

Rosclare Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rosclare Residential Home Limited is a residential care home providing personal care for up to 19 people in one adapted building. The service provides support to older people, those with dementia and with a sensory impairment. At the time of our inspection there were 18 people using the service.

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

We have identified that quality assurance systems need to be more effective in identifying areas for improvement across the home. Risk assessments needed further updates to ensure they were more specific in stating steps staff needed to take to mitigate risk. Deprivation of Liberty Safeguards (DoLS) applications were not always applied for in a timely manner and medicines processes were not always clear in the administration of 'PRN' [as required] medicines. The home required update and refurbishment to ensure it was homely and hygienic throughout.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People and relatives felt that they were well cared for at the home. Staff respected people well and supported them with dignity. Care plans reflected people's needs and how they liked to be cared for.

Staff were safely recruited and there were enough of them to meet people's needs. Safeguarding concerns, and any accidents or incidents were appropriately investigated and shared with the staff team. Complaints were recorded and responded to.

Staff, relatives and people were positive about the support they received from management and found them to be approachable.

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 27 June 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

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

At our last inspection we recommended that the provider review staffing levels to ensure they could meet people's needs. At this inspection we found staffing levels were safe to meet the care needs of people at the home.

At our last inspection we recommended that the provider review and update staff knowledge and training in relation to the MCA. At this inspection we found that staff were knowledgeable in this area.

Why we inspected

This was a routine inspection based on the providers last rating and 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.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rosclare Residential Home Limited

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

This inspection was carried out by two inspectors.

Service and service type

Rosclare Residential Home Limited 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. Rosclare Residential Home Limited is a care home without nursing care. 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. This means that 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

This inspection was unannounced.

What we did before the 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 reviewed information we held on our system informing us of important incidents that had occurred at the inspection.

We used all this information to plan our inspection.

During the inspection

We spoke with one person living at the home. We also spoke with the two care staff, the deputy manager and the registered manager. We looked at three people's care records, three staff files and documents such as incident, accidents, safeguarding and complaints records.

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.

After the inspection

We spoke with three relatives. We also spoke with two local authority representatives. We continued to review evidence submitted as part of the inspection. This included updated care records, DoLS submissions, training records and quality assurance records.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection we identified concerns in relation to the supervision and monitoring of people at the home; following a specific incident. Incidents were not appropriately investigated, to ensure lessons were learnt to prevent reoccurrence.
- At this inspection we were assured that the provider had learnt from previous occurrences. The service now appropriately monitored and analysed incidents and accidents to identify any trends or patterns.
- Patterns identified were then shared with healthcare professionals to ensure action was taken to mitigate further incidents. For example, one person had become unsteady on their feet and fallen. The registered manager had liaised with the G.P, requesting a referral to the local fall's prevention team.
- We identified there had been no incidents in February 2022.
- Records showed the service undertook regular environmental checks to ensure the service was safe. However, during the inspection we identified the London Fire Brigade had carried out a check of the service's premises on 22 October 2019 which identified eight fire safety deficiencies.
- Following the inspection, the provider sent us their updated fire risk assessment plan. We were satisfied the provider was taking action to work through the issues identified.
- At this inspection we identified that although risk assessments were in place they would benefit from being more specific in highlighting specific measures staff needed to take to reduce the likelihood of risk occurring. We highlighted this with management who took action to update one person's risk assessment following the inspection. They also sent us an action plan to confirm when they would ensure all records were updated. We were satisfied with the provider's response.

Staffing and recruitment

- At our last inspection we identified issues with staffing levels. People told us, and we observed that people were kept waiting for care needs to be met or interaction with staff. At this inspection we found that staffing levels had improved.
- There were sufficient staff deployed to meet people's basic needs. The addition of a permanent deputy manager had a positive impact on the day to day running of the home. There was a consistent point of contact for staff and ensured duties were well allocated.
- One person told us, "There are enough staff here to cope with everything they need to. There are always three staff during the day and two in the evening. There are also night staff."
- People received support from staff that had undergone a robust pre-employment check to ensure their

suitability for the role.

