

Rosemary Care Home Limited

Rosemary 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rosemary Care Home is a residential care home providing personal and nursing care for up to 24 older people. At the time of the inspection, the service was supporting 22 people across three floors. The upper floor was dedicated to accommodation while the other two floors housed accommodation, lounges and dining areas.

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

Medicines were not always safely managed in accordance with best practice. Risks associated with the building were not always managed safely. The service was in breach of regulation regarding Safe Care and Treatment.

Quality assurances processes had not been effective in identifying and rectifying concerns found during this inspection. We made a recommendation regarding this.

Systems and processes were in place to safeguard people from the risk of abuse. Individual risks to people were assessed. There were enough staff to meet people's care needs. Arrangements were in place to keep premises clean and hygienic to protect people from the risk of infections. Additional measures had been introduced to reduce risk associated with COVID-19 (Coronavirus). However, areas of the building and the grounds needed refurbishment and some furniture needed replacing.

Notifications to the Care Quality Commission (CQC) had been submitted as required. The service had a positive learning culture where people were supported to reflect on performance and improve practice. The provider regularly engaged people using the service, their relatives and staff through meetings and informal discussions. People said communication with the registered manager was good.

People were given a good choice of nutritious food and drinks in accordance with their needs and preferences. Their healthcare needs were met through effective working with a range of healthcare professionals. The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). 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.

Staff treated people with kindness, compassion and respect. People's faith and cultural needs were recorded and understood by staff. People were encouraged to be as independent as possible. Staff understood the need to protect people's privacy and dignity when providing care.

Care records were personalised for each individual. Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. People were supported to engage

in a range of activities and to maintain important relationships. However, recent changes in personnel meant activities hadn't always taken place as planned. People's end of life wishes were considered as part of the assessment and care planning process.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

The provider has acted to reduce the risk posed by the issues we identified during this inspection.

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

Rating at last inspection

The last rating for this service was good (published 24 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the management of medicines and the safety of the environment 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 an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rosemary Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The team consisted of three inspectors, two of which were present on each day of the inspection.

Service and service type

Rosemary Care Home 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was completed over two days. The first day of the inspection was unannounced.

What we did before inspection

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We also spoke with two relatives about their experience of the care provided. We spoke with the registered manager, a senior member of staff, the housekeeper and three care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of

observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at records in relation to staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not safely managed in accordance with best-practice guidance.
- On the first day of the inspection we found a prescribed thickener, unattended in the first-floor lounge. We also found the doors to the medicines' rooms were not locked. In one medicines' room a harmful medicine was stored in an unlocked refrigerator
- Staff involved in handling medicines had received training and were assessed as competent to support people with their medicines. The registered manager completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. However, this had not resulted in consistent compliance with best-practice.
- The service did not always manage risk effectively.
- During our initial tour of the building we identified risks relating to 13 fire doors. Some did not close fully, and others were prevented from closing by the placement of furniture or the use of wedges. Some doors did not have automatic closure devices fitted and others did not close because they were held open by carpeting. This exposed people to avoidable risk of harm in the event of a fire. We reported our concerns to senior staff and the registered manager.

We found no evidence that people had been harmed however, 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.

The provider responded immediately to address our concerns and all necessary actions were completed by the end of the inspection.

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- Risk was assessed following incidents and adjustments were made to the way care was provided to reduce risk.
- Equipment and utilities were regularly checked to ensure they were safe to use. However, staff reported the footplates on some wheelchairs were missing. We did not see the wheelchairs in question. However, we reported this to a senior member of staff.
- People had detailed individual emergency evacuation plans in place.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- We observed staff intervening to reduce the risk of harm. For example, when people showed increased levels of anxiety.
- Staff were confident about how to report safeguarding concerns. We checked the record of incidents against safeguarding referrals and notifications to CQC. All incidents had been reported as required.
- People and their relatives told us the service was safe. One person said, "I'm happy here and feel safe."

Staffing and recruitment

- There were enough staff employed and on duty to meet people's needs.
- When staff were not available due to sickness, regular agency staff were used.
- Staff had been recruited safely and all the necessary checks completed. Most staff recruitment records were maintained in accordance with regulation. However, some older records required review to ensure they met the current standards.

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves. The registered manager had introduced additional measures and guidance to reduce risk in relation to the COVID-19 virus.
- We found the home to be clean and tidy throughout. The comments of relatives supported this view.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in sufficient detail and care was provided in accordance with the relevant standards.
- People's individual needs were assessed before they moved into Rosemary Care Home; this helped to ensure their needs were understood and could be met. Assessments provided guidance for staff to support people based on their needs and choices.
- Best-practice guidance and legislation were understood and referenced in policies and procedures.

Staff support: induction, training, skills and experience

- Staff received regular supervision and training to support their developmental needs.
- Training was appropriate and gave staff the skills to meet people's needs. Relatives told us staff were well trained and knew what they were doing. Training records showed staff training was kept up-to-date.
- The competency of staff was regularly assessed to ensure they had the right skills and knowledge to provide safe, effective care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with other agencies to ensure people received specialist support when required.
- The registered manager and senior staff had good relationships with health and social care professionals who had contact with the service. Referrals were made appropriately and people's healthcare needs were addressed in a timely and effective manner.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Feedback about the food from people living at Rosemary Care Home and visiting relatives was mixed. However, the majority said there was enough choice and the food was of good quality.
- Food was well presented and served in homely dining rooms. One relative commented, "The food looks nice. The pureed food is still well-presented."
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's weight was monitored.

