

Mrs Janet Brewer

Roslyn House

Inspection report

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Date of inspection visit:
09 May 2023

Date of publication:
07 June 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

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

Roslyn House is a residential care home providing accommodation and personal care for up to 9 people. At the time of this inspection 2 people were using this service.

The service was not registered as a specialist service for people with a learning disability or autistic people. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability or autistic people. We considered this guidance as there were people using the service who have a learning disability or who are autistic.

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

The deputy manager and provider now have an understanding of the principles of the Right support, right care, right culture guidance and were working towards supporting people to live as independently as possible.

People were now respected and consistently treated with dignity by their support staff. Disrespectful language had been removed from care planning documentation and the importance of use of respectful language had been discussed with all staff. People were now able to withdraw their consent to planned care and monitoring tasks and these decisions were respected by staff and managers.

People were comfortable approaching staff for support and during the inspection chose to spend time chatting with their staff.

Staff had been provided with guidance on how to protect people from identified risks and had provided people with appropriate reminders on road safety when leaving the service independently. We have made a recommendation in relation to how the service supported people to identify and understand risks associated with developing their independence.

The provider now recognised the need for additional staff training on how to support people when upset or anxious. However, this training had not yet been arranged. Where staff had not completed necessary training this had been raised as an issue during supervision meetings.

People received their medicines as prescribed and medicine storage areas were tidy and well organised.

The provider's recruitment practices had been reviewed and updated to ensure all necessary pre-employment checks were completed. No additional staff had been recruited since the last inspection.

People were now regularly supported to access the community and had been offered opportunities to

attend religious services. On the day of the inspection both people went to the pub for lunch with staff support and people told us they had particularly enjoyed an event in a local community centre which they hoped to attend again in future.

Complaints and informal concerns had been appropriately investigated by the provider and action taken to resolve these issues. We have made a recommendation in relation to how information is fed back to people to help them understand the actions taken in response to concern raised.

The provider had taken action in response to the issues raised in our previous report and had worked closely with health and social care professionals to improve performance.

The provider's quality assurance systems had been updated but required further development. Gaps in care monitoring records had not been prevented and action had not yet been taken to address issues in relation to staff skills.

The deputy manager provided effective leadership to the staff team who were complimentary of the support they had received since the last inspection.

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 Inadequate, (published 6 May 2023).

At this inspection we have found significant improvements have been made and the service has now been rated requires improvement.

This service has been in Special Measures since February 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 February 2023. Breaches of legal requirements were found in relation to person centred care, risk and medicines management, safeguarding, dignity and respect, governance, and staffing. With support from the local authority the provider developed an action plan detailing what they would do and when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led which contain those requirements.

Enforcement and Recommendations

We have identified an ongoing breach in governance procedures and have made recommendations in relation to risk management and complaints handling.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request a further 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 entirely Safe.

Details are in our Safe 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 not always 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 ●

Roslyn House

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.

Inspection team

The inspection was carried out by 1 adult social care inspector.

Service and service type

Roslyn House 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. Roslyn House is a care home without nursing care. 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 the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

There was a registered manager in post at the time of the inspection. However, the registered manager remained absent from the service. The deputy manager appointed immediately prior to our last inspection remained responsible for the day-to-day management of the service.

Notice of inspection

The service was given 1 hours' notice of the inspection. This was because it is a small service and people are often out. We gave notice to ensure we would be able to meet both people the service supports during the site visit.

We visited the location on 9 May 2023.

What we did before the inspection

We reviewed the information we had received about the service as part of the planning process.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We met and spoke with both people who the service supported, 2 care staff, the deputy managers and the provider. We also spoke by telephone with 1 person's relative and gathered feedback from 3 health and social care professionals.

We looked at records relating to people's care and the management of the service. This included 2 care plans and associated risk assessments, medicine administration records (MARs) and staff records.

We also asked the service to send us records relating to the management of the service, quality assurance audits and policy documents. This information was reviewed in detail after the site visit.

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 inadequate. The rating for this key question has improved 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 that people could be harmed.

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

At our previous inspection the provider had failed to manage risks in relation to people's care needs. This contributed to the breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the service is no longer in breach of regulation 12. However, we have identified issues in relation to the consistency of record keeping and skills of staff which have contributed to a breach of regulation 17. We have also made a recommendation in relation to how people are supported to recognise risk while gaining independence.