- Records showed application forms, satisfactory references, photographic identification and a Disclosure and Barring Service check were on file. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We identified that staff did not always record the reason for administration of PRN 'as required' medicines on each specific occasion. We raised this with the registered manager who told us they were addressing this with staff and had confirmed steps were in place to improve this practice. We will check on their progress at our next inspection.
- Records showed that people received their medicines at the time they needed them, and staff completed the medicines administration record to show people had received them.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify potential signs of abuse and understood the importance of reporting their potential occurrences. A relative said, "When I've been there [the care home] I've seen them [staff] assisting those who aren't so steady on their feet. In general, I feel [loved one] is safe, she gets good care there."
- A staff member said, "I'd take it up with senior staff, if they don't listen, I'd go to [registered manager or [deputy manager]. If they do nothing, I go to CQC."
- Records showed that there were no ongoing safeguarding investigations at the time of inspection.

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 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.

The provider's COVID-19 practices ensured visitors were screened prior to admission to the home. Relatives were supported to visit the home, with temperature checks on arrival and the completion of a lateral flow test.

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.

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At our last inspection we identified that staff were lacking in their understanding of the MCA. At this inspection we found staff were knowledgeable
- Records showed that people living at the home had DoLS in place or they had been applied for in a timely manner.
- People had capacity assessments on file, however we found that best interests decisions were not always clearly documented. For example, one person required bed rails and covert medicines administration, but did not have specific records in place to reflect how these decisions were discussed. This meant that people may not have been receiving effective care and support which upheld their rights.

We recommend that the registered manager applies government best practice guidance as outlined in the MCA to ensure people's rights and wishes are upheld.

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

- People had access to a service that enabled them to decorate their rooms with personal possessions as they wished. There was some pictorial signage for communal areas, and on people's rooms where they

chose to do so.

- The home was in need of refurbishment and redecoration; which the registered manager had planned to commence in the coming weeks.

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

- People's needs were assessed prior to their admission to the home. However, we found that one person had been admitted with a diagnosis of a learning disability; with no clarity from the local authority as to how this condition could present for this person.
- We raised this with the registered manager who took immediate action to update their service user bands and to ensure their registration was accurate. They also sought clarity from the placing local authority as to the person's specific condition.
- The provider followed best practice, such as the use of a water-low score to assess the likelihood of pressure sores developing.

Staff support: induction, training, skills and experience

- The service ensured people received support from staff who reflected on their working practices through regular supervisions. Staff told us, "Yes, definitely [receive supervision]. We can raise any issues."
- Supervisions covered all aspects of staff's roles and responsibilities. For example, good practice, areas of improvements and any identified training needs.
- Staff received regular training in topics that were relevant to their roles. At the time of inspection, it was noted that some staff required refresher training sessions and the provider took appropriate action to ensure these were booked.

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

- People's specific dietary requirements were catered for by the chef who knew people's needs well. For example, those who required fortified drinks, soft foods or foods that were in line with their cultural or religious beliefs.
- One person told us, "The food is lovely, they do spaghetti bolognese and shepherd's pie. If I don't like what's on the menu, they will cook me something else or sandwiches."
- There was a set four week rolling menu in place, which offered people choices on both their main meal and dessert.

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

- The provider took action to ensure that people were supported to access other healthcare professionals at times that they needed to. This included referrals to the falls team, hospitals, GP or occupational therapists.
- A relative said, "I have quite a few appointments with [loved one] and they always tells me by phone or email if they change."

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.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by the staff that cared for them. Comments from relatives included, "They're lovely, really good" and "I think they've very caring, always show a lot of love and affection. [Loved one's] very fond of a few of the staff there and they're fond of her."
- Staff knew how to respect people's individual needs. They told us, "We'll notice what's going on [cultural celebrations] and talk about them." Staff were able to tell us about people's religious needs and how they were they were supported by relatives and the home to practice their choices. Where one person spoke primarily in another language, a staff member was available to engage with them in their preferred language.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they were involved in supporting their loved ones to make decisions about their care. They said, "[Loved one] has her assessment once a year with [the home] and the social worker."
- Care plans reflected people's choices in the care they received. Relatives were complementary about the ways they were consulted by the home.

