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Rosehill House Residential Home

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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Rosehill House Residential Home is a residential care home providing personal care to up to 27 people. There were 14 people living at the home at the time of the inspection. Accommodation is provided over two floors in a detached period building with a large garden.

People's experience of using this service and what we found
The providers governance systems did not always ensure effective oversight of the service. Quality assurance checks that were completed did not always identify improvements required to ensure people's safety

The provider was not promoting safety through the layout and hygiene practices of the premises. The service required renovation and modernisation.

There were not always sufficient numbers of staff to meet people's needs and ensure their safety. We found not all staff had completed refresher training in areas the provider had deemed mandatory, but the manager was in the process of planning and reviewing training. The provider had an appropriate procedure for the recruitment of staff.

Staff supported people 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. However, records relating to consent and capacity needed improving and we have made a recommendation about this.We issued a recommendation about this.

Staff supported people to eat a nutritionally balanced diet and to maintain their health. The registered manager assessed people's needs prior to them using the service. Staff treated people with kindness and respect and spent time getting to know them and their specific needs and wishes.

Staff told us they felt supported by the registered manager. People told us they felt safe living in the home, and they were happy with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures.

We observed positive interactions between staff and people who lived in the home. However, people were provided with limited opportunities to express their views about the service.

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

Rating at last inspection and update
The last rating for this service was good (published 9 December 2021).

Why we inspected
We received concerns about the lack of robust infection prevention and control and ineffective governance and management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

Enforcement and Recommendations
We have identified breaches in relation to risk management, infection prevention and control, medicines and quality monitoring.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement

Rosehill House Residential Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by 3 inspectors and an assistant inspector.

Service and service type
Rosehill House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC 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.

Inspection activity started on 9 March 2023 and ended 17 March 2023. We visited the service on the 9 March 2023 and 14 March 2023.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 used all of this information to plan our inspection.

During the inspection
We spoke with 5 people living at Rosehill House, 8 relatives and 3 visiting healthcare professionals about their experience of the care and support provided. We spoke with 4 care staff, the registered manager and 2 provider representatives. We reviewed documentation in relation to 4 people, 2 staff recruitment files, medicines records and other documentation relating to the service.

Requires Improvement

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 good. At this inspection, the rating has changed to 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 people could be harmed.

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

● Risks to people were not adequately assessed in all areas.The physical environment posed risks to people's health and safety.The provider had begun extensive renovation works including the refurbishment of bedrooms. However, the scheduling, safety and maintenance of the building had not been assessed to ensure the building met the needs of the people living in the home, whilst the renovation works were taking place.
● Fire-related risks were not always well managed. We found fire exits within the premises were not easily identifiable and the storage of combustible items in rooms used for internal gas and electrical mains service meant there were increased fire related risks to people.
● The provider had not made sure that electrical equipment had been tested to make sure it was properly maintained and safe to use. Throughout the premises we saw trailing electrical wires and door guards that were not connected that presented trip hazards.
● People had access to areas where they could be harmed or injured. During the inspection, we found several rooms and storage areas were left unlocked, containing items that could be a danger to people. For example, in one of the bedrooms, we found tools such as step ladders and potentially hazardous substances. This meant environmental risks were not always managed to ensure people could not access areas that were unsafe. The provider responded to our concerns and arranged for these areas to be secured during our inspection.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate that risks were effectively managed. This placed people at risk of harm. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we met with the provider to ensure they would risk assess the renovation work to be completed and develop the relevant contingency plans for when needed.

● The staff team was well-established, and staff knew people's preferences and routines. They identified situations where people may be at risk and acted to minimise those risks

Preventing and controlling infection
● The provider was not promoting safety through the layout and hygiene practices of the premises.
● Infection and prevention control policies were in place, but staff were not following them which placed people at risk of harm.
● There were cracks in the plaster on walls, stains and marks on furnishings and flooring, and equipment that needed cleaning or replacing. We found there were strong malodours in areas of the home. Paintwork was chipped, radiator covers damaged and some of the walls and door frames were damaged and needed refilling and repainting.
● The provider's infection control audits failed to identify these issues.

The provider had failed to ensure infection, prevention and control policies and procedures were followed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection. They confirmed they would address the infection and prevention control issues and ensure suitable checks of the environment and equipment were in place.

Visiting in care homes
● People were supported to maintain relationships with family and friends, who were welcome to visit the home without restrictions.

Using medicines safely
● Medicines were not managed safely, which placed people at risk of harm.
● Protocols to guide staff were not in place where people were prescribed medicines to be given as and when required. For example, people were living with dementia and were not able to tell staff when they required medicines such as pain relief.
● The provider could not demonstrate that medicines were stored correctly. For example, staff had not checked the temperatures of the medication fridge and room for over a week.

The provider had not ensured that medicines were managed safely. This was a further breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were trained and assessed as competent to administer medicines.

