

R C Care Rosehill Ltd

# Rosehill Rest Home

## Inspection report

Rosehill Rest Home, Robins Hill  
Raleigh Hill  
Bideford  
Devon  
EX39 3PA

Date of inspection visit:  
03 July 2019

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23 August 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Rosehill Rest Home is a residential care home providing accommodation and personal care. The care home can support up to 17 people in one adapted building. At the time of inspection five privately funded people aged 65 and over were living there. Devon County Council no longer commissions services at Rosehill.

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

There were five people living at Rosehill at the time of inspection. These people had low care and support needs and required minimum help to support them in their daily lives. These five people had lived at Rosehill for the last two inspections.

Whilst improvement continues at Rosehill, we are concerned these improvements are not sustainable or sufficiently embedded enough to support people who may live at Rosehill with higher care needs. The people who previously had higher needs no longer live at Rosehill.

The systems relating to the governance and oversight of the service were not always used effectively to monitor and improve the service. There continued to be deficits in records relating to the running of the service.

People had been assessed of any risks to them and support to mitigate the risks recorded. Each person had a care plan. These had been developed since the last inspection but continue to require improvement to include all the information required. Some of the required information was missing or inconsistent.

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. However, further work is needed to ensure best interest decisions are made appropriately and recorded.

There was a manager in place who had applied to be registered with the Care Quality Commission. They were supported by the nominated individual and deputy manager. The management team were committed and motivated in their roles and reassured us of their plans to improve. They were aware further requirements were still required.

People were happy and relaxed living at Rosehill. They were well looked after and cared for. People described staff as kind and caring. Positive interactions had been developed between people and staff which was shown in the calm and relaxed atmosphere at the service. Due to the low numbers of people, staff knew them very well.

There were enough staff on duty to meet people's needs. Staff were recruited safely, trained and received supervision in their roles. They were a motivated staff team who knew people very well.

People were kept safe by staff who had received training in safeguarding and knew what to look for and what to do.

People received their medicines safely and received nutritious meals.

Complaints were managed following the processes in place.

People experienced activities and events at Rosehill. These were being further developed to introduce new activities and make them more individual and centred around people's individual hobbies, skills and interests.

The service was very clean, smelt fresh and was appealing to people to live in. It was very homely and friendly. There were adaptations in place to support people's needs.

Rating at last inspection and update

The last rating for this service was inadequate (published 7 June 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made to no longer be in breach of three regulations. However, the provider was still in breach of one regulation. This was in relation to record keeping and quality assurance systems.

This service has been in Special Measures since November 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to the records and lack of audit and quality monitoring of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider and 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.

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

## 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.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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 safe findings below.

**Requires Improvement** ●

# Rosehill Rest 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 inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Rosehill Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service also provides day care. This is an unregulated activity by CQC and as such was not considered as part of the inspection findings.

The service had a manager in post who was in the process of applying to be registered with the CQC. Once a manager becomes registered, 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 unannounced.

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

We took this into account when we inspected the service and made the judgements in the report. We used all this information to plan our inspection.

#### During the inspection

We spoke and spent time with all five people living at Rosehill Rest Home to gain their experiences of the service. The nominated individual, manager and deputy manager were not on duty when we arrived. However, they came to the service to assist with the inspection. We spoke with all three of them and the two care workers on duty, one of whom was an agency member of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

#### After the inspection

Following the inspection, the service sent their up to date service improvement plan (SIP).

# 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 two inspections this key question was rated as inadequate. At this inspection the rating had improved 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.

No new people had been admitted to the service since the last inspection (9 April 2019).

The new systems the provider had put in place since the last inspection had not been in use sufficiently long enough to test them and equally demonstrate being fully embedded into the running of the service. The risks to people had not increased since the last inspection and were the same as highlighted at the previous two inspections. The systems in place required further improvement to fully support and sustain safety in relation to all types of people living at the service.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12. However, this is due in part to the fact that all the five current people living at Rosehill had low care and support needs. Two of these people were totally independent and self-caring. The other three required minimal support from staff to assist them in their daily lives.

At this inspection we found the service had now started to record these assessments in the appropriate way. However, further improvement was still required to fully meet compliance.

- Systems were now in place to assess and monitor the low risks for each person living at Rosehill which meant the provider was taking steps to ensure people's personal safety.
- Risks to people were assessed and their safety regularly monitored to keep them safe. These included those relating to nutrition, skin damage, choking and falls. People's needs had remained the same since the last inspection.
- Risk assessments were recorded in care plans which generally described the support people required in the least restrictive way possible whilst staying safe. For example, one person's safety was at risk if they left the building unaccompanied. However, they liked to spend their day wandering inside and outside of the service. The providers had ensured the outside area was safe and secure but did not impinge on their freedom.
- Nobody at the service required bed rails or specialised pressure relieving mattresses. However, we saw

documentation which the service would use should these items of equipment become necessary.

- People's weights were recorded regularly. However, there was still no system in place to advise senior staff if any action was required, such as contacting a dietician or the GP. This lack of management monitoring had been discussed at the previous inspection but was still not in place. The manager and deputy manager said they would address this and put a system in place for staff to follow and report on.
- Each person living at the service had a personal emergency protection plan (PEEP) in place for when evacuation of the service might be needed. These included any equipment and support the person might need to leave the building safely.
- Environmental risk assessments were carried out regularly both for the inside and outside of the building. For example, checks on people's bedroom furniture including their beds and making the outside pathway to the service clear of debris.
- Checks relating to the fire protection of the service were monitored, up to date and in place. Staff had received training on fire safety.
- Equipment checks, such as the stairlift and bathing hoists, were carried out in line with their individual contracts and service plans. When needed, repairs were made to such equipment as quickly as possible. Gas and electrical testing were carried out regularly.
- Safety checks were carried out on people's hearing and walking aids to ensure they were working correctly and safe.
- Water temperature checks were in place and Legionella testing was carried out, which was particularly important for the empty bedrooms within the service.

#### Staffing and recruitment

At our last inspection the provider had failed to ensure new staff were recruited safely. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18. New recruitment systems had been put in place and these systems followed to employ the one new staff member since the last inspection.

- The one new staff member had been recruited safely because the necessary pre-employment checks had been carried out prior to them starting work. This included a suitable Disclosure and Barring Check (DBS), together with three references to ensure the staff member was fit to work with vulnerable people.
- In the staff member's recruitment file, there was no record of their interview details and their suitability for the post. However, this information was found in the office handwritten which showed notes had been taken at interview.
- People were supported by enough numbers of staff on duty to meet their needs in a timely way. However, this was again in part due to the low needs of the people living at Rosehill. Staff had time to sit and chat with people and had positive interactions. There was one to one support where needed. One person said, "... the carers get us help if we need it ... when I ring my bell I never have to wait for them to come."
- The service had staff vacancies and were actively recruiting for care staff and kitchen staff. Gaps in the staff rota were being filled by regular agency staff. The service used the same agency and, as far as possible, the same staff member to ensure continuity and consistency of care.

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

- All the people living at the home felt safe. They were happy and relaxed with staff and meaningful and positive relationships demonstrated this. People knew who to speak to if they had any concerns. One person said, "...the carers get us help if we need it."

- People were protected from the risk of abuse. This was because the service had effective safeguarding systems, policies and procedures and managed concerns appropriately. Staff had undertaken training and understood what constituted abuse and how to safely report any concerns.
- Senior staff were in the process of completing extended training at practitioner level to acquire further knowledge to provide extra guidance for the staff team. These staff were aware of the role of the local authority safeguarding team and liaised with them when required.
- Since the last inspection, the service is no longer in 'whole service safeguarding' by the local authority safeguarding team. This meant the safeguarding team had no new concerns about people living at Rosehill.

#### Using medicines safely

- Medicines were managed safely by staff who had been trained in medicine management procedures.
- Medicine records showed people received the right medicine, at the right time. The medication administration records (MAR) showed medicines were signed for appropriately. When a change in medication was made, this was recorded safely.
- Medications given to people 'as and when' (PRN) were well managed.
- People received skin creams, eye and ear drops as required; a body map identified the areas requiring treatment.
- Regular audits of medicines were undertaken and followed up on. For example, it had been identified the MAR chart was not always being signed correctly. This was discussed with staff at a recent staff meeting to ensure improvement was made.

#### Preventing and controlling infection

- The home was very well-maintained and clean throughout, with no malodours.
- There was a suitable laundry room and procedures for separating clean and dirty laundry.
- Staff were trained in infection control and hygiene practices and could describe how to ensure the risks of cross infection were minimised. They used personal protective equipment (PPE) when required.
- There were good food hygiene practices and food was stored, prepared and served in line with good practice. The service had been given the highest rating of five at the last Food Standards Agency inspection in January 2018.

