

Roseacres Care Home Limited

Roseacres

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service responsive?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 March 2015. Breaches of legal requirements were found. This was because some safety shortfalls identified by professional checks of the premises had not been addressed. Additionally, the agreed delegation of blood-sugar testing arrangements from a community healthcare team was not suitable to protect the health, safety and welfare of people using the service. We rated the service as Requires Improvement. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this unannounced focused inspection of 21 July 2015 to check that the provider had followed their plan and to confirm that they now met legal requirements. However, since our last inspection in March 2015, we received some information of concern about

how the service operated, which we also looked into at this inspection. This report only covers our findings in relation to these matters. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseacres on our website at www.cqc.org.uk.

Roseacres is a care home for up to 35 older people. At this inspection, the registered manager informed us there were 30 people using the service and there was a maximum practical occupancy of 34. The service's stated specialisms include dementia, physical disability and sensory impairment. The premises is an adapted home with passenger lift access to the first floor.

The registered manager was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that Roseacres had a warm atmosphere. Staff attended to people's requests in a friendly and unhurried manner, and people's choices were listened to. There was a range of positive feedback about the service.

The service took appropriate action if they believed a person needed to be deprived of their liberty for their own safety, including involving community health professional and people's closest contacts. Consent to care and treatment was now being sought in line with the requirements of the Mental Capacity Act 2005.

The agreed delegation of blood-sugar testing arrangements from a community healthcare team was now suitable to protect the health, safety and welfare of people using the service. The service was aiming to meet people's diabetic needs.

Action had now been taken to promptly address some shortfalls identified by professional checks of the premises.

The service supported people to move around safely, and action was taken to minimise the risk of people falling and injuring themselves. We also found that people received adequate support with their medicines.

However, we found that people did not always receive appropriate continence care and support that met their needs. This was because we saw two people to be wearing wet clothing and needing continence support during the inspection. There were also inconsistencies in the care planning for people in respect of their continence needs.

We came across a number of instances where records about the care provided to people, including for continence support, were either inaccurate, incomplete, or not kept promptly up-to-date. This failed to support people to receive responsive care that met their needs.

We found that systems for preventing, detecting and controlling the risk of infections were not ensuring the safe care of people. We saw that people were not supported to clean their hands before eating, lounge chairs were not always cleaned promptly if people were incontinent on them, and bedrooms were not kept sufficiently clean after people were supported to get up.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking enforcement action against the registered provider and registered manager for two of these breaches because of the potential impact on people using the service and due to there being breaches of regulations at this service for four consecutive inspections. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe. We found that systems for preventing, detecting and controlling the risk of infections were not ensuring the safe care of people.

Action had now been taken to promptly address some shortfalls identified by professional checks of the premises. The service was ensuring the safe use of bed-rails.

The service supported people to move around safely, and action was taken to minimise the risk of people falling and injuring themselves.

We found that people received adequate support with their medicines.

Requires improvement



Is the service effective?

The service was effective. The agreed delegation of blood-sugar testing arrangements from a community healthcare team was now suitable to protect the health, safety and welfare of people using the service. The service was aiming to meet people's diabetic needs.

The service took appropriate action if they believed a person needed to be deprived of their liberty for their own safety. Consent to care and treatment was always sought in line with the requirements of the Mental Capacity Act 2005.

Good



Is the service responsive?

The service was not responsive. The service did not ensure that people received timely support, where needed, with their toileting needs. This was because we saw two people to be wearing wet clothing and needing continence support, and there were inconsistencies in continence care plans for people.

We also came across a number of instances where records about the care provided to people, including for continence support, were either inaccurate, incomplete, or not kept promptly up-to-date. This failed to support people to receive response care that met their needs.

Inadequate



Roseacres

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced focused inspection took place on 21 July 2015. It took place to follow-up on actions the provider had taken in response to breaches of legislation at our previous inspection, and to look into some information of concern that had been passed onto us since that inspection. Consequently we inspected the service against three of the five questions we ask about services: Is the service safe, effective and responsive?

The inspection team comprised of two inspectors. During our inspection we spoke with ten people using the service, three visiting relatives, six staff members, the registered manager, and a member of the senior management team.

We observed people throughout the day and used the Short Observational Framework for Inspection (SOFI) for a period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at various parts of the accommodation.

We looked at care records of five people using the service, along with various management records such as quality auditing records and staffing rosters. The registered manager sent us further documents on request after the inspection visit.

Is the service safe?

