

Rosemount Care Home Ltd

# Rosemount 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?

Requires improvement 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 December 2014 and found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This resulted in us serving three warning notices because service users were not protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems to regularly assess and monitor the quality of the service provided.

Service users were not protected against the risks associated with the unsafe use and management of medicines, by means of making of appropriate arrangements for the safe keeping of medicines used for the purpose of the regulated activity.

Service users were not protected against the risks associated with unsafe or unsuitable premises, by means of appropriate measures in relation to the security of the

# Summary of findings

premises, adequate maintenance and the proper operation of the premises which are owned or occupied by the service provider in connection with the carrying on of the regulated activity.

As a result we undertook a focussed inspection on 30 April 2015 to follow up on what action had been taken to address the warning notices.

## **Focused inspection of 30 April 2015.**

The warning notices stated that the provider and manager must become compliant with these regulations by 27 March 2015. We undertook a focused inspection to check that they had met these legal requirements and found that they had made improvements and had met warning notices. However, we also highlighted further concerns.

We looked at how the provider checked on the quality of the service audits and found some audits had been completed such as for medicines management, bedroom checks and the environment. We found that a number of the audits were still not being completed; these included fire doors, care planning, accidents and staff training. We found some were not effective as they failed to identify issues found on our inspection.

We found policies and procedures had been put in place. However, we found that these were not dated and did not reflect best practice guidance such as the medicines policy. This meant that staff did not have access to up to date information in order to perform their role effectively.

We saw that audits were in place for medicines. However during our inspection we were unable to account for a significant number of one particular medicine being unavailable. This matter was later resolved by the manager.

We found that medicine had not been administered safely. As examples we saw that medicines records were signed by staff not giving out the medicines. Information for as needed medicines (PRN) were not available because staff did not have specific instructions on how to give these medicines to meet people's needs.

Medicines were not given at the correct time in accordance with the manufactures instructions. The

timing of some medicines were unclear. It was not possible for the service to make sure that there was a safe gap between administration times placing service users at risk of harm.

Body charts were available in all the MAR folders, that showed were a cream needed to be applied. These had not been completed and there were no instructions as to where, how or when to apply the cream.

Fire checks were in place and being completed. However, fire doors throughout the service were not being inspected. We checked a number of doors during our inspection and found that some of these were not closing correctly.

Fire drills were taking place in the service; however there was no record of who had attended the drill. There was no system in place to check that all staff had been involved in a fire drill.

Personal emergency evacuation plans (PEEP's) were in place in the service. One care staff member we spoke with knew these were in place but did not know where they were located and another care staff member did not know what these were.

We did not see a fire risk assessment during our inspection as this was not available. We were sent a copy of this after our inspection. We also found other risk assessments had not been put in place for hazards around the service.

We found doors that required locking due to various hazards were left open and accessible.

We found a number of curtains in people's bedrooms were hanging off the rails, stained bedding and beds.

We spoke with people who used the service on the day of our inspection. One person told us "I like the majority of the girls, they are really grand" and another person told us, "The girls are great, nothing is too much trouble".

We also spoke with staff members. Two staff members told us "I really like working here; I love the residents and enjoy the job" and "I wouldn't want to work anywhere else".

# Summary of findings

## 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. This was because the management of medicines was not always safe.

We found doors to rooms that contained hazards were left open and accessible.

We found the service had made improvements in relation to the prevention of legionella.

Requires improvement



### Is the service effective?

The service was not always effective. This was because consent was not always sought from people who used the service.

We found mental capacity assessments had not been undertaken for some people for whom this would be required.

We saw that in a number of bedrooms the curtains were hanging off their rails.

One person told us they enjoyed the food at Rosemount Care Home and felt that the cook was good.

Requires improvement



### Is the service caring?

We did not look at this domain during our focussed inspection.

Requires improvement



### Is the service responsive?

We did not look at this domain during our focussed inspection.

Requires improvement



### Is the service well-led?

The service was not always well-led. This was because policies and procedures were not dated and did not always reflect best practice.

The service did not have a registered manager in place.

We found quality assurance checks were not always being completed.

Staff members we spoke with told us they felt supported by the manager.

Requires improvement



# Rosemount Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 April 2015 and was unannounced. This inspection was carried out to review the actions the provider and the manager had taken to meet the legal warning notice's we had served following our comprehensive inspection on 15 December 2014.

The inspection was undertaken by two Adult Social Care inspectors. During our inspection we spoke with two people who used the service, five care staff, and the manager. We carried out observations in all public areas of the home. We also looked at the care records for four people who used the service, staff rotas and assessments that looked at how much support people required from staff. We also looked at a range of records relating to how the service was managed; these included quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

During our inspection of 15 December 2014, we looked at all the records that related to fire. We had concerns in this area that were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

We looked at the storage and handling of medicines during our inspection. We had concerns in this area that constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

We found hazardous substances were not stored safely during our previous inspection. This was a breach of Regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

We also looked legionella precautions and what steps the provider was taking to prevent this developing within the service. We had concerns in this area that were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

At our focused inspection of 30 April 2015 we found some improvements had been made and some were continuing to be addressed by the manager. We also found further issues of concern.

We found the service had placed keypad locks on the doors that had previously had bolt locks on in order to prevent unauthorised access to the areas where hazardous chemicals were being stored. However, when we checked these doors we found although they had been shut they were not locked and were accessible.

We found there was no records in place to evidence which staff members had completed a fire drill. One staff member

told us they had been on duty when a fire drill was undertaken, however another staff member told us they had not undertaken a fire drill in the several years they had worked at the service.

One person who used the service smoked in their bedroom and required support from staff with this. We found there was a risk assessment in place but found this did not sufficiently detail what the risks were, how staff were to manage any of the risks that may occur or how they were to support this person to remain safe.

We asked to see the fire risk assessment for the service and this could not be provided at the time of our inspection. We asked for a copy of this to be forwarded to us after our inspection. This was received and confirmed the service had an up to date risk assessment in place.

We saw that audits were in place for medicines. However during our inspection we were unable to account for a significant number of one particular medicine. At the time of our inspection the manager informed us they had been made aware of the issue the previous day and were confident it had been a recording error. We spoke with the manager after our inspection and they informed us they had located the error and no medicines were missing.

We found a specific medicine had not been administered correctly. This medicine had been administered but had not been signed for. We also found staff were signing MAR sheets to confirm they had administered creams, when they had not been the person who administered them. This meant that safe practice for administration of medicines was not being followed.

We found prescribed creams and lotions were left in a number of bedrooms throughout the service. We saw no evidence to suggest that people who used the service had requested their creams to be kept in their bedroom. We also did not see evidence of risk assessments for prescribed creams to be stored in people's bedrooms. Body charts were available in all the MAR folders, that showed where a cream needed to be applied. These had not been completed and there were no instructions as to where, how or when to apply the cream.

There was no information available on the MAR sheets to instruct staff how to administer as required (PRN) medicines. We also found medicines that had specific

## Is the service safe?

instructions, such as to be given half an hour before food, had not been administered correctly. There were no records of the times for medicines that must be given four hours apart as outlined in best practice guidance.

We found the temperature in the medicines room was over 26 degrees on the day of our inspection. This meant medicines were being stored above the recommended temperature which could affect their potency.

We had been informed prior to our inspection of 30 April 2015 that a bathroom within the service was undergoing refurbishment and was out of use. On the day of our inspection we found a sign on the door to state that this had to be kept locked at all times. We found the door was unlocked and slightly open and the room was unattended. We saw the room contained a significant amount of building hazards. Considering there are people in the service with dementia this caused a risk to their safety.

We noted that hand gel had been decanted from its original container and placed in a plastic bottle which had been left in the lounge for anyone to use. A handwritten sticker had been placed on the bottle to state that it was hand gel. However there were no safety instructions should this have been misused.

We saw that scaffolding had been erected to the side garden of the property and enquired what this was for. We were told that work needed to be completed on the roof area of the building. However, we found this scaffolding had not been erected by a contractor but maintenance staff had erected it. We were unable to verify their expertise in this area and questioned the safety of the scaffolding. There was also no risk assessment in place for the scaffolding. The manager informed us they had requested for this to be taken down some days prior to our inspection; however this had not been completed.

These matters were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The fire alarm system was working correctly and regular fire drills were being completed.

We observed all the fire escapes and found that these were clear. Regular checks were undertaken and documented to ensure these remained clear so people could easily exit the building in the event of a fire.

We found that all the people who used the service had PEEP's in place. One staff member told us they were aware of them but did not know where to locate them and another staff member did not understand what these were.

We found the service had addressed the issue with the window in the medicine room. A guard had been placed over the window so that it could be opened but access could not be gained through it.

The service had put a legionella policy in place which also referenced best practice guidelines. We also found systems in place to ensure showerheads were regularly cleaned to prevent legionella developing. The service also had an external contractor in place to check the storage of hot water in the systems. There was also a designated staff member in the service responsible for infection control.

