Autumn Days Care Limited

Rosedale Retirement Home

Inspection report

Ashfield Crescent
Ross On Wye
Herefordshire
HR9 5PH

Tel: 01989218082

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27 February 2020

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04 May 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Rosedale Retirement Home is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

Improvement was required with the way people's medicines were managed.
Staff recruitment procedures in the home were not always robust, personal employment histories was not always available.

Staff had received training in Infection control however, infection control procedures were not always followed by staff putting people at risk of cross infection.

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.

People's safety was protected from abuse by staff who knew what procedures to follow to keep people safe from harm.

The provider's quality assurance systems and audits required improvements as they had failed to identify the shortfalls in medicine management, recruitment and infection control measures within the home.

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

Rating at last inspection.
The last rating for this service was Good published (27 November 2018).

Why we inspected
The inspection was prompted in part due to concerns received about a reported safeguarding incident, which was being investigated by the police and the Local Authority. As a result, this inspection did not examine the circumstances of the incident.
We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.
The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.
We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

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

We will continue to monitor information we receive about the service until we 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?

Requires Improvement

The service was not always safe.
Details are in our safe findings below

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-Led findings below.

Rosedale Retirement 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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors on the 27 February 2020
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Service and service type
Rosedale Retirement 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.

The service had a manager registered with the Care Quality Commission, but this was for another of the provider's services They had not registered to manage Rosedale Retirement Home, so throughout the report they are referred to as, "the manager."

What we did before the inspection
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 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. We used all 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 four members of staff including the manager, senior care workers, care workers

and the housekeeper. We also spoke with a visiting health professional. 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 three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at people and relatives' questionnaires, staff rotas and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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.

Using medicines safely

● Staff who administered medicines had been provided with the relevant training do so safely and had their competencies checked; People told us they received their medicines on time.

● On one person's medication, we saw the dosage had been changed, handwritten and not signed so it was not possible to see, who had made these alterations.

● Staff completed medicines administration records when they had assisted people to take their medicines to indicate people had received their medicines as prescribed.

● There were systems in place to support staff to administer 'as required' [PRN] medicines in a safe consistent manner. Personalised information provided staff with guidance including, what the medicine was for and under what circumstances it should be given.

● Medicines were stored safely and in line with manufacturer's instructions. There were regular checks on the environment such as room and fridge temperatures to ensure they were within the safe range for medicines to maintain their effectiveness.

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We found no evidence of people being harmed. We recommend the provider reviews their medicine administration procedures against, "NICE guidelines. Managing medicines in care homes."

Staffing and recruitment

● When we asked people and their relatives if they thought there was enough staff on duty to meet their needs, one person told us, "I have to wait ages for them [staff] to come". Although the provider sent us evidence of some staff rotas and their dependency scale demonstrating the staffing hours were over by 10.4 hours. Relatives felt there were not always enough staff on duty in order to meet the needs of their family members. All the relatives commented, they were concerned for the managers welfare because they were always working on shift, providing direct care for people. A visiting health professional described the staffing as "A bit thin." When we discussed staffing levels with the manager, they told us, they were in the process of recruiting three more agency staff to help relieve the pressure on staff team.

● Not all staff files included a full employment history and a photograph of the person. This information is important so providers can assure themselves staff are suitable to work with vulnerable adults. We highlighted our concerns with the manager, and they assured us they would gain this information from the staff members concerned as a matter of urgency. However all staff recruitment files we examined included staff had undergone a Disclosure and Barring Scheme [DBS] check.

Preventing and controlling infection

● Although staff had received infection control training to help them understand how to protect people from the risk of infections. One relative commented, they felt the home was not always following good infection control practices and described how when they visited their family member, they felt it necessary to clean their bedroom themselves. On the day of our inspection we found soiled sheets in the person's room and a large amount of dust when they pulled out the person's bed.

● Staff had been provided with personal protective equipment (disposable gloves and aprons) and we saw they made appropriate use of this when serving people their meals.

Systems and processes to safeguard people from the risk of abuse

● People's safety from the risk of abuse was promoted. Staff received training in the signs of abuse and had a good understanding of what to do to make sure people were protected from the risk of harm.

● The manager knew what their responsibility was in reporting potential abuse to the local authority for assessment and possible investigation in line with the provider's policies and protocols.

● Following a recent safeguarding alert from the local authority, the manager had taken action and started an internal investigation to prevent further occurrences. We have asked the manager to notify us of the outcome of the investigation once it is completed.

Assessing risk, safety monitoring and management

● People felt safe living at the home. Most relatives were confident staff and management took appropriate steps to support their family members to stay safe. Although one relative commented, further maintenance of the home was required. For example, they showed us, the sill of [relative's names] patio door had gone rotten and required replacing, presenting a falls risk.. We checked the provider's maintenance record, and this had already been identified and quotes for the work was ongoing."

● Emergency and contingency plans were in place. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.

● Effective checks minimised risks related to the premises and equipment. These included safety checks of water, fire and gas in line with safety guidance.

Learning lessons when things go wrong

● Records were kept in relation to any accidents or incidents that had occurred, including falls. The manager checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.

● Learning from any incidents or events was shared with staff, so they could work together to reduce risk.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Since our last inspection the registered manager had left the provider's employment in October 2018 and so the home was being managed by a registered manager from another of the provider's homes on a temporary basis.

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

- Although the manager and the provider conducted quality audits they had failed to identify concerns raised at our inspection which included shortfalls in medication, staff recruitment files and infection control practices.
- The manager understood their regulatory responsibilities to notify us about significant events that happened in the home. The manager ensured notifications were submitted to the CQC as required.
- Staff we spoke with were clear what was expected of their respective roles and felt confident information about any new risks would be promptly communicated across the staff team.
- Some staff carried out multiple roles in the home including care, activities and catering. They were clear about when to prioritise those roles.

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 had sought the views of people who used the service and their family members via questionnaires. Those returned primarily showed responses to be either 'agreed'' or 'strongly agreed' to overall satisfaction at living at the home.
- Staff had opportunities for providing their views and feedback through their supervisions and staff meetings.

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 responded to our requests for further information we requested after the inspection sending us their provider quality visits and audits and the homes maintenance logs.
- The provider agreed to send CQC a copy of their internal investigation of the safeguarding incident once it had been concluded.

● The manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement e.g. being open and transparent, apologising when things go wrong

Continuous learning and improving care

● The manager was committed to continuous improvements to the service. They told us they were had acting upon recommendations made by the local authority.

Working in partnership with others

● The service networked with other health and social care organisations to achieve positive outcomes for the people who used the service.

● The service had good links with local community services that reflected their social, cultural and spiritual needs.