

Signature Health and Living Ltd

# Rosemanor-Hopton

## Inspection report

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11 September 2018

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

The last inspection took place on 28 July 2017 and was unannounced. This inspection took place on 11 September 2018 and was unannounced.

Rosemanor Hopton 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.

Rosemanor Hopton accommodates up to 17 people in one adapted building. At the time of our inspection 13 people were residing at the home. People primarily presented with mental health issues, and each person had their own room.

When we completed our previous inspection on 28 July 2017 we found concerns relating to people's involvement in decisions about their care. At this time this topic area was included under the key question of Caring. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of Responsive. Therefore, for this inspection, we have inspected this key question and also the previous key question to make sure all areas are inspected to validate the ratings.

At the last inspection we found breaches of the regulations in relation to safe care and treatment, person-centred care, staffing, premises and equipment and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well-led to at least good.

At the last inspection on 27 July 2017, we asked the provider to take action to make improvements to the premises, and this action has been completed.

At this inspection of 11 September 2018 we found the service continued to be in breach of the regulations in relation to safe care and treatment, person-centred care, staffing and good governance. In addition, we also found a breach of the regulations in relation to complaints. The provider had not taken appropriate action to improve the quality of the service, and continued to be in breach of the regulations.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

There was a registered manager at the time of our inspection. 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.

The registered manager did not have day to day oversight of how the home was run, as well as finding multiple breaches of the regulations at this inspection. Compliance audits were not effective in driving improvements across the service.

Staffing levels were not appropriate to meet the full needs of people living at the home. Appropriate records were not kept of incidents and accidents, and the full investigations into them. People's risk assessments were not clear in defining appropriate action to be taken to help mitigate any potential risks. The administration of medicines was not safe, nor were medicines always securely stored.

Applications to the Deprivation of Liberty Safeguards (DoLS) were not made in a timely manner. People did not always receive person centred care that reflected their preferences. There was not always sufficient information to guide staff to support people effectively. The provider was unable to provide full records of complaints received and appropriate action was not always taken to remedy issues raised.

Staff did know the steps to take to safeguard people from abuse, and improvements had been made to the maintenance and hygiene of the premises. People were supported appropriately at mealtimes, and referred to other healthcare professionals at times that they needed them. Staff worked together to support people and communicate between shifts. People felt cared for by the staff supporting them, and staff were aware of the importance of respecting people's privacy and dignity. People were supported to express their end of life wishes.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Staffing levels were not appropriate to ensure people and staff were kept safe.

Medicines were not administered in a safe way, nor by staff that were always trained.

People's risk assessments did not always reflect the appropriate action to take to mitigate risks to people.

Full investigations into incidents and accidents were not always available, or action taken in a timely manner.

Staff knew how to safeguard people from abuse, and measures were in place to ensure the home was hygienic and clean.

### Is the service effective?

Requires Improvement ●

The service was not as effective as it could be.

People's need for consent, and applications to DoLS were not made in a timely manner.

Staff training was not always up to date to ensure staff were equipped to carry out their roles.

Staff received support through regular supervision and appraisal.

People were supported effectively at mealtimes, and referred to healthcare professionals when necessary.

### Is the service caring?

Requires Improvement ●

The service was not as caring as it could be.

Guidance was not always in place to ensure that people were supported to communicate appropriately.

People felt that staff were caring and able to meet their needs.

Staff knew how to ensure people's privacy and dignity was respected.

### Is the service responsive?

Requires Improvement ●

The service was not as responsive as it could be.

Complaints were not handled appropriately, nor responded to in a timely manner. People did not always receive personalised care that reflected their preferences.

People were supported to express their end of life wishes.

### Is the service well-led?

Inadequate ●

The service was not well-led.

The registered manager did not have day to day oversight of the management of the home. Compliance audits were not effective in identifying areas for improvement. Numerous breaches of the regulations were found at this inspection.

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# Rosemanor-Hopton

## **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 was planned to check 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.

This inspection took place on 11 September 2018 and was unannounced.

