Modus Care Limited

Rose House

Inspection report

Wheal Rose
Scorrier
Redruth
Cornwall
TR16 5DF

Date of inspection visit:
18 May 2023

Date of publication:
04 July 2023

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**

Summary of findings

Overall summary

About the service
Rose House is a residential care home providing personal care for up to two people with learning disabilities or autistic people. At the time of our inspection one person was using the service.

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

Right Support:
The model of care and setting did not consistently maximise people's choice, control and independence. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Assessments of people's ability to make decisions had not all been completed.

The manager and staff team were aware of people's strengths and had considered possible goals for the person but due to a lack of consistent staff, they were unable to ensure people had a fulfilling and meaningful everyday life.

People were supported to take part in activities and interests in their local area; however this had been limited due to low staffing levels.

Systems were in place to report and learn from any incidents but these had not always been used effectively.

The environment needed upgrading. Furniture and fittings were planned to be replaced but there was no plan to redecorate the service in the near future. The environment was not arranged in a way that was stimulating to people.

Staff supported people with their medicines in a way that helped them achieve good health outcomes. However, staff competency to administer medicines safely had not always been assessed in line with the provider's policy.

People who experienced periods of distress had proactive plans in place which ensured restrictive practices were only used by staff if there was no alternative. The service was in the process of reviewing all restrictions and planning to reduce them where possible.

People were able to enjoy privacy when they wanted to.
People could access specialist health and social care support in the community or at home when necessary.

Right Care:

People were able to communicate with experienced staff as they understood people's individual communication needs; however people had not always been able to communicate with agency staff and this had, at times, caused frustration to people.

The manager and permanent staff team were focused on delivering care that reflected people's range of needs, however they had not always been able to do this. This had at times impacted on people's wellbeing and enjoyment of life.

People received kind and compassionate care from staff who protected and respected their privacy and dignity.

Staff were in the process of reviewing risk assessments relating to people's needs. Where appropriate positive risk taking was encouraged and enabled.

Right Culture:
Identified actions such as upgrading fire doors and redecorating the premises had not been undertaken promptly.

Health and safety checks had not been carried out consistently in line with the provider's schedule.

Audits and checks of the service had not all been completed as required by the provider's schedule.

Opportunities and plans to improve people's support had not always been taken because of a lack of staff who knew people well.
Managers and senior staff modelled good practice and led by example. Staff were supported by the manager and were offered the opportunity to debrief after any incident.

The manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes.

People received support from trained specialists when necessary, who helped staff understand people's needs and provided consistent support.

Staff training in safeguarding, fire safety and positive behaviour support was not all up to date.

The manager regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate. Relatives were involved in planning the person's care and in any important decisions.

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

Rating at last inspection and update
The provider was asked by the Local Authority in September 2022 to take over the care and support at this location from another provider, the care transferred to the new provider in November 2022.
This service was registered with us on 21 November 2022 and this is the first inspection.

The last rating for the service under the previous provider was inadequate, published on 24 March 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We needed to check to see if the provider had made improvements since taking over the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We found breaches relating to consent, person centred care and the governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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

Rose House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by 2 inspectors.

Service and service type
Rose House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rose House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager had worked at the service for 6 weeks and was in the process of registering with the commission.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 this information to plan our inspection.

During the inspection
We were unable to interact with the person living at Rose House as this may have caused them distress. However, we were able to hear how staff interacted with the person. We spoke with 3 members of staff including the manager, the provider's improvement and outstanding lead and 1 support staff. We reviewed the care records for 1 person as well as a range of records relating to the management and oversight of the service, such as audits and meeting minutes. We also spoke with 1 relative by phone.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management
- A fire risk assessment had been completed of the service and had highlighted some areas that needed action to improve the safety of the building. These had not all been completed promptly.
- Safety checks related to fire and water had not been completed as regularly as required. This had been identified by the provider in November and December 2022 and again in April 2023 but were still not being completed consistently at the time of the inspection.
- Staff were not all up to date with their fire safety training.

This contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A range of health and safety checks had been completed by internal staff and external contractors to help ensure the service was safe.
- An emergency evacuation plan was in place that was tailored to the needs of the person living in the service.
- Risk assessments were in place and were being reviewed by staff to ensure they were comprehensive and covered all risks.
- The person was being supported to take positive risks in order to reduce the number of restrictions placed on them. This had at times meant them leaving support. However, the risks and the protocols to find them and ensure they were safe had been agreed with a variety of professionals and the person's family.

