

Hamberley Care 1 Limited

# Rosewood House

## Inspection report

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London  
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16 November 2022

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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 House is a residential care home providing personal and nursing care to up to 90 people. The service provides support to people aged 65 and over, including people living with dementia. At the time of our inspection there were 62 people using the service.

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

The provider was not consistently assessing and mitigating risks to people's health and safety. People did not have risk assessments in place for areas of risk that were unique to them. People's wound care was not always being appropriately managed as records associated with wound care treatment were not being fully completed.

The provider did not consistently meet the requirements of the Mental Capacity Act 2005 (MCA). We identified two examples of people who appeared to have fluctuating capacity, but there were no assessments completed of their capacity to make decisions. The provider ensured there were enough staff on duty to support people and conducted appropriate pre-employment checks before hiring new staff.

The provider did not manage people's medicines safely. We found discrepancies in the provider's medicines records and temperature checks were not being completed consistently.

The provider followed good infection prevention and control practises and ensured lessons were learned when things went wrong. Notifications of significant events were sent to the CQC as required.

The provider conducted a range of audits, but these did not identify the issues we found. Staff gave mixed feedback about their experiences working for the service. The provider confirmed they were addressing issues with staff morale and they were taking adequate steps in order to do so.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (4 July 2022). This is the fourth consecutive time we have rated the service requires improvement.

At our last inspection we found breaches of the regulations in relation to Safe care and treatment, Good Governance and Staffing. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, we found the provider remained in breach of regulations.

## Why we inspected

We received concerns in relation to staffing and pressure area care. As a result, we undertook a focused inspection to review the key questions of Safe and well-led only.

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

The overall rating for the service has not changed following this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

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

## Enforcement and recommendations

We have found breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We have made a recommendation in relation to consent. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

## Follow up

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 House

## Detailed findings

### Background to this inspection

#### Inspection team

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 two inspectors and a specialist advisor. The specialist advisor was a nurse with experience of older people's care.

#### Service and service type

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

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 on the first day of our inspection, but we announced the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. The provider was not asked to complete a provider information return prior to this inspection. 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 this report.

We reviewed the previous inspection report and actions plans submitted after the last inspection. We contacted the local authority commissioning team and reviewed their recent monitoring visit report September 2022. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 26 October 2022 and ended on 16 November 2022. We visited the service location on 27 October 2022 and 16 November 2022. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the regional manager, two nurses and seven homemakers and other members of the senior management team. We also spoke with eight people using the service and four of their relatives.

We reviewed a range of records, both on and off site. This included 7 people's care records, numerous medicines records and 7 staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, quality assurance records and minutes of staff meetings.

We carried out observations throughout the day in relation to infection prevention and control procedures and staff awareness of best practice.

We also liaised with one health and social care professional via email.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection we found the provider had failed to ensure the safe management of people's medicines and failed to fully assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

### Using medicines safely

- The provider did not keep accurate records of people's medicines. At our previous inspection we found the provider failed to ensure the safe management of people's medicines and best practice was not always followed. At this inspection we found the provider still did not manage people's medicines safely. The provider's electronic record system did not accurately record the amount of stock of different medicines that were available. We found numerous discrepancies between the amount of stock of different medicines and those that were recorded on the provider's system. Records of controlled drugs were not always accurate. We found the index at the front of the controlled drugs register did not always correspond with the records of administration within the register.
- Medicines were not always stored safely. Staff did not always record the temperatures of medicines storage areas. We saw checks were not recorded for a fridge that contained insulin which needed to be stored at a specific temperature. This meant the provider could not be assured that medicines were stored correctly and were safe for administration.
- Written instructions were not made for staff administering courses of medicines. One person was prescribed a course of antibiotics, but records of administration were inaccurate indicating that some doses could have been missed thereby, potentially rendering the treatment ineffective. We also found nurses were not aware of the provider's PRN protocols.

