

MyCare Homes Limited

Rosewood 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosewood Care Home is a residential care home providing personal care and accommodation for up to 35 people. The service provides support to older people and those who may be living with dementia. At the time of our inspection there were 32 people using the service. The home is a single storey accommodation, purpose-built building.

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

At this inspection we found some improvements had been made. We were still not assured there was sufficient oversight of the management and monitoring of legionella and safe water systems. Monitoring of staff recruitment processes had also remained inconsistent.

The provider had systems to manage people's medicines safely. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns. There were sufficient numbers of experienced staff to meet people's needs.

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.

People and their relatives, staff and external professionals, gave positive feedback about the registered manager and staff team. For example, a person and their relative spoke very positively about the care provided and about the registered manager. They told us, "Nothing is too much trouble" and the care was "Excellent." The relative said, "All his needs are met" and told us, "He is safe, so I am safe." They said the home was kept very clean and tidy. There were plenty of activities offered to people. Staff asked for permission to give care and support and always closed the door for privacy when providing personal care.

Staff we spoke with felt the team was well led. They told us the registered manager was, "Very approachable and accommodating" and worked 'hands on' with the team when needed. A health professional told us, "It is so refreshing to go into Rosewood knowing that the residents are receiving excellent care from the staff."

The provider and registered manager were promoting an open, empowering and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to help ensure people were receiving appropriate care and support. The service worked well in partnership with external professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 August 2022) and there was a breach

of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of the regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosewood Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a continuing breach of the regulations in relation to managing the risk of legionella and a new breach in relation to assessing and monitoring the quality and safety 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rosewood 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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

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

Registered Manager

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

At the time of our inspection there was a registered manager in post.

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

During the inspection

We spoke with 6 people and 4 relatives of people who used the service about their experience of the care provided. We spoke with the deputy manager and 4 members of staff. We spoke with the provider by telephone.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training records, audits, improvement plans, policies and procedures were reviewed.

Following the inspection visit we received further information from the registered manager, who had been on leave at the time of our visit. We received feedback from 2 external healthcare professionals.



Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to properly maintain the building. They had failed to follow national guidance to manage risks of legionella. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- We reviewed legionella management following concerns raised at the last inspection. The provider had since employed a water specialist to carry out a risk assessment and had completed some of their recommended actions.
- However, the registered manager could not demonstrate there was robust monitoring of the risks of legionella. The risk assessment had not been updated when actions had been completed. We raised this with the registered manager who updated some of the actions on the risk assessment and sent it to us. There were no dates of when the actions had been completed and some actions had been recorded as 'still to be implemented' or not actioned at all within given timeframes; a year after the risk assessment was carried out.
- We found legionella monitoring records were not robust. The risk assessment recommended the logbook was used to record all water monitoring activities to enable auditing and management oversight. We saw some written contractor records in the logbook which showed some maintenance and remedial tasks had been carried out. For example, the removal of dead legs in the pipework, and flexi hoses and the descaling of shower heads. However, other records were not maintained in accordance with the requirement in the risk assessment.
- For example, one member of staff carried out flush checks for little used outlets. These were recorded in their personal notebook along with other duties they performed each day. There was no register of little used outlets to identify which outlets required flushing, and there were some gaps in flushing records. We were told the staff member would have been on annual leave at these times but there was no system in place for this to be completed by other staff. This meant outlets were not flushed every week as identified and required in the risk assessment to minimise the risks of legionella bacteria accumulating in the water system.
- The provider had systems in place to monitor the health and safety risks within the home, although these were not always robust or acted upon.

- Monthly room checks took place to ensure there were no safety concerns, which included water temperature safety checks. However, we found action had not been taken when water temperatures were of concern. For example, the hot water in the hairdressing sink in the conservatory had been recorded at 62.5 degrees on 9 May 23 and 57.4 degrees on 6 June 23. No action had been taken which meant there was a risk people could have been scalded. We raised this with the deputy manager and when we checked the temperature it was showing 52 degrees. This was resolved by the maintenance staff member on the day of inspection. However, we were not assured scalding risks had been effectively monitored and mitigated.