Our findings

At our previous inspection of 24 March 2015, we found that action had not been taken to promptly address some safety shortfalls identified by professional checks of the premises, which may have put people using the service at unnecessary risk. This meant the provider was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, we found that the provider had addressed the breach of regulations. Before the inspection, the provider had sent us copies of certificates showing that further professional safety checks had taken place where needed, for emergency lighting and electrical wiring, and that these systems were now considered safe by the involved professionals. At this inspection, there were also appropriate professional safety certificates in place for other matters, for example, for hoists used to help people to move, and for gas systems and electrical appliances in the premises.

However, we found that systems for preventing, detecting and controlling the risk of infections were not ensuring the safe care of people. We saw that people were not supported to clean their hands before lunch. Two people were provided with finger-foods for their lunch. The lack of support to clean their hands before lunch put them at increased risk of infection. One of these people was supported to the toilet after lunch, and was found to have been incontinent. The chair in the lounge they were sat in was not immediately cleaned, meaning that a patch of urine dried into the seat and area had lingering malodour. A visiting relative told us they regularly noticed lingering malodour in the lounge area. Staff did clean the seat of another person after they were seen to be wet, but the cleaning equipment was in a storage area in the garden rather than more easily available in the main premises.

When we checked the laundry area, we found that there was nowhere in that room for staff to easily wash their hands, for example, after dealing with soiled clothing. This was because the hand-wash basin was inaccessible beneath piles of clean clothing, one pile being in a very broken laundry basket. This was contrary to the provider's infection control audit guidance, and the registered manager's infection control audit of 25 June 2015 which identified redecoration being needed to allow access to the hand-wash basin.

When we looked round people's empty bedrooms before lunch, we found three rooms with lingering malodours. There was additionally one room where a urine bottle had been used and left by the bed, and one room where clinical waste had been bagged but left on the floor. These two rooms and one other had bedding removed from the bed for cleaning but left on floors or chairs awaiting removal. We checked another empty bedroom during the afternoon and found that it also had lingering malodour. Whilst there was room-cleaning taking place on the day of the inspection, the collective evidence here did not demonstrate a safe system for preventing, detecting and controlling the risk of infection as part of people's care.

The service's infection control audit asked, "Pillows/ mattresses are enclosed in a washable and impervious cover." The recent audit had this question answered affirmatively. However, the mattress in one person's room, where there was lingering malodour, did not have a washable or impervious surface or cover. This did not demonstrate a safe system for preventing, detecting and controlling the risk of infection as part of the person's care.

The service's Statement of Purpose included, "Every effort will be made to keep our home fresh, clean and odour free" and "We will...take such measures that are necessary to ensure that the home smells clean and fresh and inviting." Our evidence shows that the provider's stated standards were not being kept to.

The above evidence demonstrates a breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did, however, see some evidence of infection control precautions in the service. Staff used personal protective equipment such as disposable gloves in support of preventing cross-contamination. Our checks of made beds in people's rooms found bedding to be adequate. There were numerous antibacterial hand-gel devices fixed to walls around the service that could be used in support of keeping hands clean. Records showed the service had cleaning staff working seven days a week, and that they documented the cleaning including shampooing carpets in people's rooms where requested. There was a contract in place for removal of clinical waste, and we saw places in the premises where clinical waste could be temporarily stored safely.

Is the service safe?

There were documented monthly checks of the safety of profiling beds, including bed-rails, which some people used. This included for new people using the service at the time of their arrival. We saw no concerns with the bed-rails in place when we checked people's rooms. One person's care plan included the use of bed-rails to prevent the person rolling out of bed. It included guidance for staff on the frequency of checks on the person when they were in bed, and for periodic checks of the equipment to be working correctly. The plan was kept under monthly review. This all helped to assure us that the service was ensuring the safe use of bed-rails.

We saw other records of regular safety checks at the service. For example, for checking water temperature before supporting people to shower, that people's call-bells were working, that window-restrictors were in place, and that there were no visible concerns with hoists and slings used to help people move. This all helped to keep people safe at the service.

The service supported people to move around safely. We saw staff safely supporting people to move around or to be hoisted. People receiving the support did not display discomfort. Staff could demonstrate that the correct sling was used to hoist someone when we asked for evidence of this. New staff told us of receiving training on manual handling before they started supporting people to move, and training records showed that all staff had had recent training in this respect.

Accident records showed that some people had fallen, or been found on the floor, in the three weeks before our

inspection. However, no serious injuries had occurred. Actions had been taken to minimise the risk of further falls. For example, sensor mats had been placed beside beds, to alert staff if the person was getting up without calling for support. People's care files included records of assessing and reviewing the risk of falls to each person. This all helped to assure us that the service was minimising the risk of people falling and injuring themselves.