#### Learning lessons when things go wrong

- The service ensured lessons were learnt when incidents or accidents occurred. Accident and incident reports contained enough information which enabled senior staff to consider whether there were ways to reduce the risk of reoccurrence.
- Staff understood their responsibility to report incidents and accidents. Records showed safety incidents were recorded and, where necessary, the information was shared internally and externally. For example, when one person spilt a cup of hot tea on themselves, the service took appropriate action and contacted the person's GP for advice. They had also reported the incident to the local authority safeguarding team.
- There had not been enough incidents or accidents in the last three months to enable trends or themes to be monitored since the last inspection. However, senior staff were aware of their responsibilities to look at the records to identify whether there were trends, such as when incidents occurred but these had not been embedded.

# 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 requires improvement. At this inspection the rating remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, staff were not working in line with the Mental Capacity Act 2005 (MCA). This was a continued breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 11. However, some improvements still needed to be made to the recording of people's information relating to the MCA, DoLS and best interest decisions.

The new systems the provider had put in place since the last inspection had not been used sufficiently long enough to test them and equally demonstrate being fully embedded into the running of the service.

The MCA provides a legal framework for making 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 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 found the service was acting within the principles of the MCA and assessments had been undertaken.
- The service had applied for two DoLS authorisations for people who they had assessed as not having the capacity to be able to understand how to remain safe when unaccompanied outside the home. Both applications had been acknowledged by the DoLS service who had advised they would be assessed in due course.
- Best interest decisions had been made for people, for example the nutritional support for one person. However, there was no evidence in their care records to say the process had been followed and recorded appropriately. This was discussed with the management team who confirmed they would address this shortfall.
- Staff and management had knowledge of the MCA framework and how it applied to their practice. Staff

asked people for consent and choices before supporting them.

- Records showed people had been asked to consent to aspects of their care. This included having their photographs taken so these could be attached to care plans and medicine administration records. Where a person did not have capacity to make a decision about giving their consent, they had been involved in the discussions as much as possible. Where appropriate family members had signed on behalf of the person.
- Staff respected people's right to have care and support at times which suited them. For example, people said they were able to get up and go to bed when they wanted. Staff were observed knocking on people's doors and waiting for permission to enter the bedroom.

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

- All people's care needs had been assessed before they came to live at the service. There had been no new admissions for some time, so we were unable to view any recent assessment records completed. However, the nominated individual showed us the new documentation to be used when a new assessment was to be carried out. This held all the information required to ensure the service could make a decision as to whether people's needs could be fully met.
- Each person had a care plan in place and had been involved in the planning of their care with their choices respected. One person said, "They have done me a care plan".
- One person was booked to have two weeks respite care in September. The management team said they would not accept this person to live at Rosehill unless their initial assessment ensured they could meet their needs fully.

Staff support: induction, training, skills and experience

- Staff had undertaken further training since the last inspection and individual staff records showing copies of certificates as proof of up to date learning. Training was delivered via electronic or face to face learning from outside professionals or organisations. However, competency checks were not yet taking place. The deputy manager was in the process of setting this system up to check on staff hands on practice.
- For those staff who required it, they undertook the Care Certificate which is considered best practice induction training. The newest care worker employed at the service was due to start this training shortly.
- Staff felt trained to do their jobs properly and one care worker said, "We have pressure sore training two weeks ago and tomorrow we are having dementia training. We also watch DVD's and answer questions."
- Staff were up to date with their supervisions which enabled them to discuss their training and development needs.

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

- People were provided with meals which were prepared from fresh ingredients. People were offered choices of food and told us they liked the food provided. A daily menu offered a choice at breakfast, lunch and tea. Where someone did not want the meal, they were offered alternatives such as a salad or omelette.
- Meals were prepared considering people's specific dietary needs as well as their preferences.
- People said they enjoyed the food. Each person had been supported to complete a food preference questionnaire which meant staff were aware of their likes and dislikes. One care worker who had experience of other care services said, "It's the best food I see around. They can have whatever they want, they are not on a rolling menu."
- Drinks were offered throughout the day to ensure people remained hydrated.
- People were able to eat in the dining room, lounge or if they preferred, in their bedroom. The dining room was designed to make it appealing with tables laid up. People could choose where to sit and who they sat with. This encouraged people to socialise while they were having a meal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to attend appointments with health professionals, including their GP and their dentist. Records showed that staff contacted health and social care professionals where needed. Care records also described advice from professionals and there was evidence that this was followed. One person said, "If I need a doctor, I tell the staff and they organise it."
- People were also supported to have other healthcare needs met. For example, staff ensured people had access to chiropody, opticians and hearing aid services. One person, who staff had noticed were having problems with their hearing aid, attended an audiology appointment and a further appointment for a new hearing aid fitted to improve their hearing.
- Each person had information in their care plan about how their health needs should be met. For example, one care plan described how the person was able to clean their own teeth, although needed help putting toothpaste on the toothbrush. The care plan also set out what staff should do if the person had any discomfort, which included checking the person's mouth and contacting the dentist.