The provider was still failing to ensure the safe management of people's medicines. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- At our last inspection we found the provider was not always assessing and mitigating risks to people's health and safety. At this inspection we found the provider was still not consistently ensuring risks to people's care were effectively managed. The provider completed general risk assessments into people's health and safety. These covered areas such as mobility, falls and nutrition. However, we identified some

gaps where people required additional risk assessments to be completed in areas of risk that were unique to them. For example, one person exhibited particular behaviours that challenged staff such as agitation and distress. Staff described the behaviours this person exhibited, however, there was no additional form of exploration conducted into the triggers for this person's behaviour which could help staff to support them.

- Further to this, we identified examples of staff failing to appropriately manage the risks with people's wound management. One person had four wound assessments that had been started, but had not been completed. This meant, it was not clear what action had been taken in respect of their wounds and what further action was needed. Another person's care plan said they were required to be turned in bed every four hours in order to manage their wound, but records did not demonstrate they were being turned in accordance with their care plan.

This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers demonstrated a good understanding about the risks to people's care. For example, one care worker demonstrated a good level of knowledge about one person's risk of falling. They gave us a summary of the moving and handling needs of the people on the unit they worked on and how they ensured these people were safe.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider did not consistently meet the requirements of the MCA. We identified two examples of people who appeared to have fluctuating capacity, but there were no assessments completed of their capacity to make decisions. We also identified another person who appeared to be restricted in their bed, but they had not DoLS authorisation in place.

We recommend the provider review current guidelines in relation to the MCA and DoLS.

- Care staff demonstrated a good level of understanding about their responsibilities to provide care in accordance with people's valid consent. Staff comments included "I always ask for consent. If they say no, that's fine, we'll go away and come back, to see if they change their mind. They have the right to say don't touch me" and "We make sure that people get the care they ask for. We give people choices."

#### Staffing and recruitment



- At our previous inspection we found the provider did not always have sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to support people's needs. At this inspection, we found the provider ensured there were enough staff on duty to support people and were now meeting regulations. We observed there were enough staff on duty on both days of our inspection. Records also indicated there were enough staff scheduled to attend the service to support people.
- People and staff gave mixed feedback about whether they thought there were enough staff on duty to support people. Staff comments included "Things are running smoothly. There was a time that was hard with sickness and annual leave, but we got agency", "I do think we're a bit understaffed- we could do with a bit of help" and "In this unit, sometimes there are not enough staff. Here it looks very quiet, but it gets very busy."
- Records indicated there was a period of time in August where the service could get short- staffed due to sickness. We spoke with the registered manager about this and he confirmed this was correct, but added this was a difficult, albeit recent period of time in which they had not always succeeded in finding agency cover when staff called in sick. However, staffing levels had since stabilised. We observed this was the case and records demonstrated this.
- The provider conducted appropriate pre- employment checks before hiring new staff. We reviewed seven staff files and found they contained evidence of checks including applicant's employment history, two references, passport checks and Disclosure and Barring Service (DBS) checks. These provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 arrangements were safe for people using the service. People were asked, although not obliged to, conduct a lateral flow test prior to entry and if so, a test was made available for them. The provider conducted temperature checks and masks were worn by all entering the building. The provider had masks available for visitors and had included this in their internal policy and communicated to relatives.

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

- People told us they felt safe using the service and in the company of staff. People's comments included "I

definitely feel safe with them" and "they're very kind and very caring".

- Care staff had a good understanding about their responsibilities to keep people safe from the risk of abuse. They had received safeguarding training and demonstrated a good understanding about the signs of abuse to look out for as well as what they were supposed to do if they had any concerns about people using the service. Their comments included "We don't allow gifts we're really careful on things", "I look after the residents, I have a good relationship with them...I'd also notice if there was something different" and "We've had training. If I was worried about someone, I would feel confident about reporting it."
- The provider had a clear safeguarding policy and procedure in place and reported concerns to the local authority for investigation as well as the CQC as required.