Adapting service, design, decoration to meet people's needs

- The premises were suitably adapted to meet people's needs.
- The décor and furnishings were of variable standard and some were in need of refreshment or replacement. A refurbishment plan was in place to replace flooring and make other improvements.
- Accessible bathing equipment was provided and signage throughout the building promoted people's independence. However, signage and décor could be improved to better support people living with dementia.
- Each room was personalised with photographs and other items.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been made when needed and were regularly reviewed.
- Mental capacity assessments had been completed to identify whether a person had capacity to make a specific decision.
- Staff obtained consent from people before providing care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Positive and caring relationships had been developed between people and staff. Staff knew people well and treated them with kindness, compassion and respect.
- People and their relatives spoke positively about staff and the relationships they formed. Comments included, "Staff are lovely and caring. [Relative] enjoys it, sees it as home," and "Staff are kind and very nice."
- Staff monitored people and responded when they needed support or showed signs of distress. However, we observed two occasions when people were left without staff observation or support for extended periods. We discussed this with the registered manager.
- People's needs in relation to their age and disability were clearly documented. However, other protected characteristics, such as those relating to faith and sexuality were not always recorded. We discussed this with the registered manager who assured us equality and diversity were fully considered during assessment and care planning.
- Relatives said they were made to feel very welcome and could visit at any time. We saw relatives visiting people throughout the inspection.

Supporting people to express their views and be involved in making decisions about their care

- Residents' and relatives' meetings were held to enable people to raise issues and contribute to the running of the service.
- We observed staff talking to people about their needs and preferences throughout the inspection.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to remain as independent as possible and their rights to privacy and dignity were protected.
- People's health conditions meant they sometimes became distressed. Staff were quick to identify situations and intervened in a gentle and respectful manner.
- Staff understood the need to protect people's privacy and dignity when providing care.
- Confidential information was stored securely and treated in accordance with data protection laws.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care records were personalised for each individual and contained details about their specific needs and preferences.
- Care plans were reviewed regularly to ensure they remained accurate and reflected people's needs.
- People's care records provided information about their life history, relationships and activities they enjoyed. For example, one person expressed a strong preference for a particular television programme.
- Daily notes were kept and these detailed what care had been provided during the day and information about people's physical and emotional well-being. This information was used to handover to staff when shifts changed. However, some of the notes were lacking in detail. The registered manager committed to improving consistency in this regard.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood, and different approaches were used by staff to promote engagement.
- Care plans contained information about the support people might need to access and understand information. Staff adapted the way in which they communicated with people to engage them and to ensure important information was shared. For example, one person's care record instructed staff regarding the person's hearing loss while another prompted staff to continue to talk to a person who had lost their speech.
- One person was supported to access talking books and other forms of spoken information. Staff regularly went to the library and brought back new items for them.

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

- People were supported to engage in a range of activities and to maintain important relationships.
- The service employed an activities coordinator who organised individual and group activities. However, recent changes in personnel and job roles meant activities had not taken place as planned. Some people commented on the negative impact this had. The registered manager confirmed the situation had been resolved through the changes in job roles..
- People and their families spoke positively about the service and how they were made to feel welcome.

This helped people to maintain their relationships.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- Each complaint was recorded and addressed in accordance with the relevant policy.
- Most relatives we spoke with had not had to make a complaint but were satisfied that any complaint would be fully addressed.

End of life care and support

- People's end of life wishes were considered as part of the assessment and care planning process.
- Where people had declined to discuss their wishes, this was recorded. Other records contained specific details and instructions regarding preferences as to their faith and funeral arrangements. The service followed a recognised programme for end of life care. Staff understood their responsibilities to provide end of life care in accordance with people's wishes, culture and faith.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Safety and quality audits were not always effective in identifying risk and poor practice.
- External specialists were used to assess risk. However, internal systems had not been effective in identifying and correcting issues found during this inspection and ensuring external specialists provided timely information.

We recommend the provider reviews safety and quality assurance processes to ensure issues are clearly identified and addressed in a timely manner.

- Each of the staff we spoke with had a clearly defined role within the service and understood their role and responsibilities.
- Notifications regarding important events had been submitted as required.
- Lessons learnt from incidents and accidents in other services were shared with staff to improve practice.
- The registered manager was a member of local and regional learning forums which developed and promoted best-practice.

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

- The service had a positive learning culture where people were supported to reflect on performance and improve practice.
- People had good outcomes and their health and wellbeing was prioritised by the service. People and their relatives told us the care they received had a positive impact. For example, one person had been supported to regain their mobility and access community facilities.
- Effective measures were in place to ensure people, relatives and staff had a voice and were able to influence the service.

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 registered manager and provider understood their responsibility to share information with people when care had not met the expected standards.
- We checked records and found the provider had acted on the duty of candour regarding incidents and

accidents. Family members, the local authority and CQC had been notified accordingly.

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

- The provider regularly engaged people using the service, their relatives and staff through meetings and informal discussions. People said communication with the registered manager was good. Feedback had resulted in changes to the service. For example, people and relatives were being actively consulted about the refurbishment programme.
- People were provided with information about Rosemary Care Home in the form of a welcome pack.

Working in partnership with others

- The service worked with partners to develop practice and improve outcomes for people.
- There was evidence of effective working with healthcare professionals and commissioners to meet people's needs and support local pressures.
- The service had links to local groups and facilities to enhance people's experience of care.

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 Medicines were not always stored safely in accordance with best-practice guidance. Some fire doors did not function safely as intended.