- Incidents of people becoming anxious or distressed in the service had significantly reduced since our last inspection. The provider recognised the need for staff to receive practical training in the use appropriate techniques to meet people's support needs at times when they became upset or anxious. This training had been planned but not yet completed.
- Records of the care people received had not been consistently completed. Monitoring records introduced to enable health professionals to fully understand one person's experiences before and after they experienced seizures had not been completed in respect of all seizures that had occurred. This meant it was more difficult for the person's needs to be recognised, understood and addressed.

Staff had not yet completed necessary training in how to support people when anxious and seizure records had not been constantly completed. This contributed to a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- One person the service supported was regularly experiencing seizures and had been identified as at significant risk while using the service's kettle. This person had purchased their own kettle, which was now available in their own room but had not been used. The risks associated with this kettle had not been specifically assessed and the staff were unaware the kettle was full-sized. Staff had discussed the risks posed by kettle with the person, but no specific control measure had been identified to help the person reduce the risk to themselves.

We recommend the service seeks support from reputable sources on how to safely support people to recognise and mitigate risks whilst encouraging independence.

- People's care plans and risk assessments had been reviewed and updated since our last inspection. These

documents now provided staff with guidance on how to support people when upset or anxious.

- Staff were now able to support people to go to the shops safely and provided road safety reminders and tips to people when they chose to go out independently.
- The provider's systems for documenting and recording significant incidents or accidents had been reviewed and updated. Body maps were now appropriately used to record details of where specific injuries occurred and incident records had been reviewed regularly by the deputy manager.
- The fire alarm system had been tested regularly and people had been involved in the testing process to help overcome anxieties and gain an understanding of how to respond when the fire alarm sounded.
- Utilities and firefighting equipment had been regularly checked by appropriately skilled contractors to ensure they were functioning correctly.
- Personal emergency evacuation plans (PEEPs) accurately described the support people would need in the event of an emergency evacuation and were now readily available to emergency services if required.

Using medicines safely

At our previous inspection people's medicines had not been managed safely. This contributed to the breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and medicines were now managed safely. This means the service is no longer in breach of this aspect of regulation 12.

- People had been safely supported with their medicines. Medication administration record (MAR) charts were fully completed and demonstrated people had received their medicines as prescribed. Any handwritten amendments to MAR charts had been countersigned, by a second member of staff, to ensure the accuracy of the information transcribed.
- The medicines storage area was now tidy and well organised. Additional procedures had been introduced to monitor the temperature of the storage area and to record details of when creams were first used to help ensure the efficacy of these medicines.
- The provider had introduced systems to guide staff on when medicines prescribed for use 'As required' should be used. Staff now maintained records of when and why these medicines had been used.

Systems and processes to safeguard people from the risk of abuse

At our previous inspection systems to safeguard people had not been effective as staff did not know how to report safeguarding concerns outside the provider's organisation. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. Staff now knew how to raise safeguarding concern and contact information for the local authorities safeguarding team was readily available. This means the service is no longer in breach of regulation 13.

- Both people told us they felt safe living at Roslyn House and staff had a clear understanding of local safeguarding procedures. Information about how to raise safeguarding concerns was displayed in the dining room and accessible to both people the service supports and staff.
- Safeguarding policies had been reviewed by the deputy manager and although they remained generic in nature they now included relevant local contact information.
- The provider and deputy manager had participated positively in safeguarding processes launched in response to the finding of the last inspection. Action had been taken to ensure people were protected from abuse.

- The service had systems in place to support people to manage their money and protect people from the risk of financial abuse.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People had capacity to make decisions about where they lived and staff understood people were free to leave the service if they wished. Staff told us, "I would never stop [People] going out but I can advise [them] it may not be a good idea".
- Where people had consented to planned care interventions, they were able to change their minds and staff respected these decisions.

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.

Visiting in care homes

- There were no visiting restriction in place at the service and people were regularly supported to meet and visit friends and relatives.

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 inadequate. At this inspection the rating has changed to 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

At our previous inspection people's privacy and dignity was not respected, support was not consistently provided with compassion and people were not being encouraged to be as independent as possible. This was a breach of Regulation 10 (Dignity and respect) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection staff respected people's privacy and dignity and were working positively with people to help them become as independent as possible. This meant the service is no longer in breach of regulation 10.