The provider had failed to establish effective systems to ensure the premises were properly maintained in relation to safe water supply and the risks of legionella. This was a continued breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the registered manager sent us a new Legionella risk assessment, which had been carried out on 24 August 2023. This stated there are no outstanding actions from the previous assessment and there are adequate flushing regimes in place.
- The provider had an up-to-date fire risk assessment. Fire safety checks were completed, such as weekly fire alarm checks, monthly emergency lighting, extinguisher and fire door checks. Staff received theory and practical fire safety training and fire drills took place.
- Servicing of equipment, for example, hoists, portable appliance testing, boiler servicing and fixed wiring tests were carried out by external contractors at appropriate intervals.
- Risks to individuals' safety and wellbeing were identified and assessed. The provider had processes in place to mitigate risks such as those associated with skin integrity, and falls. Reviews of falls took place involving external professionals.
- A health professional told us they had observed the registered manager and staff responding when a person had a fall. They told us, "They were very calm, professional and also really caring to the resident and ensured that other residents were okay after witnessing the fall."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff demonstrated understanding of the principles of the MCA; and involving people as individuals in the planning and delivery of their care.

Staffing and recruitment

- The provider had recruitment processes in place which included application, interview, right to work in the UK and Disclosure and Barring Service (DBS) checks. However, processes were not consistently applied and did not always meet legal requirements. For example, 1 application form did not contain information about the applicant's previous employment, and 3 application forms did not contain enough detail about the

dates of the applicants' previous employment to enable the registered manager to identify if there were any gaps in employment. A full employment history and a written explanation of any gaps in employment is needed to meet legal requirements.

- One applicant's previous employer had been unable to state the dates of their employment in their reference and they said they would have to check this. There was no record that this had been received. Discrepancies in dates of employment for two applicants had not been explored.
- The registered manager followed up on the issues when we raised them. Following the inspection, the registered manager confirmed they were gathering more information about staff employment histories to ensure there were no gaps within the application forms. They told us they now had an updated and more detailed risk assessment for any new staff waiting for their DBS checks to come through. New staff would continue to work under supervision during that time.
- There were sufficient numbers of staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs.
- People and their relatives spoke positively about staff and raised no concerns about staffing levels. Comments included "Loads of staff" and, "She only has to push a buzzer and they come."
- A healthcare professional told us, "I have never had any concerns regarding residents' safety or that the home has been understaffed."

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding people and demonstrated awareness of how to spot potential abuse and the procedures to follow. Staff were confident the provider and registered manager would listen to any concerns and take appropriate action.
- A person told us, "I have no concerns at all. I'm well cared for. Staff are wonderful, very helpful, very welcoming. I'm not scared of anything here." Another person said, "This is the safest place for me. It's lovely... Staff poke their heads in every now and then. Not intrusive at all, no bullying or forcing to do things... If I had concerns, I would speak to staff. I'd be comfortable to do that."

Using medicines safely

- People received their medicines in a safe and effective way from staff who had received appropriate training.
- There was a system of audits in place for the safe administration of medicines.
- Medicines were safely stored and there were procedures for ordering medicines and the disposal of unused medicines.
- Protocols were in place for the administration of 'as required' (PRN) medicines and staff were able to explain this guidance.
- Controlled drugs (CD) were appropriately stored, and records kept.
- Medicines bottles were clearly labelled with opening and expiry dates.
- People confirmed they were happy with the support they or their relatives received with their medicines.
- A healthcare professional told us they had no concerns about the service and commented, "I have never seen the medicines trolley left unattended."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People's friends and family were able to visit the home with no restrictions.

Learning lessons when things go wrong

- Staff told us they had received training in relation to legionella following the previous inspection.
- The provider carried out a monthly audit of accident and incident records to monitor for any patterns or trends. Any near misses were also recorded so learning could take place.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- Our previous inspection report identified robust legionella checks were not included in the regular audit, which had resulted in the risk not being managed in line with guidance. In addition, staff files had not been robustly audited, which had resulted in some missing information not being identified. At this inspection, while some improvements had been made, we were still not assured there was sufficient oversight of the management and monitoring of legionella.
- Monitoring of staff recruitment processes had also remained inconsistent and did not always meet legal requirements.