Respecting and promoting people's privacy, dignity and independence

- A relative said. "It's just the way they treat [loved one], always treat her with dignity - really good with her. Anything wrong with her they make you aware, really good all round. Really caring."
- Staff expressed the importance of supporting people to carry out the day-to-day tasks they could do for themselves. They also told us of the ways in which they supported people to make decisions, such as what they wanted to do or eat to ensure they remained as independent as possible.

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

- People did not always have access to activities that met their social needs. For example, on the day of the inspection only one person was being supported to participate in a board game with the support from staff.
- Staff told us they would encourage people to play with a ball, do exercises and board games when they could. However, there was no allocated activities personnel employed to ensure people weren't at risk of social isolation.
- Following the inspection, the registered manager told us they were seeking to recruit to this post and had arranged for volunteers to attend for music activities with people at the home.
- Relatives we spoke with told us that prior to the COVID-19 pandemic they had been satisfied with the activities on offer to their loved ones and they believed people received the stimulation and interaction they required.

We recommend the provider take steps to increase the range of activities available to engage people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that met their individual needs. Care plans defined what people were able to do for themselves and areas where they required additional support from staff.
- Some care plans would have benefitted from further personalisation. We raised this with the deputy manager who assured us of their plans to ensure that care plans were updated where required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records recorded whether people had a sensory impairment, and whether any additional support was required to support them with this.

Improving care quality in response to complaints or concerns

- People told us and records confirmed, the service investigated complaints to seek a positive outcome for all concerned.

- We reviewed the complaints file and identified there had been one complaint received in the last 12 months, which the registered manager had investigated, apologised for and taken action to mitigate repeat occurrences.

End of life care and support

- Care records detailed people's end of life care wishes where they had wished to discuss them. Where people had requested a do not resuscitate order these were also kept in their care files.

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.

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

- At our last inspection we identified that the registered manager had not submitted statutory notifications to the Care Quality Commission to advise us that important incidents had occurred. They had not taken suitable able to ensure incidents were investigated and that risks were mitigated. This was a breach of the registration regulations.
- At this inspection we found that the provider had submitted statutory notifications; and investigated incidents in a timely manner.
- Quality assurance systems were not always effective. The provider carried out quality assurance checks, however these required more detail as to the information reviewed and the providers findings. Furthermore, they had not identified the updates required to people's risk assessments. Improvements were needed to ensure that quality assurance systems were effective and promptly identified and remedied any issues found at the home. A recent quality assurance visit and a food hygiene inspection from the local authority had both identified improvements required to the cleanliness and hygiene in the home.

The above is 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

- At our last inspection we noted that the provider had not regularly sought relative and people's views on the service. At this inspection this was still an issue, with the registered manager telling us this had been delayed with the impact of the COVID-19 pandemic. The registered manager told us of their plans to reinstate feedback from people and relatives. We will check this at our next inspection.
- Staff were positive about the support they received from management. Comments included, "They're [management] alright, they do listen which is helpful" and "They pretty much accommodate everything you need." Staff also said, "Team work here is very good."

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; Continuous learning and improving care

- The registered manager understood the need to apologise should things go wrong. Records showed that

the provider took responsibility to review mistakes and share learn to prevent incidents reoccurring.

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

- Records showed regular staff meetings were well attended by the staff members.
- Meetings covered various topics whereby additional guidance and support was offered to the team. For example, update on Government COVID-19 practices, safeguarding, medicines and people they supported.
- For example, staff received a first aid refresher course during the team meeting in February 2022.

Working in partnership with others

- The provider worked alongside other organisations to meet people's care needs. This included occupational therapists, district nurses, GP's and other healthcare providers. The registered manager was also involved in local provider forums to support their learning.

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 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were not effective in identifying areas that needed improvement. (Regulation 17 1, 2 a and b) |