Learning lessons when things go wrong

- The provider took appropriate action in response to accidents and incidents. Electronic incident reports were completed when things went wrong and we saw people's risk assessments were updated to reflect further learning that had come from the incident.
- The provider ensured further learning was undertaken as a result of incidents through the completion of actions plans which included any discussions with staff on the unit and reviewing the concerns for any wider learning. All accidents and incidents were reviewed by the registered manager who ensured lessons were learned.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found the provider did not effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

### Continuous learning and improving care

- At our previous inspection we found systems of audit were in place but had not always identified the issues we found. At this inspection we found although the provider was still conducting a range of audits, these were not always identifying the issues we found. For example, we saw the provider was completing medication audits. Although the latest medication audit did identify some issues with PRN medicines, it did not identify our concerns with stock levels and the issues around CD recording. Appropriate checks were not always conducted of medicines storage and we found the provider had not identified inaccuracies with the MAR charts.
- We also saw the provider was conducting audits of care records and these did identify some of the issues we found. For example, we saw the provider had identified there were no care plans in place for assessing people's pain as well as issues with people's skin integrity documentation, but at the time of our inspection, they had not addressed this concern. Audits had also failed to identify the lack of care plan for one person who exhibited distressed behaviours.

The above issue constitutes a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider were taking adequate steps to promote a positive culture. The provider confirmed there were some "cultural issues", by which they meant challenges in improving staff morale. Staff gave mixed feedback about whether they felt the culture within the service was open and inclusive. Their comments included "I've seen a lot. Right now, some people are not happy- that is found everywhere. But in general people are happy because of [the registered manager]. He's hands on and calm. That's the type of manager you want. He's approachable" and "Its up and down. Some staff think the workload is too much. But you've just got to get on with it" and "Morale is good and people like working here. It's a good working environment. Good

teamwork, we communicate well."

- The provider was working to address concerns through team meetings and the registered manager was supportive and approachable to staff members. He told us his door was always open to people using the service and staff. People using the service and staff confirmed they felt comfortable approaching him. One person told us "I've spoken to the manager a few times. He does try to deal with things quickly. In fact, they all try. You can't fault them for that."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations to be open and honest and to report notifiable incidents to the CQC where needed. Notifications were sent to the CQC in a timely manner as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and other staff were clear about their roles and responsibilities. We questioned staff about their understanding of their roles and responsibilities and found there was a clear understanding in these areas which was reflected in staff job descriptions. One staff member told us "Everyone knows what they're doing and have been trained."
- Nursing staff understood their responsibilities in managing risks and the registered manager had a good understanding of his role in relation to regulatory requirements.
- The provider engaged people in the running of the service. Separate resident's and relatives meetings were held and minutes were kept of these. We read minutes of meetings and saw relevant issues were discussed such as the importance of mask wearing and good infection control practises, as well as catering and recruitment.

Working in partnership with others

- The provider worked in partnership with other multi- disciplinary professionals. People's care records included evidence of joint working with other professionals such as social workers and people's GP. Where advice was given by the professional, we saw this was recorded and the details were followed.
- Staff commented positively on their relationships with external professionals. Their comments included "The GP and pharmacist are great "and "we have a good relationship with the GP and everyone else."
- We liaised with one external professional and they commented positively on their relationship with the provider.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<b>Regulation 11 HSCA RA Regulations 2014 Consent</b>  The provider did not always provide care in accordance with people's valid consent.  Regulation 11 (1), (2) and (3).

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>The provider was not always managing people's medicines safely.</p> <p>Regulation 12 (1) (2) (a), (b) (g).</p>

### The enforcement action we took:

Warning notice issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not effectively operate systems and processes to assess, monitor and improve the quality and safety of the services.</p> <p>Regulation 17 (1)(2)(a).</p>

### The enforcement action we took:

Warning notice issued.