- Both people the service supported were comfortable with their staff and told us they got on well with them. During the inspection, people chose to spend time chatting with staff and when help or assistance was needed this was requested without hesitation.
- Staff respected people's privacy and dignity. Where people had expressed preferences in relation to how support was provided these wishes were respected. For example, one person had told staff the previous evening they wished to have a lie in and not be disturbed in the morning. Staff had respected this request.
- People's care plans had been reviewed since the last inspection and inappropriate language removed. The deputy manager had provided staff with clear guidance on the use of language in daily care records and these records were now completed respectfully.
- Throughout the inspection the provider, deputy manager and staff team were careful to ensure people's privacy was respected when personal information was being discussed.
- We observed and records showed, that staff were now actively supporting people to become more independent and gain new skills. People told us, "[The staff] are helping me do more things for myself" and one person explained that they now regularly cooked for themselves with only limited input from staff. Staff valued people's achievements and took pleasure in describing things people had done since the last inspection.

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

- People were treated fairly and with respect. Staff told us they got on well with people and enjoyed supporting them. We observed that support and encouragement was provided with compassion and that staff listened to and acted upon people's requests.
- Risk assessments had been completed in relation to access to the kitchen when staff were unavailable. The kitchen remained locked during these occasions, but snacks and drinks were now available to people in

the dining room which people were able to access freely. People told us the kitchen was only locked for short periods or at night.

- People had keys for their own rooms and were able to lock their doors while away from the service.

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

- People were now in control of how their support was provided. People were able to change the minds in relation to decisions previously made and to decline support when offered.
- People had made choices that were contrary to advice and/or that may expose them to additional risk. Staff had highlighted these risks and their possible consequences to people and provided them with the information needed to weigh the possible impacts of their decisions.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated Inadequate. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection the provider did not have system in place to ensure any complaint received were documented and investigated. This failure contributed to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made and action had been taken in response to concerns people had raised. The service is no longer in breach of this aspect of the regulations.

- The service's complaints procedure had been reviewed and a simplified complaint form introduced. No formal complaint had been received since the last inspection.
- People had expressed concerns about the performance of individual staff members. Records showed these concerns had been appropriately reported to the deputy manager and raised with staff via supervision meetings. However, no formal feedback was provided to the person who had raised the concern detailing the actions taken by the provider.

We recommend the provider seeks guidance from appropriately knowledgeable experts on how to identify learning from complaints and share this learning with complainants and staff.

Planning personalised care

At our previous inspection people's care plans did not provide enough detailed guidance to enable staff to provide person centred care. This formed part of the breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found people care plans had been updated and improved. This means the service is no longer in breach of this aspect of regulation 9.

- People's care plans had been reviewed and updated following our last inspection. These documents remained relatively brief but did now provide staff with enough guidance on how to ensure people's needs were met. The language now used within people's care records was now consistently respectful.
- Staff had a good understanding of people's needs and were able to describe in detail how to support people. Care plans now gave staff some guidance on how to provide person centred care to enable people achieve identified objectives.
- Changes had been made to the format of the service's daily care records and the deputy manager told us, "We have changed the way records are done now, so staff have to write notes on what they have done during their shift with the person". These records now provided more accurate details of the support people had received.
- People's care plans now included some information about people's lives and interests before they moved into the service, where people were willing to share this information. This type of information is useful to staff as it can help them understand how the person's background and experiences impacts on their current

care needs.

- Goals with people's care plans had been reviewed and update since our last inspection. Care records showed people had been involved in identifying these goals and supported to make progress towards their achievement.

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

At our previous inspection the provider had failed to support people to engage with their individual interests and to gain confidence while accessing the community. This formed part of the breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. People had been supported to participate and new activities which they had enjoyed and to access the community regularly. This means the service is no longer in breach of this aspect of regulation 9.