Systems to assess, monitor and improve the quality and safety of the service were not always effective, so that appropriate responses to information were delayed or not taken. This placed people at risk of harm. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection and confirmed actions were being taken to address the issues.

- A range of regular planned checks and audits were carried out by the registered manager and senior staff team.
- The provider and registered manager had an ongoing service development and improvement plan. An example of continuous improvement was profiling beds had been provided in most bedrooms, which enabled people to get in and out of bed more easily and helped staff delivering personal care. The plan also mentioned remedial works in relation to legionella, staff and management training.
- Staff told us the provider encouraged them to speak up about any concerns. Staff felt the leadership team promoted a culture where learning from mistakes or near misses took place. A member of staff said, "Help is always there if you feel you haven't done something right."

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

- People and their relatives, staff and external professionals, gave positive feedback about the registered manager and staff team.
- A person said, "It's like a home from home, not only staff but everyone. Really lovely people. Always

smiling, and asking, anything I can do for you?" A relative told us, "Staff are very helpful. I feel part of the family. They did a walk to raise money for a dementia table (an interactive device). They put themselves out and walked 13 miles. They celebrate all occasions. It's wonderful."

- Another person told us, "I didn't like my first room... (Registered manager) came and said I could move to another room when it was free. Moved to a room right by the lounge. Staff are very helpful. The banter is lovely. I'm content here. One time I wanted a bacon sandwich. They didn't have any bacon at the time but now they know, they get it in, and I can have one whenever I want."
- Staff we spoke with felt the team was well led. They told us the registered manager was, "Very approachable and accommodating" and worked 'hands on' with the team when needed. Staff spoke passionately about respecting people's individual needs and involving them in the way care was planned and delivered.
- A health professional told us, "I have visited many residents in many care homes over the years...I have been delightfully surprised at how fantastic the manager (name) and staff are with their residents at Rosewood."

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

- People had a good relationship with the registered manager. People told us they could raise concerns and were confident they would be dealt with. The registered manager was aware of the need to be honest and transparent in the event of certain notifiable events.

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

- Staff confirmed they received supervision, in which roles and responsibilities were discussed. Staff felt involved and were able to make suggestions for improving the service, during team meetings.
- Some staff had additional roles, such as end-of life champion or dementia champion, for which they received extra training. This helped to promote good practice and relay information in relation to specific aspects of care.
- The provider and registered manager were aware of how and when to notify CQC of specific incidents affecting the health, safety and welfare of people using the service.

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

- The provider carried out surveys to obtain feedback from people and their relatives or representatives, staff and external professionals. The provider had received positive responses in a 2022 survey of external professionals. Positive responses were also received from separate surveys of people and their relatives. The laundry service had been improved as a result of people's feedback.
- The registered manager had meetings with people to involve them in the running of the service. Discussions included activities, trips out, food choices and menus, the complaints procedure, and the new electronic care planning and recording system.
- A relative said, "(Registered manager) is lovely, accessible and very helpful, keeps in touch with emails."
- Records of staff team meetings showed the registered manager encouraged staff participation and feedback. Meetings included staff knowledge checks and discussions about team culture and appropriate behaviours, the meaning of equality, dignity, and respect.
- We observed a small group of people playing bingo with 2 staff. People used large plastic counters which were easier to handle. People seemed to enjoy the bingo and it became quite competitive. Staff were enthusiastic and engaged people well.

Working in partnership with others

- The service worked well in partnership with external professionals, including GP's, occupational therapists, and community health teams. For example, making referrals to seek advice in relation to people at risk of falls.
- A health professional told us, "When I first visited Rosewood and introduced myself, they knew why I was there and proceeded to give me a very detailed history about their residents and were able to answer any questions I had." They added, "They listen to my advice and carry this out."

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 | <p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to establish effective systems to ensure the premises were properly maintained in relation to safe water supply and the risks of legionella. This was a continued breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assess, monitor and improve the quality and safety of the service were not always effective, so that appropriate responses to information were delayed or not taken. This placed people at risk of harm. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |