

Rose Petals Health Care Ltd

Clare Mount

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Clare Mount is a residential care home providing accommodation and personal care for up to 29 people in one adapted building. At the time of the inspection there were 22 people using the service.

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

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.

The provider had not ensured the premises were secure or properly maintained. Risks were generally well managed however some records of care provided were contradictory or incomplete. All the required checks on staff had not been completed before staff started to work at the home. Staff understood their responsibilities to protect people from harm or abuse. Medicines were managed safely.

Staff received the induction, training and support they needed to carry out their roles. People's nutritional needs were met. Everyone told us they enjoyed the food. People's health needs were met. Adaptations including signage had been made to help those living with dementia find their way around.

People told us they were treated with dignity and respect. Staff interactions were kind and caring. They spoke in a respectful manner and demonstrated kindness and respect. They had a good rapport with people who lived in the home and knew them well.

Records did not always identify or reflect people's personal preferences. There was a range of activities on offer but they had not always been developed in line with people's interests and preferences. There was a suitable complaints procedure.

The provider's systems for the oversight and monitoring of the quality of the service were not sufficiently robust. People spoke positively about the registered manager.

The provider had notified CQC of significant events such as safeguarding concerns.

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

Rating at last inspection

This service was registered with us in October 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on our published methodology.

Enforcement

We have identified breaches in relation to the security and maintenance of the premises, records of care provided, governance systems, staff recruitment checks and identifying and meeting people's preferences. 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Clare Mount

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The first day of inspection was undertaken by one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was completed by one inspector and an assistant inspector.

Service and service type

Clare Mount is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager was also one of the owners of Rose Petals Health Care Ltd. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information we had received about the service and sought feedback from the local authority. We asked Healthwatch Rochdale for their views on the service. Healthwatch is an independent consumer champion

that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, one of the providers, the cook, a nurse and four support workers including one who was an apprentice. 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 reviewed a range of records. This included five people's care records, multiple medication records and records of care provided. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including training, policies and procedures were reviewed. We also spent time in communal areas of the home observing the support people received and how staff interacted with people who used the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found and request updates on action they had told us they would take. We reviewed training data and policies sent to us.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff and managers completed Health and safety checks in the home. Emergency plans gave information to staff on action to take for events that could disrupt the service. Two weeks prior to our inspection a maintenance person had been employed. They had introduced new systems and checks however these were not yet fully embedded.
- On the first day of our inspection, we found one of the front doors was unlocked. We were able to enter the home and access areas of the home, including the upstairs area, without staff knowing we were there. This posed a risk to people's safety and security. We found a bedroom door wedged open, this posed a risk to people's safety in the event of a fire. The registered manager removed it immediately. We also found some radiator covers were loose.
- Records of fire safety, including fire safety risk assessment, fire evacuation plan and fire safety system and equipment checks were either out of date or not completed. The registered manager told us the fire safety checks and maintenance were planned for the week following our inspection and a current fire risk assessment and evacuation plan had been completed. They were unable to produce these documents during the inspection.

Systems in place had not ensured the premises were secure or properly maintained. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. On the second day of inspection, the registered manager had arranged for a key pad lock to be fitted to the second front door. During the inspection the registered manager contacted the fire service to request a visit from them to discuss the fire safety procedures and a visit was arranged. We also contacted the fire service to share our findings.

Following the inspection, the registered manager confirmed an up to date fire risk assessment had been completed and the fire evacuation plan had been updated and shared with all staff. They also confirmed suitable checks of the fire alarm and fire safety equipment were in place. The registered manager also confirmed all door wedges had been disposed of and staff informed not to wedge doors.

- Risk to people's personal safety were identified and generally well managed. However, we found some records of care were contradictory and not always complete. This included contradictory guidance to staff on repositioning people at risk of developing pressure sores, monitoring of people's weights and monitoring fluid intake. Records of care provided were also not always completed accurately. Two people's records of

early morning personal care indicated they had had their hair washed or cut, this had not been done. One person's morning care record indicated they had had their hearing aid and prosthesis checked and cleaned. They did not have either.

The provider had not ensured accurate, complete and contemporaneous records of care were kept. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the first day of inspection the registered manager had met with all staff to reinforce the need for accurate records of care and a full review of all care records to ensure they were accurate had been started.

Staffing and recruitment

- Systems in place for staff recruitment were not sufficiently robust. Staff files did not all contain the necessary pre-employment checks and documents to ensure fit and proper people were employed. Reasons for leaving previous employment had not been sought and clarified. Full employment histories had not been obtained, gaps in employment had not been explored. References had not always been appropriately sought from previous care settings and one person's DBS had not been received prior to them starting employment.

