people who used the service well, including their likes and dislikes in relation to food.

We saw that some of the carpets throughout the home were stained and the furniture in some bedrooms and communal rooms were in need of repair or replacement. We saw some drawers in one bedroom had handles missing and an armchair in another room that did not have a cover on the seat cushion which meant the foam was showing. We also saw a bedside table being stored under the sink in one bedroom. The deputy manager told us this should not have been placed under the sink and they would arrange to have it removed.

The deputy manager showed us some carpets that had been replaced since our last inspection and informed us that a programme of refurbishment and improvements was being planned. This included redecoration, replacement of carpets and new furniture.

We noted the control panel [attached to the wall at the bottom of the stairs] for the stair lift had a piece missing. This meant the circuit board was visible and accessible to people who used the service, care staff members and members of the public.

# Is the service caring?

## Our findings

We found the service was not consistently caring. This was because we felt the privacy and dignity of people who used the service was not always considered or on occasions was compromised.

We found that an external pet company had visited the home as part of an organised activity in November 2014. During this activity photographs were taken of the people who used the service. The registered manager at the time of this activity had documented that they had gained consent from everyone for their photographs to be taken. However we saw no evidence of signed consent forms for photographs to be taken from anyone who used the service. This meant that people's confidentiality and anonymity had been breached. The new manager was taking steps to ensure consent forms were in place in future for all the people who used the service and we saw evidence that some of these had already been put in place.

These matters were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our inspection people who used the service told us the staff were caring and they felt well looked after.

Comments we received from people who used the service included "The staff are very kind, they're lovely, very pleasant", and "The staff are very kind, always bringing me a cup of tea and biscuits." We observed care staff use people's preferred names and we saw warmth and affection being shown to people who used the service. We saw staff supporting people to use the bathroom, to eat their meals and interacting with them throughout.

We looked at three people's care files during our inspection. They all contained care plans which identified people's individual needs. They included a social and personal history for the people who used the service and gave care staff a clear understanding of what life was like for people before they lived at Rosemount Care Home.

During our inspection we saw one person who used the service was taking their clothes on and off throughout the day. We observed staff walking past and leaving this person to take clothes off. We spoke to care staff about this and they informed us that this was normal behaviour for this person. This showed the staff member was not able to identify how to manage this person's behaviour effectively. We saw no evidence that staff had received any training on privacy and dignity. This meant that people who used the service may not always have their privacy and dignity respected.

# Is the service responsive?

## Our findings

On the day of our inspection we saw no activities taking place with people who used the service and noted that some people were sleeping in their chairs. We observed a notice that informed people who used the service that a school choir were attending the home on the 19 December 2014 but no other activities were advertised anywhere in the home.

We observed throughout our inspection that people who used the service were sat in chairs for long periods of time. One person who used the service told us “I don’t really do any activities; I chat with staff and the other residents.” We saw some people were reading magazines and the television was on but we did not see people watching it. A visiting social worker told us “[name] originally came here because it was quiet, if anything it may be a bit too quiet and she may need a little more stimulation. I’m coming back in two months to see how [name] is getting on”.

We looked at the communication book that was used by staff to hand over information to one another and found that one activity had been recorded. The service had arranged for a local pet store to bring animals into the home four weeks prior to our inspection. There was no further evidence that any activity had taken place since this time. The manager informed us they were aware of the lack of activities and stimulation for people and this was something they would be addressing. They informed us they were purchasing equipment such as craft items and making contact with people who could come in and do activities with people who used the service. Staff also told us they felt that more activities needed to be provided for people who used the service.

We found that there was very little stimulation for people with dementia. There was no evidence of creative pastimes, memory aids or sensory stimulation for people who used the service who had dementia. This meant the service was not always responsive to the needs of people living with dementia.

During our inspection a social worker was visiting someone who used the service. They informed us that “My client goes to church each Sunday and she has two friends that

visit her here regularly.” We also noted that a person from the local Baptist church visited the home on a weekly basis; however we saw no evidence of other religious or cultural preferences being met, such as Catholic.

Some of the people who used the service informed us that their relatives visited them regularly. Comments we received included “My son and his family visit regularly,” and “My son visits me quite often.”

During our inspection we looked at the complaints records. We found a complaints policy in place and found evidence of some of the complaints that had been made by relatives throughout 2013. We looked at two complaints and found that action had been taken to resolve them. We saw no evidence of complaints being documented throughout 2014.

We also looked at the communication book the service used to inform staff of any changes or important information. We noted that on the 10 December 2014 one of the people who used the service had complained about their bedroom being cold. This information had been given to a staff member who had written it in the communication book. However we found no evidence of this being documented as a complaint or if the radiator had been fixed.

We spoke to the manager about the complaint regarding the cold radiator and asked them if this had been dealt with. The manager informed us they were not aware of the cold bedroom or any complaint being made and they would ensure this was dealt with immediately. This meant the person who used the service had been sleeping in a cold bedroom without a working radiator for five days prior to our inspection.