Learning lessons when things go wrong
- There were gaps in incident recording. The provider used an electronic system to record and analyse incidents. However, some incidents had been recorded on paper and not transferred onto the electronic system. Some incidents had not been recorded on either. This meant that any analysis for themes and trends would not have been based on the full data.

This contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence of reflective practice and debriefs post incidents. These were used as a learning opportunity to help improve future practice.

● If restrictive practices were used, reviews were undertaken to try and reduce the use of these practices
● Action was taken following incidents to help ensure similar incidents didn't happen in the future.

Staffing and recruitment
● The service had been low staffed which meant agency staff had been used to support the person. Consistent agency staff had not always been used which meant the person was not always supported by staff who knew them well. At times this had increased their anxiety, for example when agency staff were not familiar with their communication.
● The manager told us they had now created a core team of staff who knew the person well. This would increase the consistency and hopefully reduce the person's anxiety.
● Suitable recruitment processes were in place which included completing appropriate checks on new staff.

Systems and processes to safeguard people from the risk of abuse
● Staff were not all up to date with training in safeguarding. However, iformation was available to staff about how to recognise and report safeguarding concerns. This had also been discussed at a team meeting.
● Staff did not always support the person in a consistent way when they were feeling anxious. This sometimes resulted in the person becoming more anxious. The manager had recognised this and planned to discuss this with staff.
● The service was being supported to review and update guidance to support the person if they became anxious or distressed.
● Staff were reviewing how they provided support to identify if they were using the least restrictive way. Where it was not, alternatives were discussed before being implemented.

Using medicines safely
● Staff competency to administer medicines safely had not always been assessed in line with best practice. The manager told us they were aware of this and planned to complete the outstanding assessments soon.
● Protocols were in place to guide staff on when to administer medicines that had been prescribed to be taken, 'as required'.
● Audits and checks were being completed of medicines to help ensure they were being managed safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.
This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs
● The improvement plan for the service noted in December 2022 that the environment was in need of decorating. This action had been noted as completed even though there were still improvements required. A further plan showed action was needed, to repaint the service by 2025. The manager told us they were planning to decorate the person's room soon but the action plan indicated the rest of the environment may not be decorated for over a year.

This contributed to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● A downstairs lounge was used by the person to undertake hobbies and interests; however, it was not a stimulating environment.
● The provider had identified that some furniture and fittings needed replacing. Action was being undertaken in a way that involved the person as far as possible.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider had identified in December 2022 that assessments of the person's capacity regarding medication, finances and the restrictions placed on them, needed to be completed. At the time of the inspection, only the finance assessment had been completed.
● The manager had contacted the DoLS team to review the current DoLS authorisation and ensure all restrictions were legally authorised. However, there were no assessments available to evidence that the person could not consent to or understand the need for the restrictions.

This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were aware of the person's capacity to make decisions through verbal or non-verbal means.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The person's care plans were in the process of being reviewed as staff became more familiar with their preferences and support needs.
● Specialists who worked for the provider and external professionals were supporting the service to assess the person's needs and develop guidance for staff.
● The staff team considered opportunities they thought the person would enjoy. They were working towards being able to undertake them safely with the person, but this was not happening yet.
● There was a clear pathway to achieving one of these future goals, but not all of them.

Staff support: induction, training, skills and experience
● Staff had up to date online training and told us further training courses were booked for them to attend. However, at the time of the inspection staff training to support the person safely, if they were experiencing anxiety or distress, was not all up to date.
● Staff were committed to deploying techniques that promoted the reduction in restrictive practice.
● Competency checks of staff skills and knowledge were planned but had not all been completed.
● The manager was prioritising the support of staff which included daily catch ups and formal one to one meetings.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff encouraged the person to eat a healthily and have a varied diet to help them to stay at a healthy weight.
● A person-centred approach to enabling the person to have drinks available throughout the day had been implemented. The person's relative told us this had worked well for the person.
● A specialist who worked for the provider had identified the person was not offered snacks frequently throughout the day and that this might contribute to feelings of anxiety. Staff now ensured snacks were available throughout the day.
● The person was able to choose what and where they ate.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff described external professionals they had contact with, in order to seek advice on the support they provided.
● The person was supported to use external healthcare professionals when needed.
● Staff monitored the person's health and escalated any changes that needed further attention.
● Multi- disciplinary team professionals were involved in developing guidance on how to support the person.