The inspection was conducted by 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 care service. Their area of expertise was in mental health.

During the inspection we spoke with eight people that used the service, five members of staff and the acting home manager. Following the inspection, we spoke with the Operations Director and a person from the commissioning team.

We looked at the care files for four people using the service and other documents relating to the service such as compliance audits, policies and procedures and records of incidents, accidents and complaints.

# Is the service safe?

## Our findings

At our last inspection of 27 July 2017 we found that the premises were in need of refurbishment and the provider did not have appropriate arrangements in place to minimise the risk and spread of infection. At this inspection we found that the home had been redecorated, new furnishings had been purchased and bathroom areas had been renovated. The provider had also arranged for a cleaner to attend daily, and we observed the home to be clean and appropriately kept. Improvements made by the provider ensured that they were now able to prevent the spread of infection. Staff that we spoke with knew the steps to take to ensure they displayed good hygiene practice, including the use of gloves and aprons. We observed that staff used these when preparing foods and supporting people with mealtimes.

At our last inspection we also found that people were not always safe due to a lack of appropriate arrangements in place to ensure that risks to people were adequately assessed and managed. At this inspection, of 11 September 2018 we found that appropriate action was still not taken to ensure that risks to people were adequately assessed. Where one person had presented behaviour that challenged, on recent occasions their care plan had not been updated to reflect these risks. Suitable guidance for staff so that they were clear on how to respond was not available. Another person's risk assessment highlighted risks in relation to self-neglect and agitated or aggressive behaviour; however their risk management plan did not include any steps to help mitigate these risks and only referred to fire safety risks. One person's risk assessment highlighted risk of suicide and self-injurious behaviour. The interventions specified were for staff to meet with the person regularly, to check their room for sharps and offer help with low mood. There were no protective factors identified or other risk management activities specified. Risks to people were still not appropriately assessed, suitable action was not taken to mitigate highlighted risks meaning people and staff were not always adequately protected from potential harm.

The management of medicines was not safe. One member of staff administered the person's medicine from the office, with another staff member then taking the medicine to the person it was intended for. We observed the morning medication round and found that there were risks around secondary dispensing, distractions, and security. Medicines to be returned were not stored securely, with those for the previous months in boxes beneath a counter top in the office. In addition to this, on the day of inspection the staff member giving medicines to people told us that they had not yet completed their medicines training, or been assessed as competent to administer medicines. Staff giving medicines to people were not appropriately trained and there was a risk that people would not receive the right medicines. We also observed one person ask what their medicine was for, and the staff member was unable to tell them. We looked at medicines competency assessments for staff and saw that only one of them detailed the findings from the observation.

The provider continued to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels were not adequate to keep people safe, and ensure that people were able to leave the home when they wanted to. Some people at the home required staff support in the community, and there were

not enough staff to ensure that people could always go out if they wanted to. The provider operated with four members of staff plus the manager on duty each day. The provider did not have suitable arrangements within the rota to ensure the right mix of staff to meet people's individual needs. Two people's records highlighted that they sometimes exhibited behaviour that challenges, often to females; and on the day of inspection we noted that the complement of staff was wholly female.

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

The provider was unable to provide sufficient evidence of the management of all incidents and accidents as they occurred. We looked at the provider's incidents file and saw that the most recent incident recorded was in January 2018. Records of important incidents reported to the CQC showed that numerous incidents had occurred post this date. The acting home manager told us that two incidents involving one person had been recently reviewed, however the person's records were yet to be updated. We were not assured that the provider fully investigated and responded to all incidents in a timely manner, or as appropriate as we were unable to see records of the investigations they told us they conducted.

We looked at the provider's recruitment files and saw that that appropriate steps were taken to ensure that staff were safely recruited. Records included reasons for any gaps in employment, proof of identity, two references and disclosure and barring service checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

All the staff we spoke with were aware of their responsibility to report and act on concerns that a person may be at risk of harm or abuse. Staff knew to take immediate action, who to report concerns to and what action they could take if they felt their concerns required escalation; including the local safeguarding team.



## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We looked at the provider's copies of DoLS applications for people, and records showed that applications were not made in a timely manner. Three people's applications had been submitted post their expiration date, and one person's DoLS was still outstanding and the acting home manager completed the application following the inspection. The home's practice highlighted that people were not restricted of their liberty, as they were allowed to leave the home when they requested. However, the provider had not ensured that applications to the relevant supervisory body were made in a timely manner. We will check on the provider's improvements in this area at our next inspection.

Staff training was not fully up to date to ensure that all staff were fully trained to carry out their roles. As reported under 'safe', one staff member was seen administering medicines without the relevant training. We reviewed the providers training matrix and saw that it was not clear which staff members had completed medicines administration training. A number of staff had also not completed training in areas such as health and safety, mental health and effective communication. Improvements were needed to ensure that all staff were fully trained to carry out their roles.

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

Records showed that staff received regular supervision and appraisal to ensure they had support to discuss their practice. Issues discussed included people at the home, role and performance, training and development. A staff member that we spoke with told us they had been appropriately inducted into the home with sign off from a team leader and the acting home manager prior to commencing their duties unsupervised.

People's rooms were personalised with objects and displays of their choosing, however some people's rooms appeared sparse. We looked in one person's room and boxes of incontinence pads had been stored next to their wardrobe, and we also found a box of disposable gloves. The acting home manager confirmed to us that these objects should not be in the person's room. Some improvement was needed to ensure that each room reflected people's personalised choices.

People were supported to access a balanced diet and received support with eating in line with their requirements. At our last inspection we observed that one person was not appropriately supported in line with guidance from the Speech and Language Therapy (SALT) team, and was therefore at risk of choking. At

this inspection staff described support that was in line with that which was noted in the support plan for the person. This involved thickeners being added to drinks, the correct consistency was known by staff and the need to be supervised whilst eating and for thirty minutes after food. At lunchtime we saw that staff appropriately supported the person with their meal.

People were supported to access healthcare professionals when they needed them. Records showed that people had been supported to access the GP, dental and hospital appointments. Where people required reviews with mental health practitioners these were accommodated. People's records also showed that monthly weights were taken to ensure people were supported to maintain a healthy range.

Staff used daily handovers and communication records for each person to relay information about each person between shifts. Records showed that these were kept up to date.

## Is the service caring?

### Our findings

People told us they felt cared for by staff at the home. Comments included, "They do help a lot", "Personality, [staff member] has a nice personality" and "They do the best they can."

At our last inspection we felt that the provider could do more to support people with communication difficulties to express their views and be actively involved in planning their care. At this inspection people were involved in monthly reviews of their care with their keyworker. However, we reviewed the contents of these reviews and saw that actions derived from them were not sufficient in supporting people. Goals were set at the end of each review meeting, however one person's goals had not changed since January 2018. The monthly reviews did not include steps or guidance on the support that the person required to meet these goals.

We observed that staff appeared to know the people they were supporting well, including their day to day preferred movements both inside and outside of the home. One staff member told us, "You need a nice, calm, decent and respectful approach when talking with people." We observed staff speaking with people in a calm manner, and giving them positive encouragement when moving around the home.

Staff were aware of the importance of treating people with dignity and respect. One staff member said "It's treating people like adults." We observed that staff knocked on people's doors before entering and accommodated their requests quickly and politely.

## Is the service responsive?

### Our findings

The provider was not responsive in managing complaints received by people or their relatives. We reviewed the provider's complaints records and found that they kept a log of complaints received and the outcome. However, when looking in the provider's complaint file we saw records of only one complaint, despite there being ten complaints recorded since July 2017. Following inspection the provider told us they had electronic records of the complaints received by people and their responses; and sent them to us.