Records we looked at showed that prior to moving into Rosemount Care Home a pre-admission assessment was undertaken. This was one created by the home and provided the manager and staff with the information required to assess if Rosemount Care Home could meet the needs of people being referred to the service prior to them moving in.

We saw the care plans directed care staff on how to best meet the needs of the people who used the service and evidenced that people had been involved in the development of their care plans. This was evidenced by

## Is the service responsive?

identified likes and dislikes, their preferences in the way that care was provided and any hobbies or interests they had. This meant the service provided care plans that were person centred.

We noted that care plans had been reviewed on a regular basis and we observed that some had been updated to meet the changing needs of people who used the service.

We looked at one care plan that directed care staff on how to meet the needs of the person that used the service but also reinforced how staff could support the person to remain independent. We saw necessary external professional support was sought as needed such as pharmacists, social workers and falls assessors.

# Is the service well-led?

## Our findings

There is no registered manager. On the day of our inspection the manager informed us they had been in post for ten days along with the deputy manager who had also been in post for ten days.. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

We also noted some of the policies and procedures had been reviewed and updated whilst others remained out of date. We also saw that fire safety checks were not being completed as the documentation had not been completed for some time. This meant the service did not ensure they provided high quality care and people who used the service were at risk.

We saw that the provider had employed the services of an external contractor to produce a quality auditing system for the service. We found this to be a comprehensive system that covered many areas. However, during our inspection we noted these quality audits were not being completed. This meant the manager may not always be aware of the quality of the service being provided and where any improvements are required.

We found the service did not have an audit system in place for monitoring the supply, storage and record keeping of controlled medicines. The service had an infection control audit in place, to be completed monthly; however we noted that this had not been completed at any point. We asked the manager who was the named person responsible for infection control. We were told the service does not currently have one. The manager informed us they intended to give this role to a staff member who was to undertake enhanced training on infection control. This training was yet to be arranged.

These matters were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We are also concerned that the provider has not ensured that all aspects of what was to be done following the last inspection have not been completed. This meant that the provider remains in breach of a number of regulations.

We noted that the water cylinder cupboard remained unlocked despite us informing the provider this needed to be locked during our last inspection. Therefore this continued to be a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During our last inspection we found a number of policies and procedures had not been reviewed or updated for some time. During this inspection we found the policies and procedures remained out of date and had not been reviewed. Therefore this continued to be a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found quality auditing systems were now in place but these were not being completed on a regular basis and some had not been completed at all. Therefore this continued to be a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service and staff told us the new manager was very approachable. One person told us "The manager is very approachable and very pleasant" and another person told us "I've not really spoken with the new manager, but I would do if I needed to". We observed the manager and deputy manager talking to people throughout the day.

During our previous inspection we informed the provider that improvements needed to be made in the reporting of incidents to CQC (notifications). We found improvements had been made in regards to this and the new manager was able to inform us what type of incident they were required to notify us of.

We found that all incidents and accidents were recorded and notifications of these had been made to CQC. The majority of these were falls that people who used the service had. We saw evidence of learning from these as the service had installed pressure mats and alarms for those people who had fallen or who were at risk.

We found a comment file located near the front door of the service. This file contained thank you cards, letters and comments. Some of the comments we noted included "I'm quite happy that [relative] is safer at Rosemount than she could ever be in her own home" and "staff are helpful and attentive". We also noted a comment from a visiting GP

## Is the service well-led?

stating “Very pleasant, client’s always seem comfortable and well cared for” and a visitor from the church stating “Atmosphere is very warm and homely. The staff are very friendly and have the residents at heart.”

We found the service actively encouraged relatives, friends and visitors to provide feedback on the service. We noted that the service had given out satisfaction/feedback forms to people who used the service and their relatives. We looked at the most recent one from October 2014 and found comments included “All efforts are made to keep

parents happy”, “All staff are presented well and have a very caring attitude”, and “This residence presents the next best alternative to the family home.” This showed that the service actively sought the views of people who used the service and their families.

The new manager told us their priority was to ensure all the necessary quality assurance systems were in place, the refurbishment of the home and to meet all the training needs of the staff employed at Rosemount Care Home.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents  The registered person must have suitable arrangements in place for obtaining and acting in accordance with, the consent of service users in relation to the care and treatment provided for them

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

**The registered person did not ensure that people were protected against the risks associated with unsafe or unsuitable premises.**

#### **The enforcement action we took:**

We issued a Warning Notice in relation to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider is required to be compliant by the 27 March 2015.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

**People were not protected against the risks associated with the unsafe management of medicines.**

#### **The enforcement action we took:**

We issued a Warning Notice in relation to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider is required to be compliant by the 27 March 2015.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

**The registered provider failed to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in the Part of these Regulations; and failed to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.**

#### **The enforcement action we took:**

We issued a Warning Notice in relation to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider is required to be compliant by the 27 March 2015.