The provider had failed to establish and operate an effective recruitment procedure. This was a breach of Regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection there were sufficient staff to meet people's needs. People told us that at certain times, particularly early evening they sometimes had to wait for support. People said, "I think they need more staff. The staff who are here are wonderful. They mostly come straight away or maybe you might have to wait five minutes. However busy they are if you need to speak to the nurse [they] will always find time for us", "It would be better if they had more staff because sometimes we do have to wait" and "A couple of times when I've been here [person] has asked to go to the toilet and has had to wait fifteen minutes." The registered manager told us they had recruited additional staff as numbers of people living at the home had increased recently, they were waiting for all recruitment checks to be completed before starting them.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- Staff had received training in safeguarding people from abuse, they understood their safeguarding and whistleblowing responsibilities.
- People told us, "Oh I feel safe here, its secure", "I feel safe here because they keep an eye on everyone. The bedroom doors don't have locks on but it's my territory and I do feel safe." One relative said, "[Person] feels secure here...there is always someone to go to if there is a problem." Another relative told us they had previously raised concerns about situations where residents had been involved in arguments with each other. They said, "To be honest, I don't like it here and I don't know if [person] is safe."

Using medicines safely

- There were safe systems in place for managing people's medicines. Medicines were stored safely and securely. Stocks of medicines were accurate.
- We reviewed multiple medication administration records and saw these were being accurately completed. Guidance was in place for people who were prescribed 'as needed' medication such as for pain relief.
- Staff had received training in the administration of medication and had regular competency checks.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff were trained in preventing and controlling infection.
- We observed staff used appropriate personal protective equipment, such as disposable gloves and aprons when providing personal care. This helped to reduce the risk of infection.
- The home was visibly clean but on our first day of inspection we found a noticeable malodour in the main lounge area. We also noted there were no cleaners on shift until 4pm. A relative told us, "When you first enter the home the smell isn't bad but the further you come down this corridor to the lounge it really smells. It's sometimes worse than this." The registered manager told us the odour was due to ingrained smells in the carpet and they had recruited cleaning staff but were waiting for their pre-employment checks to be completed. They were using agency staff until that time. On the second day of our inspection, the flooring had been replaced with non-slip easy clean flooring, the odour had greatly reduced and we saw that additional agency cleaning staff were planned to be present every day from 8 am.
- Records were kept of accidents and incidents that occurred to people who used the service and to staff. However, these were not analysed to identify patterns or themes that could prevent future risk. We have addressed this in the well-led section of this report.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. People who lived in the home said, "The staff look after us very well. They know what they are doing with me" and "Yes they are sufficiently trained, some are more proficient than others but by and large they care for us as it's meant to be."
- Staff completed a range of training the provider considered mandatory. Staff were positive about working at the home and told us they received the training and support they needed to undertake their roles.
- We saw that staff had regular supervisions and staff told us they felt supported by their line manager.

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

- People's needs were assessed prior to them starting to live at the home. This helped to ensure their needs could be met.
- Plans of care included detailed information from other professionals, including speech and language therapists, physiotherapists and district nurses. This helped ensure staff were able to provide consistent and effective care based on good practise.

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 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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed.
- The correct procedures for applying for DoLS had been followed.

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

- People's nutritional needs were met. People were offered different menu options and photographs had been taken of meals on the menu to help people to choose.
- Food was stored and prepared safely. The provider had received a five-star food hygiene rating in November 2019.
- The food was well presented and looked appetising. Where people needed additional support with eating, this was done patiently and with respect. During our observations there was a relaxed and informal atmosphere in the dining room. People spoke positively about the food. They said, "The meals are excellent. There's more than enough food and they will provide an alternative if you don't like what's on the menu. The catering here is very good" and "The food is very nice. I had a very good meat pie, peas and chips yesterday. You can get something else at any time if you like. They will make you anything from a bacon buttie to cheese on toast and even bring me a shandy if I fancy one."

