Cotswold Spa Retirement Hotels Limited

Rosemount Care Home

Inspection report

Sunningdale
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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

We carried out an unannounced comprehensive inspection of this service on 28 and 29 April 2015 and 2 May 2015, at which five breaches of legal requirements were found. We undertook a further inspection of the home on 9, 10 and 17 December 2015 to check if improvements had been made to the delivery of care. Whilst we found there had been some improvements, we found two continuing breaches of regulations. These related to staffing and good governance. We took enforcement action against the provider and issued warning notices in respect of these two regulations. We carried out an additional unannounced inspection of the home on 27 April 2016 to check that the required improvements had been undertaken.

This report only covers our findings in relation to these regulations and the domain areas in which they are reported. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Rosemount Care Home' on our website at www.cqc.org.uk'

Rosemount Care Home is registered to provide accommodation for up to 60 people. At the time of our inspection there were 45 people using the service, some of whom were living with dementia.

At the time of our inspection there was no registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager was overseeing the running of the home and had been in post for approximately four weeks. She had previously been the registered manager of one of the provider's other homes. She stated that she was in the process of starting a formal application to register with the CQC. We have written to the provider to remind them that a registered manager is required as part of their registration requirements.

People told us that staff were still busy, but that they did not have to wait long for care or support. Staff were more visible around the home and available to check on the safety of people throughout the day. Call bells did not ring for long periods and call bell records did not show significant time elapsing before bells were answered. Additional nursing staff had been recruited and there was reduced use of agency nursing staff. Sufficient care staff were rostered to work, although short term sickness remained an issue. Action was being taken to further address sickness and support staff.

Records had improved. Documents related to the Mental Capacity Act and best interests decision making had been reviewed and updated. Records related to the application of topical medicines were up to date. Daily record completion had improved and showed only minor gaps or omissions.

This meant the provider had met the requirements of the warning notices issued. We have not changed the ratings we gave in these domains following our comprehensive inspection in April/May 2015, as we wish to be assured that the changes instigated to date will be sustained in the long term.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Additional nursing staff had been recruited and the use of agency staff reduced. Call bells did not ring for long periods and call bell records confirmed response times to calls was good. People said staff were always busy, but they had their needs met in a timely manner.

Is the service well-led?

Requires Improvement

The service was well led.

Documentation related to the Mental Capacity Act and best interests decision making had been revised. Records regarding the application of topical medicines were up to date. Daily care records had minor gaps but overall completion of these had improved.

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 was planned to check 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.

We undertook an announced focussed inspection on 27 April 2016. This inspection was carried out to check that improvements had been made to meet legal requirements by the provider after our inspection carried out on the 9, 10 and 17 December 2015. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led.

The inspection team consisted of one inspector.

As this was a focussed inspection to follow up previous breaches of regulations, we did not request a provider information return (PIR). Before the inspection we reviewed the information we held about the service.

We spoke with the acting manager, a regional manager who was supporting the manager on the day of the inspection, a care home assistant practitioner and a care worker. We also spoke with four people who used the service and four relatives. We looked at three care records for people who used the service and six medicine administration records. We looked at a range of other documents related to the care and welfare of people, the management of the home and observed care practices.

Requires Improvement

Is the service safe?

Our findings

At our inspection on 9, 10 and 17 December 2015 we determined that people were not cared for safely or effectively because there were not always enough staff scheduled to work at the home. We observed that call bells rang for long periods and call bell records confirmed that there were often significant delays in calls being answered. We also observed that there were periods when areas of the home were not well observed to ensure that people were safe. We were also concerned at the level of agency staff that were being used at the home at that time.

At this inspection people still had mixed views about the staffing at the home. A significant majority of people we spoke with told us that the care staff were caring, supportive and understanding. One relative told us that they had raised some concerns about the levels of care in the recent past. People told us that staff were always busy, but that they generally responded to their needs, including times when they pressed their call bells. People's comments included, "The staff are very good; no horror stories. But they are always running to catch their tails"; "Staff are so busy all of the time"; "Staff do respond and are apologetic if I do have to wait" and "There are enough staff. They always respond to my needs and I can get a bath and shower when I want". Relatives told us, "If anything isn't right I only have to tell them and it is sorted. They respond to any requests for care" and "(Person) gets all the care they need. The staff are very good. If we ask them to help they come straight away and do it."