We found that people received adequate support with their medicines. Staff told us that there was now one staff member solely concentrating on giving medicines in the morning, without the responsibility of also leading the shift. That person was administering morning medicines to people from the start of our visit at 10:00 until 12:30. They told us there had been delays before our arrival. The registered manager said that morning medicines did not usually take that long to administer to people, and that subsequent medicines had been delayed that day to prevent over-medicating people.

We found no out-of-date or out-of-stock medicines when we looked at prescribed medicines the service looked after for people. Administration records were up-to-date and indicated that people received their medicines as prescribed. This included for a complex medicine that had dosage changes on a fortnightly basis, and separately-packaged medicines. Medicines were kept securely and at an appropriate temperature. Records of support to apply medicines topically were located in people's rooms. We found these to be kept up-to-date.

Is the service effective?

Our findings

At our previous inspection of 24 March 2015, we found that the agreed delegation of blood-sugar testing arrangements from a community healthcare team was not suitable to protect the health, safety and welfare of people using the service. This meant the provider was in breach of regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection, we found that the provider had addressed the breach of regulations. The registered manager told us that the service was no longer checking people's blood-sugar levels routinely. This was because the local community healthcare team was routinely doing this for some people, and because there was therefore little risk to people where levels tended to be stable. We were shown a separate guidance book for each person's diabetes, and a further book for records of blood-sugar testing results. These records provided evidence that in many cases, a subsequent test a few hours afterwards showed that the person's blood sugar levels were within or closer to recommended levels as stated within their care plan. This helped to ensure that the checks enabled the person's blood sugar levels to be monitored or treated effectively.

Other information helped to demonstrate that the service was aiming to meet people's diabetic needs. Records and staff feedback showed that a community diabetes specialist had recently provided training to senior staff in the service on taking people's blood sugar levels and acting on the information. The registered manager had notified us of an incident where the service had raised a safeguarding alert in response to concerns about the treatment of one person's diabetes.

The service had specific drinks available in the kitchen, and guidance on dietary restrictions, that were required from one person's diabetes care plan. The person's file also contained information on being supported to attend a recent diabetic health screening appointment.

The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived

of their liberty for their own safety. The service took appropriate action in this respect, including involving community health professionals and people's closest contacts. The registered manager notified of DoLS outcomes as required. The registered manager and the deputy had recently completed further training through the local authority on the Mental Capacity Act 2005 (MCA). The registered manager told us that he had refused proposals for people to be admitted into the service from hospital if at assessment he found the person to have capacity to understand the proposal and the person did not consent to it. This followed principles of the MCA resulted instead in multi-disciplinary meetings to consider ongoing care of the person.

Staff we spoke with showed good awareness of asking people for consent to provide care and respecting refusals. For example, one staff member said, "It depends on their mental capacity but we always give choices like it is their own home." Staff explained different ways of trying to acquire consent where they considered the care to be in the person's best interest, but were conscious they could not force people. They told us that people were not supported to get up in the morning unless they were awake and agreed to be supported. The only people they encouraged to have breakfast earlier were people who had diabetes and were due to be seen by a healthcare professional for an insulin injection.

We found that relevant people's files had Do Not Attempt Resuscitation (DNAR) forms in a prominent place. Appropriate processes had been followed in line with the MCA, both for people who could consent and those assessed as lacking capacity for the proposed treatment. For example, in the latter case, Best Interest meetings had been held with the GP and other appropriate people. There was use of the MCA in files to ascertain if the person could consent to their care plans, and specifically bed-rails where applicable. This all indicated that the service was ensuring that consent to care and treatment was always sought in line with the requirements of the MCA.

Is the service responsive?

Our findings

At our previous inspection of 24 March 2015, we found that the service was responsive. However, we subsequently received information of concern indicating that people did not always receive personalised care that was responsive to their needs. We checked on this information as part of the inspection, and found evidence in support of this concern.

We looked at how well people were supported with personal care that met their needs. People we spoke with raised no concerns about this. However, during the course of the visit, we saw three instances where people were wearing wet clothing. In two cases the chair they were sitting on in the lounge was also seen to be wet. There was a risk that these people did not receive responsive care that met their individual needs.