● The person had a health action plan in place. They had recently had a health review and were due to have a medicines review. This helped staff understand what support they needed to remain healthy.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.
This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care
- The service used agency staff, some of whom were not familiar with the person's communication. This made it difficult at times for them to express their views and resulted in frustration.
- Staff were committed to listening to the person and supporting them to express their views.
- Staff supported the person to maintain relationships with those that were important to them.

Respecting and promoting people's privacy, dignity and independence
- There were plans to involve the person more in tasks around their home, but these had not been implemented yet.
- Staff were in the process of increasing their skill sand confidence in order to offer the person the opportunity to try new experiences and increase their independence.
- Staff knew when the person needed their space and privacy and respected this.

Ensuring people are well treated and supported; respecting equality and diversity
- Staff were patient, calm and attentive to the person's support needs.
- Staff were mindful of the person's sensory perception and processing issues and understood how to protect them from exposure to any environmental factors they would find stressful.
- Staff members showed warmth and respect when interacting with the person.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.
This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person was not able to go out as often as they preferred. A review of the service noted that prior to the inspection the person had not gone out for 8 days. The person's relative told us this had made the person frustrated.
- The manager told us they were introducing a core team of staff who knew the person well and so they would aim to go out with the person on most days. However, this had not yet happened.

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

- The staff team were keen to offer the person new opportunities and experiences, but this had not been embedded in the service yet.
- A list of possible opportunities that might intertest the person had been created. These were based on staff knowledge of their current pastimes and interests.
- Support with self-care and everyday living skills was available to the person .This was provided in a person-centred way.

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

- Staff were in the process of reviewing and updating the person's care plan, to ensure it was person centred and reflected their needs.
- The service and staff were focused on the person's quality of life and how it could be improved. However, limited action had been taken due to staffing levels.
- Support was being provided to the staff team to ensure they were consistent when delivering support to the person.
- Staff were working with an external professional to arrange a sensory assessment for the person. They would then use this to inform how they supported the person.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

● The person had a communication guide and a communication dictionary was being developed to further develop staffs' understanding of them.
● There were visual structures, such as a 'now and next 'board to help the person understand the plan for the day.

Improving care quality in response to complaints or concerns
● The person was unable to raise concerns formally; however, when they were unhappy or distressed, staff sought to understand what their concerns were and how to improve the situation.
● When relatives had raised concerns, these had been listened to and acted upon.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Actions to improve the service had not always been taken in a timely way. Some actions, for example related to fire safety, which were identified several months ago were still outstanding.
- There was clear information available to the manager detailing actions and checks they needed to complete throughout the week. However, audits had not always been completed in line with the provider's policy.
- Information to enable staff to better meet the needs of the person had not yet all been updated.
- Low staffing levels had impacted on the person's ability to go out and develop new skills.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider kept up-to-date with best practice policy to inform improvements to the service.
- The provider was willing to invest in the service and deliver improvements.
- The manager had a clear vision for the direction of the service which demonstrated ambition and a desire for the person to achieve the best outcomes.
- Various senior managers within the organisation had visited and provided support to the service, staff and manager to help ensure improvements were identified and acted upon.

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

- Changes needed to the way the person was supported, so they could achieve good outcomes, had been delayed because of the need to use agency staff.
- The person's relative told us things had improved but further improvements were needed to enable the person to live the life they enjoyed.
- At times, the person had become anxious more regularly because of the lack of consistency in the staff they were supported by.
- Senior managers had supported the staff to identify ways they could improve the person's outcomes.
- The manager was developing a culture that valued reflection, learning and improvement and valued staff knowledge.

● The manager spoke with the person's relatives on a regular basis to help ensure the service was being tailored to the person's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff received one to one supervision sessions with the manager.
● Team meetings had been planned as a regular forum for staff to share views and be informed of best practice.
● Relatives were consulted by managers and staff to develop and improve the service. A relative confirmed that communication with the service had improved.

Working in partnership with others
● The service worked well in partnership with health and social care organisations, which helped improve the health and life outcomes the person experienced.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The service apologised to people, and those important to them, when things went wrong.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured there were enough staff available who knew people well so they could go out as often as they preferred.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured people's capacity to make decisions had been assessed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not taken prompt action to resolve areas that they had identified as requiring improvement.