

# Rose Petals Health Care Ltd

# Clare Mount

## Inspection report

376-378  
Rochdale Road, Middleton  
Manchester  
M24 2QQ  
  
Tel: 01616433317

Date of inspection visit:  
11 January 2024

Date of publication:  
13 February 2024

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Clare Mount is a residential care home providing personal and nursing care for up to 29 people in one adapted building. At the time of the inspection there were 27 people using the service.

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

Health and safety actions relating to fire safety, the electrical installation and the passenger lift required completion. Infection control checklists required further development and some areas of the home required refurbishment to promote infection control. Safeguarding systems were in place. Staff understood their responsibilities in relation to safeguarding and felt comfortable to raise concerns. There were sufficient numbers of staff to provide care and support to people promptly. Medicines were well managed.

Audits were carried out by the nominated individual and the operations manager to monitor the quality and safety of the service. However, there had been delay in starting some works assessed as high risk. The provider was asked to provide an initial action plan following the inspection to inform us about when and how they would make the required improvements. Relatives were complimentary about the staff and management team and said communication had improved.

Staff had received appropriate training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 28 July 2022). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last three consecutive inspections.

At our last inspection we made a recommendation about the audit and management of some medicines. At this inspection we found the provider had made improvements.

### Why we inspected

We received concerns in relation to staffing, communication, safety and person-centred care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained the same based on the findings of this inspection.

We have found evidence that the provider still needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Clare Mount on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safety and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request a further 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.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Requires Improvement</b> ●</p>

# Clare Mount

## 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.

#### Inspection team

The inspection was carried out by 2 inspectors. An Expert by Experience made calls to relatives following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Clare Mount 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. Clare Mount is a care home with 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 a registered manager in post however they were overseas when we visited the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider had completed 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service and 12 relatives. We also spoke with 8 staff including the operations manager, care staff and nurses. We received virtual feedback from a further 28 staff following the inspection. We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures. Also, a variety of records relating to the management of the service, including audits were requested.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risk safety assessment and monitoring was not always managed in a timely way. The provider had not actioned all the recommendations on their most recent fire risk assessment dated July 2023. For example, compartmentalisation to the roof voids had not yet been completed. This was work that had been assessed as being 'high priority' with a suggested timescale of 90 days. Following the inspection we referred the home to the local fire prevention team. The provider assured us following the inspection that the remaining work was scheduled to be carried out.
- The provider had not ensured that remedial work had been completed for recommendations made in the latest electrical installation report dated August 2022. The overall installation had been assessed by an external contractor as 'unsatisfactory'. The provider assured us following the inspection that this work was scheduled to be carried out.
- The provider had not ensured that remedial work to the passenger lift had been considered following findings of the latest service report dated October 2023. We asked the provider to complete an action plan within 7 days to detail when they would complete work in all these areas.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew what to do if there was an emergency at Clare Mount. Some recommendations from the fire risk assessment had already been actioned. For example, work was underway to ensure fire doors were assessed and fit for purpose.
- Improvements had been made to scheduled fire drills and weekly safety checks but further development was required to ensure that checks could identify concerns and were clearly documented.
- People had personalised risk assessments in place which included guidance for staff to manage any associated risks. Staff demonstrated they knew how to manage risk relating to nutrition and hydration.

### Using medicines safely

At our last inspection we recommended the provider developed their audits to ensure that improvements were sustained and any identified actions were completed. The provider had made improvements.

- Audits related to medicines management were regularly completed and identified actions had been completed.
- Nurses followed the policies and procedures in place to ensure medicines were safely managed. Care

plans contained adequate information about people's medical support needs, this included information about allergies and dietary requirements.

- Medicine administration records were fully signed by nursing staff and medicines processes had been audited regularly.
- Medicine records were reviewed regularly and records were accurate. We saw no discrepancies between the amount of medication administered and the amount of medication which remained on site.

#### Preventing and controlling infection

- The home was mainly clean. Domestic staff were working throughout the home during the inspection and bedrooms and the dining room were clean. However, bathrooms, the lounge flooring and skirting boards throughout the home were not always clean from spillages or free from dust.
- Bathrooms could not be thoroughly cleaned due to the poor condition of some walls and flooring. Refurbishment was needed in these areas to promote infection control.
- Cleaning schedules had not been consistently completed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Staffing and recruitment

- Recruitment systems were in place and staff were subject to Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Three out of four staff files we reviewed contained the necessary documentation required to evidence safe recruitment. However, one staff file for a newer member of staff did not include a second reference and full work history. This information was provided on request.
- There were enough staff on duty when we inspected. Staff told us that there were enough staff at any given time and they had time to complete their duties and not rush the care they were providing.

#### Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies were in place for staff to follow. Staff had received training in how to protect people from harm and abuse and those we spoke with understood their responsibilities around safeguarding.
- The operations manager understood how to report any allegations of abuse or neglect to the local authority and the Care Quality Commission (CQC).
- Relatives spoke positively about the home and staff. They thought their loved ones were safe. One said, "Staff have been managing [Name's] diabetes very well; they check their sugars. The staff are wonderful; nothing's too much trouble and their whole attitude is friendly and caring."

#### Learning lessons when things go wrong

- The provider had processes in place for recording incidents and accidents. Preventative measures implemented following any incidents were recorded, and relevant parties were notified as required.
- We saw evidence of staff meetings where issues could be discussed and fed back to the management team. One relative told us they would appreciate being given updates about their loved one's specific condition without having to ask staff for it. The same relative said, "The staff are friendly and pleasant and understand [Name's] needs." Relatives told us the home contacted them to give updates on issues happening with relatives and the home as required.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits had not identified risks relating to environmental safety and recommendations from external health and safety professionals had not always been completed. The nominated individual regularly completed a form to demonstrate to checks they made at the service. However, these had not identified the areas of concern we found during our inspection: notably concerns around health and safety and infection control. There was no evidence that the registered manager had ongoing oversight of operations at the home.
- This was the third time in a row that the service had not achieved a rating of good overall. Improvements were ongoing, however further improvements needed to be made and sustained to ensure people received safe care.

The provider had failed to ensure systems for governance and management oversight were robust and effective. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Following our inspection we asked for an initial action plan to be submitted within 7 days relating to the health and safety actions that required completion. We wanted to ensure that essential work was completed as quickly as possible to optimise safety.
- Management oversight of the floor was limited. However, despite there being no initial management presence when we arrived on day of inspection staff had clearly defined roles and the shift seemed well organised. Staff were very helpful during the inspection and provided information in a timely manner upon request.
- The operations manager had an ongoing improvement plan that was shared with us following the inspection. It demonstrated that improvements were taking place and were ongoing.

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

- Care plans captured people's individualised needs and contained appropriate monitoring records. A digital system was being implemented. A nurse said, "We are moving to an electrical system and hope this will make monitoring more efficient. It is a gradual process so we are still paper-based alongside the system."

- People did not always have oral healthcare products available in their bedrooms in line with their care plan, staff assured us they would put this in place immediately.
- Staff communicated clearly with people on the day of the inspection. Prior to the inspection CQC had received concerns that staff were often speaking in non-English in front of residents which meant that communication was not always optimised. We did not see any evidence of this during the inspection. Staff meeting minutes had recorded that managers had discussed the importance of speaking in English when at work. One staff member told us "I am keen to improve my English skills and ensure I always speak in English when working with people."
- Staff demonstrated that they knew people's needs, preferences and risks associated with their care well.

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; Continuous learning and improving care

- The provider understood their responsibility to keep people informed when accidents and incidents happened.
- The provider ensured care workers had received training to meet the needs of people using the service. The training matrix the provider knew who had completed mandatory training and when training was due to be renewed.
- Systems were in place to capture complaints and compliments.

Working in partnership with others

- People's health needs were regularly reviewed, and staff worked with external health and social care professionals to ensure people's health was maintained.
- The management team and care staff had been working with the local authority to improve quality. Staff had been invited to attend some additional training in moving and handling provided by the local authority in response to an identified risk.

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

- Staff spoke positively about working at the service. There were good working relationships among the team, and they felt supported by the manager. A member of staff told us, "Management and team leaders support me regarding any queries and my concerns. So I am able to carry out my role effectively."
- Relatives were complimentary about how the service was managed and how staff communicated with them. One relative told us, "They've started relative's meetings which are good; there's a lot of issues discussed and information about activities which are going to happen." Other relatives said, "They are involving families more; the family meetings are helping family members get to know each other and develop relationships with each other" and they've introduced a monthly newsletter."

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure that risks to health and safety were managed.
	Regulation 12 (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate effective systems to ensure the quality and safety of the service.
	Regulation 17 (2) (a)