Care records demonstrated that two of these people needed support with personal care. The continence management plan for one person showed that they would not ask for help to use the toilet, and so relied on staff support to remind them on an hourly basis. However, another part of their care plan stated this was to be two-hourly support. Toileting support records for this person across the previous week indicated that they were usually checked on a two-hourly basis, which staff confirmed to be the support they offered albeit dependent on fluid consumption. We saw that this person remained in the same chair in the lounge for almost three hours before they were provided with support to move to a nearby toilet. They had a change of clothing on after that support, and a staff member confirmed that they had been incontinent. This did not demonstrate appropriate care of the person that met their needs.

The service kept a separate file of the daytime toileting support of some people judged as needing continence monitoring. We checked its use during the day. There were no entries in it for the support of anyone on the day of our visit at 16:04, despite there being records for the previous day and further back for 12 people. Staff were therefore relying on memory to record accurate records, and on verbal communication to support people effectively with continence needs. This did not demonstrate that the file was being appropriately used, and that people's continence support needs were being met.

The above evidence demonstrates a breach of regulation 9(1)(a)(b)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We came across a number of instances where records about the care provided to people were either inaccurate, incomplete, or not kept promptly up-to-date. Along with the above-mentioned day-time toileting support charts not being filled in across the day of our inspection visit, there was a night-time toileting support chart filled out for the night before our visit, for someone who had stopped using the service a few weeks beforehand. For a person who we saw to be incontinent, the toileting chart for them was subsequently filled in with the wrong time for the support they received. The daily care reports for this person and another whom we saw to be wet did not include reference to them being supported as a consequence of those situations. This all indicated that records were not always kept accurately, completely, and contemporaneously.

During the inspection visit, we saw that the last reassessment of one person's continence needs was on 01 June 2015. We requested a copy of this assessment after the inspection. It included a record of reassessment dated 07 July 2015. This was added after the inspection visit, meaning the date was not accurately recorded.

One person was being supported to reposition on a regular basis, to help prevent them developing pressure sores. When we checked their repositioning chart, the last entry was at 22:00 on 20 July 2015, meaning further records of repositioning support during the night had not been made. This was not an accurate, complete and contemporaneous record of care provision for this person.

We saw a book used to record people's blood sugar levels where needed. It included entries about specific people at specific dates and times. However, there was no statement to show which staff member had made any of these entries.

The above evidence demonstrates a breach of regulation 17(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite our findings, people fed-back positively about the service. Typical comments included, "I like it here" and "The staff are nice." One person stated, "It is just like home." They said they were independent and able to do everyday tasks for themselves but were happy with the care and support provided. A relative of someone using the service

Is the service responsive?

told us, in terms of the support their relative received with their appearance, “They always look good.” Another relative described staff as “patient” and had no concerns about the care provided.

We saw some responsive approaches to people. Despite there being delays in some people’s morning care, staff supported people in an unhurried manner and were interactive with them. People were given choices where possible, for example, in joining in with organised activities. A number of people were supported to use the garden in the warm weather. The registered manager told us that a new activities worker had been employed in addition to the current person in that role. The service was therefore now offering people activities seven days a week.

One person told us, “There are emergency bells, you press them and the staff come.” We saw staff respond quickly to activations of call-bells. People were provided with cushions where they needed support, and we saw that

people had pressure care seating where appropriate. People received support to eat and drink where needed. We saw someone receive a meal with component parts separately blended. Their nutritional assessment demonstrated that this was required.

When we checked people’s rooms, we saw records to confirm that staff had supported people with certain aspects of personal care. They showed at a glance, for example, when the person had last been supported to have a bath or shower. The registered manager told us these had been in place for about two weeks as a good practice tool.

We saw that some bedrooms and corridors had been redecorated since our last visit. This included themed areas of the premises such as an amazon rainforest corridor, to provide variety and stimulation to people. The registered manager confirmed that there was ongoing redecoration, as some parts of the premises including some people’s rooms had a worn and tired appearance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Systems of preventing, detecting and controlling the spread of infections did not ensure that safe care was provided to service users.</p> <p>Regulation 12(1)(2)(h)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered persons failed to provide appropriate continence care and support to service users so as to meet their needs. Continence care was not designed with a view to ensuring it met service users' needs.

Regulation 9(1)(a)(b)(3)(b)

The enforcement action we took:

We served Warning Notices on the Registered Provider and Registered Manager to become compliant with the regulation by 05 September 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered persons failed to effectively operate systems to maintain an accurate, complete and contemporaneous record of care provision, and of decisions taken in relation to care, in respect of each service user.

Regulation 17(1)(2)(c)

The enforcement action we took:

We served Warning Notices on the Registered Provider and Registered Manager to become compliant with the regulation by 05 September 2015.