We spoke with the acting manager about staffing levels at the home. She showed us the provider's dependency tool that is used to determine staffing levels at the home. She said the tool indicated there should be a total of 9.9 whole time staff on duty during the day and that she tried to ensure this level of staff were rostered to work. We looked at past and future duty rotas for the home. We saw that there were always two nursing staff on duty on both the day and the night shift. We saw that for the majority of the time there were seven or eight care workers rostered for the day shift. We noted that on some occasions this number dropped, when there was sickness. Staff we spoke with told us the manager did include enough staff on the duty rota, but that short term sickness could sometime be an issue. One staff member told us, "It's the short term sickness that puts pressure on. When everyone is on shift it is better. But we get on with it and make sure things get done." Another member of staff told us, "People are what is important. Relatives want to have peace of mind about their family."

We spoke with the acting manager about staff sickness. She said that a number of staff had been on long term sick, but through a human resources approach this was being addressed and these staff were starting to return to work. She said she also ensured that staff rotated between the two areas of the home, to ensure that individual staff did not always work in areas of high care need and become tired or burnt out.

We spent time observing how care was delivered and how staff responded to people's needs. We saw that, unlike our previous inspection, staff were more visible throughout the day, and spent time checking that people were safe and well. Whilst calls bells were activated on a regular basis throughout the day, we noted that no individual had to wait an excessive period before the call was answered. We looked at electronic call bell records for the home. We saw there were no significant waiting periods recorded on the system, with the

majority of calls answered within five minutes or less.

We were shown recent comments and responses from people who used the service and relatives, using the provider's electronic quality monitoring system. Out of 20 comments from people who used the service, four had highlighted staffing as an issue. However, others had commented that care had improved and they had better access to baths and showers.

We spoke with the acting manager about staff recruitment. She told us that they had made considerable advances in recruiting nursing staff. She said there was now only one night shift a week that was covered by a bank staff member. Duty rotas we examined indicated that there had been little or no use of agency nursing staff and that most shifts were now routinely covered by regular nursing staff. The acting manager also told us that she had recently interviewed three additional care workers and was hoping to interview a fourth in the near future. Whilst there was still some use of agency care staff to cover care shifts, this had significantly reduced since our previous inspection.

This meant that action had been taken to recruit additional staff to the home and reduce the instances of agency staff being used. People did not have to wait as long to receive care when they pressed call bells and staff were more readily available around the home, to observe that people were safe. The acting manager was looking to maintain appropriate levels of staffing, although there remained some issues with short term sickness. We determined that the provider now met legal requirements in this area.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in place at the home. A manager was overseeing the running of the home and had been in post for approximately four weeks. She had previously been the registered manager of one of the provider's other homes. She stated that she was in the process of starting a formal application to register with the CQC. We have written to the provider to remind them that a registered manager is required as part of their registration requirements. The acting manager was present during the inspection and was supported by a regional manager from another area of the provider's operation.

At the last inspection on 9, 10 and 17 December 2015 we found that care records were not always completed, meaning it was not clear how or when care had been provided. In particular, there were gaps in records related to the use of topical medicines (creams and lotions) and personal care, such as bathing, showering and shaving. We also noted that records related to the Mental Capacity Act and people's best interests decisions had not been well completed, and this had not been identified through management audits.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found that documentation related to the MCA and best interests decisions had been revised and recording of these decisions had improved. We saw documentation covered such decisions as the use of bedrails, to support people being safe when resting in bed, and the use of hoists. The capacity of people to understand and participate in these decisions had been assessed. Where they had capacity, they were able to make decisions for themselves. Where they were deemed to lack capacity, then there was evidence that family member's or professionals had been consulted about the care they should receive. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) agreements in place. We saw that where people did not have the capacity to fully understand and agree to these, then family members had been consulted.

The acting manager told us they had changed the procedure for the administration topical medicines and that it was now the responsibility of the nurses on duty to ensure that these creams and lotions were correctly applied. We checked the medicine administration records (MARs) for people who were prescribed topical medicines. We found that records were complete and there were no gaps in the MARs. People we spoke with indicated their creams and lotions were applied, as required.

We examined daily care records maintained at the home. Whilst there were some minor gaps we found that the completion of these records had improved. People told us they had access to baths and showers, although one relative told us they had raised with the manager concerns about some of the personal care received by their relation. We observed that generally people looked clean and tidy and well care for.

Staff told us they were happy working at the home. They said they fully respected the previous manager, but felt the atmosphere at the home had changed with the arrival of the new manager. They said the ambiance of the home felt more relaxed and that morale was starting to improve. One staff member told us, "The new manager is firm but fair. The atmosphere is more comfortable and more relaxed. If you have a problem you can chat to her."

The acting manager told us they was considering how better to organise the facilities at the home and whether to divide the building into specific units to support people with nursing needs or people with more elderly care needs.

This meant that action had been taken to update people's records in terms of consent and best interests decision making. Topical medicine administration and recording had improved and daily care records were more up to date and complete. We determined that the provider now met legal requirements in this area.