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

- The service had been adapted to support people's needs. There were several communal spaces for people to use. This meant that people could choose to be in a lounge with the TV on or go somewhere quieter. A stairlift meant one person, with limited mobility, was able to use an accessible shower on the first floor.
- People had been involved in decisions about the décor and furnishings in their bedrooms. They were encouraged to bring pictures and ornaments so that rooms became personalised.
- People were supported to remain mobile and were able to use an enclosed courtyard to safely be outside. This meant people had access to fresh air and sunshine which was important for their health and wellbeing.

# 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

- People felt at ease with staff who obviously knew them very well. Staff knew people's individual choices and preferences. For example, one staff member described how important it was for one person to have their clothes placed in colour co-ordinated order in their wardrobe. The staff member said, "This is how they want it".
- Staff were kind, respectful and compassionate in their approach. They spent time with people, offering encouragement and support when needed, for example checking throughout the day people were fine and if there was anything they needed. One person said, "The carers are nice and kind and get us help if we need it."
- Positive and meaningful relationships had been developed between people and staff. People were relaxed and comfortable with staff shown by the laughter, banter and spontaneous interactions. One staff member said one person does not wish to take part in activities but will chat with them if they talk about the time they owned an antique shop.
- People and staff engaged together in the afternoon activity of the 'Frantic Theatre' (one-person comedy and music show), with laughing and singing. One person was so engaged in the show, they inpromptuously played the entertainer's violin prop.

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

- People had been involved in the planning of their care. Two people knew their care plans were kept in the office. One said about their care plan, "... we did it together, what we dislike, what we like to do."
- Staff involved relatives and friends in people's care where appropriate. For example, one person's family was involved in making decisions about their relatives aim to lose weight.

Respecting and promoting people's privacy, dignity and independence

- People were respected by staff who supported them to maintain their dignity and independence. For example, one person described how staff encouraged them to go out with their friends to social events.
- Care plans contained details about what people liked to do for themselves and what they might want help with.
- Daily care records described how people were able to help with their own personal care and encourage their independence.
- People were respected by staff, who supported them to maintain their dignity and independence. For

example, one person described how staff encouraged them to go out with their friends to social events.

- Staff supported people to remain independent by attending appointments outside of the service where possible. For example, one person said "If I need a doctor, I tell the staff and they organise it. They take me to appointments and stay with me."

# 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 requires improvement. At this inspection the rating has stayed the same.

This meant people's needs were not always met.

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

- Care records continue to improve but further work was still required to ensure they contained all the information required. Not all care plans provided enough detail to know what staff should look for or do with information in the records. For example, one person's care plan described how they suffered from urinary tract infections (UTI) at times. The plan gave no indication as to what staff should look for to assess whether the person had a UTI or not. However, when we asked staff what the symptoms of a UTI were, they knew the types of behaviour that people would experience and what to do, such as getting samples and contacting the GP.

- Care records contained some contradictory and inconsistent information. For example, in a section in one care record called "Things I like to do for myself" it described "I like to be independent as able with my personal hygiene and dressing but needs some help to wash my lower parts, feet/legs and back". Immediately below this a section called "Things I might want help with" stated "I like to be independent with washing my lower parts, back, I need minimal help with dressing." This meant staff did not have clear guidance about the level of support the person needed or wanted.

- Some information about people's cultural, religious and spiritual preferences had been gathered. For example, one person's care record stated, "I am a Christian and I only celebrate Easter and Christmas". However, another care record stated "I have no care and support needs with spiritual and cultural well-being" with no further explanation.

- As there were only five people living at the service, and with their low care and support needs known to all staff, this was a lack of recording and monitoring as the impact on people was low.

- People's physical, mental health and social needs had been assessed by staff. These needs and preferences were held in care plans which were easy for staff to read and follow. For example, one person's care plan described how they sometimes became anxious at night. It described how they needed staff reassurance and at times a drink and biscuit before they returned to bed. Daily notes showed staff had checked the person each night to ensure they were alright.