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

- Adaptations including signage had been made to help those living with dementia find their way around. This included coloured toilet seats, contrasting coloured handrails and door frames and photographs of people outside their bedroom doors. This helped people to identify different parts of the home. Corridors were also decorated to look like different streets.
- Bedrooms were well decorated, personalised and contained possessions and photographs that were important to people. Access to the garden area had been improved and it had been renovated, relatives had helped with this.
- There was an ongoing programme of refurbishment and redecoration throughout the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their health needs and had access to a range of health care professionals.
- Records showed that where needed staff sought advice from health care professionals and that the advice given was followed.
- Care records included information about people's health conditions and how these might affect them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. Where people needed support with changing their clothing following lunch this was provided by staff.
- We saw staff promoting people's independence and encouraging people to do things they could for themselves.
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information. People could have a key to their bedroom if they wished.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Most people told us staff were kind and caring. They said, "The staff here are all so caring. They suit their name as carers", "The staff do care about us. They encourage and support me to do what I can for myself but I'm not forced" and "[Person who used the service] is cared for very well and they are kind to [person] too." Relatives said, "They know [Person who used the service] now and seem trained to look after [person] well. [Person] lost their confidence whilst in hospital and the staff are building it back up. It's nice to see [person] sat in the lounge today with others" and "Its lovely here, brilliant."
- Our observations during the inspection showed staff interactions with people were kind and caring. They addressed everyone by name and spoke in a respectful manner. The verbal and non-verbal communication demonstrated kindness and respect. They had a good rapport with people who lived in the home and knew them well.
- People were involved in decisions about their care. We observed staff seek permission from people before providing support with personal care.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service. However, we found contradictory information relating to one person. We have addressed this in the responsive section of this report.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was an activity plan in place and a range of activities were scheduled for people to engage in within the home on a daily basis. People had taken part in community-based trips out such as going shopping and visiting garden centres. The home also had links with a local school. Some of the children were visiting on the first day of inspection. People who lived in the home told us they were satisfied with the activities on offer. One relative told us they thought there could be more stimulation for people. Another relative said, "They did a birthday tea for [person who used the service]. They gave the children sweets and crisps. [Person] loved it."
- However, we found activities had not always been identified or developed in line with people's interests and preferences. One person's care record identified interests they had before living at the home but in another section identified they were unable to do any activities due to their health condition. During the inspection we saw them taking part in a craft session, this was not reflected in care records.
- Care records included risk assessments and care plans. Some people's care records did not contain detailed information about their life history's, likes, dislikes and interests and hobbies. This information helps to ensure that care and support are provided in a person-centred way.
- One person's care record indicated they were assisted with washing and dressing every day before seven o'clock in the morning and often then returned to bed. There was nothing in their care plan to say this was their choice. Another person was identified in care records as having specific religious beliefs and following a diet reflective of those beliefs. Discussions with staff indicated they were not being provided with this diet. We could not be sure people were receiving care and support based on their individual preferences and choices. The registered manager indicated the records were not correct and that for both people the provision of care was based on their choice. Following inspection, we were provided with evidence of this.

The provider had not ensured care was designed to meet service users' needs. Records did not always identify or reflect people's personal preferences. This was a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these shortfalls with the registered manager. They showed us the life story books had started to be completed with people. They had also advertised for a second activity coordinator to help develop the range of activities on offer.

- Relatives told us they were always made to feel welcome. One said, "It's so nice and relaxed every time we come. They are all so welcoming."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place to log any complaints received. The registered manager had investigated any complaints and provided a response in line with the providers complaints policy.
- People knew how to raise any concern or complaints.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in alternative formats including large print, pictorial, easy read and written formats.
- Care records contained information about how people communicated and included how best to communicate with people to ensure they understood the information.

End of life care and support

- People's specific wishes about how they wanted to be cared for at the end of their life were identified and respected. Staff had received training in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people's needs were not always met. 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.

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

- Systems in place for the oversight and monitoring of the service were not sufficiently robust. There was a wide range of systems in place but little evidence of analysis, follow up or lessons learned. Where audits had identified concerns, action had not always been taken in a timely manner to make the required improvements.
- The concerns found during our inspection in relation to risk management, accurate care records and recruitment checks had not been identified. Accidents and incidents were not analysed to identify patterns or themes that could prevent future risk.

There was a lack of effective systems to monitor and improve the quality of the service. This was a breach of Regulation 17 (Governance) 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

- People were positive about the service and the way it was managed. People said, "I have nothing but praise", "The manager does a good job. She's a nice lady, well organised and I'm happy with everything but if I wasn't I would tell her", "We see the manager frequently, she's always accessible and approachable too. I've no queries in the way this place is run, none whatsoever but they could just do with more staff" and "When I visit [person who used the service] the atmosphere is always welcoming. Yes, I like it here and I would recommend it. The manager is good, she gets things sorted." Staff said of the registered manager, "She's very approachable, very helpful, supportive", "She is great, really helpful, quite flexible as well" and "She's nice I like her. She has been good to me."
- The registered manager had a weekly 'open surgery' where people or their relatives could discuss any concerns they had.

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 registered manager had notified CQC of significant events such as safeguarding concerns.
- The registered manager was aware of their responsibility regarding duty of candour.

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

characteristics

- People who lived at the home and their relatives had opportunities to comment on the way the service was run and the support they received. The service had received very positive feedback on an online reviewing site. Satisfaction surveys had recently been completed with people who used the service and their families. We saw that comments were mostly positive. The registered manager was in the process of analysing the results and said they would inform people of any action taken in response.
- There was a statement of purpose. This gave people details of the facilities provided at this care home. These explained the service's aims, values, objectives and services provided.

Continuous learning and improving care; Working in partnership with others

- The home worked with commissioners of the service and healthcare professionals to achieve good outcomes for people.
- The registered manager had a system in place that enabled them to review any safeguarding's or complaints.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.

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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured care was designed to meet service users' needs. Records did not always identify or reflect people's personal preferences
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Systems in place had not ensured the premises were secure or properly maintained.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that accurate, complete and contemporaneous records of care were kept. There was a lack of effective systems to monitor and improve the quality of the service.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed All the required checks on staff had not been completed before staff started to work at the home.