We reviewed these complaints records and found that most complaints had been responded to promptly and satisfactorily. Prior to the inspection we were aware of one relative's dissatisfaction in response to a complaint, and that responses were not received in a timely manner. The provider had also told us the action that they would take in relation to a noise complaint, however the acting support manager confirmed to us that these actions had not been taken and records showed that the person's support plan had not been updated accordingly.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that some people and their relatives were involved in the planning of people's care, as well as other relevant professionals. However, this was not the case for all people at the home. One person's care plan had not been reviewed following several incidents, and the last review had not included their regularly visiting relative's or their own input. In one person's support plan, in relation to communication needs the plan specified what the person should do; such as be patient; express self such that others can understand; and let staff know if feeling confused and disorientated. The plan did not include details of how staff should work with the person to improve communication difficulties.

People's care plans did not highlight any preferences in relation to how their care needs should be met. Where a care plan stated that supervision was to be provided for personal care and daily shower; there was no mention of what this supervision involved; or behaviours for staff to be aware of. Care plans did not clearly detail the support people did and did not require in relation to their personal care needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to discuss their end of life wishes, if they chose to. Areas discussed included preferred service arrangements, important people and who they wished to be informed.

## Is the service well-led?

### Our findings

At our last inspection of 27 July 2017 we raised concerns that the registered manager was not in day to day charge of the home. At this inspection we found that the registered manager was still not based at the service and did not work at the home on a full-time basis as she was also responsible for other services. A management structure was in place at the home, however since our last inspection two managers had left and the manager currently in post also had day to day responsibility at another of the provider's homes. There was a lack of consistency in day to day management of the home, and the registered manager still did not have sufficient oversight of the service.

The provider conducted regular audits of daily checks, maintenance, people's care files and medication records. We looked at the most recent monthly audit completed by the service, and saw that it was not sufficiently completed to ensure that quality compliance had been appropriately checked. The audit did not clarify whose care records had been reviewed, and the findings for each record was not clear. The audit stated that everyone at the home had a DoLS in place where required, however as per our findings at inspection this was not the case. The support plan section had highlighted that support plans were completed, but also needed review; it was not clear whose support plan the audit referred to, nor the proposed action to rectify the issue.

The provider sought people's views through a monthly questionnaire, and the most recent responses indicated that people were satisfied or very satisfied with the care they received, and the staff at the home. The feedback forms showed that some improvements had been suggested by people in relation to food options and activities. We could not see a record of any actions taken in relation to this feedback.

Records across the service were not always appropriately completed and maintained to ensure that people's care needs were clear, and that steps to support people; such as DoLS applications were made in a timely manner. The registered manager had not ensured that staffing levels were appropriate, nor had they kept accurate or timely records of incidents and complaints. Staff had not been supported to access training necessary to support them in their roles. There had been a high turnover of home managers, with a lack of registered manager presence at the service meaning that people's needs were not appropriately assessed in a timely manner; such as following an incident.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The above points notwithstanding we received positive feedback from staff about the support they received from the acting home manager. Comments included, "He's very supportive, capable, he's good" and "He's very good and trying his best." Another staff member gave us an example of how the acting home manager had supported one person to manage their behaviours and told us that the acting home manager was working to bring about positive changes. Staff also commented on the environmental improvements that had been made by the provider following our last inspection, and we observed that the environment was of

a suitable standard.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People did not always receive care that was personalised to reflect their needs and preferences.

### The enforcement action we took:

Proposed cancellation of managers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Appropriate action was not always taken to mitigate risks to people, and medicines were not managed safely.  Regulation 12 (1),(2), a,b,c,g

### The enforcement action we took:

Proposed cancellation of managers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Records of complaints were not kept or fully investigated  Regulation 16 (1) (2)

### The enforcement action we took:

Proposed cancellation of managers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager did not have day to day oversight of the service, quality assurance systems were not effective in identifying areas of

improvement.

Regulation 17 (1) (2) a, b, e, f

**The enforcement action we took:**

Proposed cancellation of managers registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staffing levels were not appropriate to meet the needs of the service, nor were staff fully supported with training to help them carry out their roles.  Regulation 18 (1) (2) a

**The enforcement action we took:**

Proposed cancellation of managers registration