All the people we spoke with during our inspection told us they felt safe at Rosemount Care Home. One person who used the service who told us "I do feel safe here, I am sure if I had any problems they would sort it. To be honest I would not want to live anywhere else it is home for me now".

# Is the service effective?

## Our findings

During our inspection of 15 December 2014, we had concerns relating to consent and the need for this to be obtained. We found this matter was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During our inspection of 30 April 2015 we found that consent forms had been developed, although we found no evidence that these were in place. The manager informed us they had sent them all out to relatives of people who lived in the service for them to sign. The arrangements in place did not meet the requirements of the Mental Capacity Act 2005 and its associated codes of practice.

We saw that photographs had been taken for use on the Medication Administration Records (MAR), we found no evidence that any capacity assessments had been undertaken and mental capacity had not been covered in care plans.

One person who used the service had mental health issues. The manager informed us that a Deprivation of Liberty Safeguard (DoLS) had been applied for as they felt they could not meet this person's needs when their mental health deteriorated. However, we found no evidence that a capacity assessment had been undertaken prior to applying for a DoLS. The manager informed us that the DoLS application had been refused as another healthcare professional felt that this person did have capacity. We looked at the person's care file and found that capacity issues/concerns had not been documented.

We looked at the consent policy and found this had not been dated. The information contained in this policy described what consent was, documenting consent and

guidelines. However there was no mention of LPA's or best interests decisions within this document. This meant the service was not lawfully gaining the consent of people who used the service or the relevant person, prior to providing care and treatment.

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

During our inspection of 30 April 2015, we noted that a urine sample had been requested for one person who used the service, who had a diagnosis of renal failure. We noted that this request had been made twice but we could find no evidence that this had been undertaken. We spoke with the manager regarding this and they could not find information to confirm if this had been completed. This meant that people's health and wellbeing may be compromised.

This matter was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked in bedrooms throughout the service and found that in a number of bedrooms the curtains were hanging off the rails, some people's bedding was stained with food and some mattresses were stained.

During our inspection we spoke with a visiting professional who was providing training for staff members on infection control. They informed us that they were working with the manager to ensure all the staff members were trained in this area, although they had received a poor response from staff on both occasions they had attended the service.

We spoke with people who used the service about their experiences of living at Rosemount Care Home. One person told us "Food is tasty and the cook is really good" and another person told us "It's a lovely place to live, they are always around when you need them".

# Is the service caring?

## Our findings

We did not look at this domain during our focussed inspection.

# Is the service responsive?

## Our findings

We did not look at this domain during our focussed inspection.

# Is the service well-led?

## Our findings

At our comprehensive inspection at Rosemount Care Home on the 12 November 2014, there was a manager in place but they had yet to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We had found that some of the policies and procedures had been reviewed and updated whilst others remained out of date. We also saw that fire safety checks were not being completed as the documentation had not been completed for some time. This meant people who used the service may be placed at risk.

We saw that the provider had employed the services of an external contractor to produce a quality auditing system for the service. We found this to be a comprehensive system that covered many areas. However, during our last inspection we noted these quality audits were not being completed. This meant the manager may not always be aware of the quality of the service being provided and where any improvements are required.

We found the service did not have an audit system in place for monitoring the supply, storage and record keeping of controlled medicines. The service had an infection control audit in place, to be completed monthly; however we noted that this had not been completed at any point.

At our focussed inspection of 30 April 2015 the manager was still not registered with CQC. They informed us that they were going through the relevant processes but

remained undecided if they would be registering with the CQC. This meant the service had not had a registered manager in place for six months. The provider is in breach of a condition of their registration.

We checked to see if the warning notice had been met. We found that some improvements had been made and some were continuing to be addressed by the manager.

The policies and procedures we looked at had not been reviewed or updated, some of which did not reflect best practice guidance, such as the medicines policy. Staff we spoke with were aware of the policies and procedures and where to locate them, although they were unable to briefly outline the contents of any policy of their choosing.

Whilst the service was completing audits such as medicines, bedroom checks and the environment there were a number of others still not being completed. These included fire doors, care planning, accidents and staff training. Some of the audits that were being completed were not effective as they failed to identify issues found on inspection.

These matters were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection of Rosemount Care Home, we spoke with some people who used the service. One person told us "I am comfortable living here" and another person told us "It's a really nice place to live".

We also spoke with staff members during our inspection. One person told us "The new manager is very nice and always ready to listen" and another told us "It's a lovely place to work".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment of service users was not always provided with the consent of the relevant person.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not always established and operated effectively to ensure compliance with the requirements in this Part

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Care and treatment of service users was not always provided in a safe way.

### The enforcement action we took:

A warning notice was issued.