We found no evidence that people had not received the care they required however care records were not always accurate, complete or contemporaneous. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Support plans included information about how the person's background, previous career, family and friends. It was not always clear how this information was used to formulate clear information for staff about how this affected the care and support each person needed. For example, one person's care plan described where they had lived, that they were widowed and had children, grandchildren and great-grandchildren. It also described jobs they had had in the past, as well as hobbies which had included keeping and showing dogs, playing an instrument and singing. There was very little information about the person's desired outcomes or how to achieve them. The care record said they wished to continue contact with their family and they would "like staff to maintain my interests and hobbies." However, there was no information about how staff should achieve this. Another person had travelled abroad, owned dogs and taught music as well as having children and a career. There was no information about how staff might support the person to maintain their individual interests and hobbies, although this was described as a 'desired outcome'. The care plan did not provide enough information for staff to provide support to the person in either of these areas.

- There were some activities organised within the home and in the community. These were still 'work in progress' and the service was continually developing these to include more choice of activities. The activities programme displayed on the wall in the lounge was unhelpful as it contained wrong information which was confusing. Inside activities included puzzles, quizzes and arts and crafts. One person said, "We have a quiz or exercises most mornings. We do singing, jigsaws and dominoes and I have just learnt to play cards". Another person told us how they made pizza. Other activities included visiting musicians and the occasional trip out, for example for a cream tea. Trips out of the home had been tried and been successful. The staff were developing these to become a more regular activity.

- During the inspection, people were observed enjoying a visiting performer who encouraged people to join in with songs they sang during the act. However, out of the five people living at Rosehill, three did not attend as they were not interested in the type of performance or busy in their bedrooms.

#### 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.

- Everyone at the service was able to communicate verbally, although some people had some hearing loss and required glasses to read information. Care plans described the communication needs of people and how staff could communicate with them. Staff were aware of people's impairments and supported them with these. For example, one person had trouble with their hearing aid. Staff helped them to change the batteries and ensured they were fitted back into the person's ears and further checked to see if they were working.

#### Improving care quality in response to complaints or concerns

- People were asked if they had any complaints in feedback from of chatting and formal questionnaires.
- Systems were in place with policies and procedures to support any concerns raised.
- There had been no complaints since the last inspection and people did not voice any concerns during our visit. People were complimentary of the service and one person said, "I have never had to complain in five years!"

#### End of life care and support

- People had treatment escalations plans (TEPS) which had been signed by the person's GP. These described what actions staff should take if the person should become unwell. There was also a page within

the care plan which described end of life preferences. This included information such as staying at the service and not being left alone. It also stated they wanted appropriate health professional's involvement to manage any pain.

- Some people's preferences and choices in their end of life care had been discussed and some people's wishes were held with their solicitors. However, not everybody's care plan contained details of cultural or spiritual needs at this time of their life, particularly where a sudden death may occur.

# 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 inadequate. At this inspection this key question has improved 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.

There were improvements to the management of the service. This was due in part to the fact that all the five people currently living at Rosehill had low care and support needs. Two of these people were totally independent and self-caring. The other three required minimal support from staff to assist them in their daily lives. We needed to ensure that these improvements were sustained once more people moved in to the service who had higher needs.

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

At our last inspection the provider had failed to have adequate audit and monitoring systems in place to improve the service and records relating to the running of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- The new systems the provider had put in place since the last inspection have not been used sufficiently long enough to test them and equally demonstrate being fully embedded into the running of the service. There were still deficits in systems within the service, such as shortfalls found in the recording within care plans and other records, which had not been identified and acted upon. These deficits had been highlighted at the two previous inspections.
- There were some systems which were supporting the service to learn and improve, although these were also not yet fully embedded in the way the service operated. The local authority quality and improvement team had provided templates of key documents, such as audit tools and service improvement plan, which the service had started to use. However, it was clear through looking at the records and talking to the management team, they had not fully understood what information needed to be recorded within these documents. Some of the audits were 'tick boxes' and showed little valuable information. This meant that whilst some issues had been identified, it was not clear what, if anything had been done to resolve them.
- For example, a manager's annual/six monthly audit tool had been partially completed in May 2019. This indicated that care plans had been checked, however there was no information about which care plans had

been looked at or whether there had been any issues found and if so, what actions were required. This meant it was not possible to say what, if anything, had been done to ensure care plans reflected people's current risks, needs and preferences or how these should be addressed.