- People told us, "There is enough to do" and during the inspection people were supported and encourage to participate in a range of activities within the service and the local community. People enjoyed spending time with their support staff chatting, watching TV and engaging in craft activities. We noted that the person who had previously preferred to spend most of the time in their room was comfortable and relaxed in the service's communal areas.
- People were supported to access the community regularly and both people went out for lunch on the day of the inspection. Staff had supported people with their anxieties around road safety and records showed people had been reminded of road safety guidance by staff on occasion when people had chosen to leave the service without support.
- Daily care records showed people had been supported to participate in a variety of activities in the service and in the community. People had recently been swimming to various exercise and relaxation classes, to community events and had been offered support to attend religious services. People told us they had particularly enjoyed a recent competitive community event and were looking forward to attending similar events in future.

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 also says that people should get the support they need in relation to communication.

- Staff were able to communicate effectively with people. Information about people's specific communication needs and preferences was documented in care plans. Staff supported and encouraged people to use communication aids effectively.

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 this key question was rated inadequate. 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

At the last inspection the provider's governance systems were ineffective and had failed to ensure the service consistently complied with the requirements of the regulations. This contributed to the breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made but further change was required to achieve compliance with the regulations. Staff had not yet completed necessary training and issues remained with the accuracy of some care records. This meant the service remains in breach of the requirements of regulation 17.

- The provider's training matrix showed action had not yet been taken to ensure all staff had the skills necessary to meet people's needs. The provider had developed plans to resolve this issue and was sourcing appropriate additional training, but this had not yet been completed.
- The provider now had a better understanding of the importance of providing staff with appropriate skills to enable them to meet people needs. Where staff had failed to complete currently available training this had been raised as a performance issue during supervisions since the last inspection.
- As detailed in the safe section of this report seizure monitoring records had not been consistently completed. This meant it was more difficult for the person's needs to be recognised, and possible causes of these events to be understood.
- With support from the local authority additional quality assurance systems had been introduced to monitor the services performance and drive improvements. However, these processes had failed to ensure seizure monitoring records were consistently completed.
- The limited period since the last inspection meant only a limited number of audits had been completed and it was not possible to assess their effectiveness.

The provider's systems had failed to ensure staff had the skills necessary to meet people's needs and that care records were accurately completed. This meant the service remains in breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service is required to have a registered manager and there was a registered manager employed for the service. However, the registered manager had remained absent from the service in the period since the last inspection. The provider had notified the commission of this situation.

- The deputy manager was providing effective leadership to the staff team. They were no longer routinely included in the staff rota and were able to focus on their leadership responsibilities. Staff were complimentary of the deputy managers approach and the support they had received since the last inspection. Staff told us, "[The deputy manager] has done a lot of work".
- The service's rotas now reflected people's support needs. Staff were able to support people to go out and additional support was being agreed with commissioners to enable people to be individually supported to go out.
- Since the last inspection the provider had submitted all necessary notifications to the commission following any significant incidents that had occurred.
- Required information was now appropriately displayed in the service's reception area.
- The provider valued the support and advice they had received from the local authority following the last inspection and told us, "It has been very helpful". Systems had been reviewed and updated, and significant changes made to improve the quality of support people received. Professionals told us the deputy manager had a good understanding of people's needs and was able to provide information when requested.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and deputy manager had taken action to address the issues identified during our previous inspection. A meeting had been held with all staff to highlight and challenge practices and the use of inappropriate language to describe people's care needs.
- People recognised the service's performance had improved following our last inspection and told us, "It is better than it was. It has definitely changed in a good way". The culture in the service had improved and both people the service supported were comfortable spending time with staff.
- The provider had recognised that the service needed to complete more robust assessments of people's needs before agreeing to provide support. Additional procedures had been introduced to ensure people needs were full understood needs before they moved in. This would in future include face to face meetings with the person in their current care setting and detailed assessments of their specific support needs.
- The provider and staff team now engaged well with people and encouraged them to participate in decision making within the service. The deputy manager had received regular supervision from the provider since our last inspection.

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 and deputy manager had a good understanding of their responsibilities to keep people's relatives informed when things went wrong.
- The service was in regular communication with people's relatives and information had been shared promptly following any incidents that occurred.

Working in partnership with others

- The service worked collaboratively with health care professionals to ensure people's needs were met. People had been supported to arrange and attend medical appointments and to access other non-medical therapies where requested.
- On call managers had provided additional support to people during emergency situations and there were appropriate plans and procedures in place to ensure people's needs were met in the event of a hospital admission.

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 The provider's systems had failed to ensure staff had the skills necessary to meet people's needs and that care records were accurately completed.