Staffing and recruitment.
● Staff had been recruited safely, but there was not always enough staff to keep people safe.
● At the time of the inspection, there were vacancies for a cook, a maintenance person and night and day care staff. The shortage of domestic staff and maintenance staff meant that care staff had to undertake these tasks which took them away from supporting people. It also meant essential cleaning and repairs were not completed as required. Staff also told us they had limited opportunities to support people with social interaction or activities to ensure they remained meaningfully occupied throughout the day.
● The registered manager told us they had struggled to recruit staff. Staff recruitment is a known difficulty across the adult social care sector.

Following the inspection, the registered manager told us they had recruited additional care staff, a cook,

and a maintenance person.

● Staff were recruited safely to the service as relevant background checks had been carried out.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse.
● Staff told us they received training in safeguarding people and felt they had the skills to recognise and respond to concerns.
● People and relatives told us they felt safe living at this home. We spoke to 8 relatives and without exception they all said the service was safe. Comments included, "The staff are great, I feel safe, everything's lovely here" and, "They [staff] are all approachable, all the staff are lovely, and they do listen."

Requires Improvement

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 comprehensive 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, 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.

- The provider was not consistently working within the principles of the MCA, and people's rights under the MCA were not always recorded.
- CCTV was used in the home to monitor people's safety. People who may lack capacity to consent to the use of CCTV did not all have a best interest decision about this. We discussed this with the registered manager, and they confirmed they were in the process of addressing this.
- Despite the issues with records, we saw no indication people's rights were restricted. Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.

We recommend the provider seek reputable guidance to ensure they are consistently working within the principles of the MCA.

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

● The provider had started a programme of refurbishment to improve the premises, but aspects of the environment were not maintained to a suitable standard for the purpose for which they were being used.

● We found the environment was not very dementia friendly and there was not clear use of colour or signage to help orientate people to the layout of the home.

Staff support: induction, training, skills, and experience

● Staff received training and support to carry out their roles. However, some training required refreshing in line with the provider's policy. The registered manager was in the process of organising the training.

● Staff told us they enjoyed their role and felt supported. One staff member said, "I love my job, people are loved and happy here. I feel supported, it is a good supportive team."

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

● People's needs were assessed, and support plans were in place to show staff how people liked to be supported.

● Support plans showed people received support from healthcare professionals.

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

● People were supported to eat a balanced diet.

● We saw people being offered drinks and snacks in between meals.

● People and visiting health professionals told us the food was good. Comments included, "The foods is very good here," and, "The good thing about Rosehill is that people put weight on, they don't lose it."

Staff working with other agencies to provide consistent, effective, timely care

● The registered manager worked with other professionals to ensure people received timely care and support. Comments from visiting healthcare professionals included, "I do think the residents are well cared for here, they [staff] know people inside out," and "They [registered manager] are very pro-active if they see someone's health deteriorate, they seek the appropriate support."

● Staff acknowledged and followed advice from other professionals to ensure people received care which met their needs.

Requires Improvement

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 good. At this inspection, the rating has changed to 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; Continuous learning and improving care

- Systems in place for checking on the quality and safety of the service were not always effective. For example, audits in place had not identified the concerns we found in relation to infection prevention and control, medicines management, health and safety risks, records, and the environment.
- There was limited oversight by the provider for all incidents and accidents logged at the service. They documented the number and type of incidents each month, for example falls. However, they did not analyse the data they received to implement steps to identify causes and prevent recurrences.
- The provider did not always ensure there were sufficient numbers of staff to meet people's needs and ensure their safety.
- Prior to our inspection, the local authority, fire department, and IPC team had raised concerns with the home and given the management team the opportunity to address those concerns. These concerns had not been addressed by the provider at the time of this inspection.

The provider had failed to implement ensure government systems were effective in monitoring the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 responsibilities under the duty of candour.
- Throughout the inspection, the registered manager was honest and open with us. They acknowledged the shortfalls identified at the inspection.

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

outcomes for people

● Staff interactions were positive and centred on people's individual needs. The atmosphere was happy and relaxed.

● Staff spoke passionately about the people they supported.

● People knew the staff by name. People had built trusting relationships with staff. One relative told us," My [relative] is there because of the quality of the staff team."

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

● People told us they were consulted and involved in daily aspects of their care. Relatives consistently told us the registered manager was approachable and kept them informed about decisions about their relatives' care.

● The registered manager said satisfaction surveys were being sent to people, relatives, and health professionals. People and relatives said they did have regular contact with the registered manager and were able to provide feedback about the service.

Working in partnership with others

● The registered manager worked with other professionals as required to ensure people received timely care and support.

● People were supported to access healthcare professionals when required. For example, we saw involvement from district nurses, dieticians, occupational therapists, and doctors.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure infection, prevention and control policies and procedures were always followed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. The provider had failed to ensure medicines were managed safely. This was a further breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to implement ensure government systems were effective in monitoring the service.This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.