- Audits were carried out to monitor the safety and quality of the environment and equipment used. For example, regular checks of fire extinguishers, bed mattresses and water temperatures in bedrooms were recorded. However, where issues were found, it was unclear what action had been taken. For example, a check of water temperatures in June 2019 had identified five bedrooms where the water temperatures were greater than 43 degrees centigrade. In each case, the bedrooms were not occupied. Notes taken by one of the senior staff members, stated that there were some rooms where the temperature was too hot, and the plumber had been informed. The senior manager's audit completed later in June 2019, had noted that weekly checks of water temperature were being done. However, there was no information about whether the problems with the water temperature had been identified, looked at or had been fixed.
- An overarching audit carried out by the manager had not been fully completed in May 2019. It was therefore not possible to see whether any issues had been identified during the audit as no findings/actions required had been recorded. This meant it was unclear whether the audit had been effective in terms of identifying and rectifying aspects of the service that required improvement. For example, under the heading Accidents/Incidents, it was suggested that accident/incident reports should be reviewed to identify any trends and required actions. Although there was a signature and a date indicating this had been looked at, there was no other information. For example, how many accidents/incidents had occurred and whether any action had resulted following investigations into why they had happened and how they might have been prevented. The manager, their deputy and the nominated individual acknowledged that they were still trying to embed auditing systems and processes. They said they were developing the knowledge and skills of how to do this.
- The nominated individual visited the home almost every day of each week. They called in at different times of the day and during these visits spent time talking to people and staff. Records of these meetings described topics that had been discussed, for example activities staff thought people might enjoy doing. However, there was no detail about any ideas that might have been generated or what action was going to be taken to see if people were interested in any of the ideas.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance was effectively managed. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a manager in post who had applied to be the registered manager with the Care Quality Commission. The manager had not had any previous experience in the role of registered manager. However, they were being supported by the nominated individual and deputy manager as well as the local authority's quality assurance and improvement team (QAIT) to increase their knowledge and leadership.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an up to date statement of purpose which detailed the care and support people could expect to receive at Rosehill. The nominated individual also had a vision for the service which was to "... have a home from home environment with happy staff in a safe environment". From evidence contained earlier within the report, this is 'work in progress' to achieve this goal.

- The management team encouraged a positive culture and were committed to ensuring the service continued to improve and be well run. Staff were encouraged and motivated by the management team, who were available to offer support and advice.
- Staff meetings took place which gave staff a forum to ask questions and advice. Minutes of meetings showed these were successful and any concerns in staff practice were discussed.
- Surveys completed by people living at Rosehill, their families and visitors as well as staff had been undertaken at the beginning of 2019. The surveys that had been returned were very positive, for example, a visiting professional wrote "Rosehill is one of the best homes I visit. All the staff follow my instructions (my best practice guide) more than any other place I go, and willingly join in to help their residents get the most of my visits." No surveys had been undertaken since the last inspection.
- Family members had also provided positive feedback including, "(Family member) does like the food." Staff feedback was also complimentary such as, "The home is so lovely, nice and clean. Staff so kind and friendly and they know their roles. The management is well led. The food is very good."
- The provider fulfilled their duty of candour. For example, where an accident had occurred, this had been reported to the appropriate authorities and relatives had been informed.

#### Continuous learning and improving care; Working in partnership with others

- The management team were committed to improving care for people living at Rosehill. The service has had a period of significant change over the past few months. The new providers and management team have continued to drive forward improvements required at the service and took on board advice and guidance given by health and social care professionals. The service was continuing to work closely with the local quality and improvement team to ensure continuous improvement for the people living at Rosehill.
- The service currently had very limited engagement with other organisations and professionals. This was because Devon County Council commissioners had ceased their contract with the service and no longer placed state funded people at Rosehill. All the people living at Rosehill had low care or support needs and did not require input from specialist professionals, such as district nurses or occupational therapists.
- There were limited community links in place, apart from outside entertainers visiting the home. Two independent people enjoyed being part of the local community and went out for drinks, meals or shopping when they wished. The management team wished to improve on the community engagement in the local area for everyone living at Rosehill in the future.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to monitor, audit and improve the service were not adequate and had not been embedded into the running of the service. Not all records required to be held at the service were in place.</p> <p>This breach had been carried forward from the two previous inspections.</p> <p>Regulation 17, 1,2 a,b,c,d, 3 a,b</p>

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

At the first inspection in November 2019, CQC issued a Notice of Decision to cancel the provider's registration. This remained in place following the second inspection in April 2019.

The provider appealed against this decision and an appeal was lodged with the First Tier Tribunal.

At this inspection, CQC withdrew the Notice of Decision and the provider agreed to have two conditions imposed on their registration.