

Spemple Limited

Rosebery House

Inspection report

2 Rosebery Avenue
Hampden Park
Eastbourne
East Sussex
BN22 9QA

Tel: 01323501026

Website: www.rosebery-carehome.co.uk

Date of inspection visit:
29 June 2021

Date of publication:
28 July 2021

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

Rosebery House is a residential care home providing care and accommodation for up to 30 older people living with dementia or dementia type illness. There were 24 people living there at the time of the inspection.

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

The home had experienced a significant outbreak of COVID-19 during the pandemic. A number of staff including the registered manager and provider had been off sick, shielding or isolating. This had impacted on the service and although the home was now COVID-19 free, the registered manager and provider were still trying to catch up in relation to a number of quality assurance processes and documentation

Infection Prevention Control processes needed to be improved to ensure that staff were consistently following government guidance. Staff had not sought confirmation a visiting health professional had completed COVID-19 testing before entering the home. Another had been allowed to wait inside the home until they had their result rather than being asked to wait in the designated area outside until a negative result was confirmed. Although it was difficult to ensure people were socially distanced due to living with dementia, staff needed to mitigate risk as much as possible by supporting people and other staff to remain socially distanced when possible.

Some areas of documentation including care plans and risk assessments needed to be improved to ensure they consistently included relevant information about people. For example, triggers for anxiety and actions for staff to follow. Improvements were needed to ensure all risks were identified and assessments completed to demonstrate how risk was to be mitigated. For example, people who may not be able to socially distance and environmental risk assessments.

The registered manager was working with the provider and external health professionals to make improvements and ensure people received appropriate care. An action plan had been completed to identify which areas needed to be prioritised. We were told this was a 'live' document and further areas would be added once the essential improvements had been implemented. Newly implemented quality assurance systems needed time to become embedded into practice.

Staff giving medicines were appropriately trained and their competencies assessed to ensure medicines were given safely. People told us they received their medicines correctly. We have made a recommendation regarding medicines and the storage of topical creams.

Staff had received safeguarding training and knew what to do if they suspected anyone was at risk of abuse. Accidents and incidents were documented and referred to the local authority and CQC completed when required.

People and relatives told us they were happy with the care provided. We received positive feedback regarding staff and the registered manager. One told us, "They would rather be at home, but they now even says the girls are lovely, they have company with the staff, even if they are not able to talk to many of the other residents." And, "The manager is very understanding and kind and has put me at ease."

For more details, please see the full 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 July 2019).

Why we inspected

This inspection was prompted by our previous Infection Prevention Control inspection in January 2021 and the last comprehensive inspection in July 2019. We were also prompted by our data insight which assesses potential risks at services, concerns received in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to review the previous ratings. 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.

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. This is based on the findings at this inspection.

Enforcement:

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

We have identified a breach in relation to safe care and treatment.

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

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

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 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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Rosebery 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 Care Act 2014.

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 two inspectors.

Service and service type

Rosebery House 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We contacted the local authority market support team for feedback. We reviewed information we hold about the service including enquiries and notifications. 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 five people living at Rosebery House, five staff including the registered and deputy manager, care, domestic and maintenance staff and two visiting professionals. We reviewed a range of records. This included five people's care plans as well as individual and environmental risk assessments, accident and incident records. We looked at two staff recruitment files, staff training and competencies, and a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection –

Following the inspection, we continued to seek clarification from the registered manager to validate evidence found and reviewed records sent to us after the inspection. We spoke with four relatives to gain their feedback.



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 comprehensive inspection this key question was rated as good. At this inspection this key question has now 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.

A recent IPC inspection identified some areas which needed to improve. Although some positive changes had been implemented, at this inspection we found a breach of regulation.

Preventing and controlling infection

We were somewhat assured the provider was preventing visitors from catching and spreading infections. The registered manager told us the procedure staff should follow when visitors arrived at the home, this included a checklist/risk assessment, lateral flow testing (LFT) and temperature check.

On arrival the Inspectors volunteered evidence of their recent LFT test. Staff did not ask to check their temperatures or request they sign in on arrival. One visiting professional confirmed they had not been asked for evidence of their LFT before entering. Another visiting professional did have an LFT completed by staff on arrival, however, they were allowed to wait in the entrance area for their result where they were close to people and staff. This left people at risk of the spread of infection. The registered manager confirmed an updated policy would be implemented, and staff reminded of the importance of adhering to IPC procedures at all times.

We were somewhat assured that the provider was meeting shielding and social distancing rules and promoting safety through the layout and hygiene practices of the premises. Social distancing was difficult as people had complex care needs that included dementia and/or mental health needs. The environment also had a number of narrow corridors which did not support social distancing. Guidance was not being followed to encourage and support social distancing, for example, people had access to a number of communal areas, however staff were not encouraging people to socially distance or utilising these areas effectively. When using the lounge and dining room for meals there was no encouragement of social distancing for people or staff.

The service had designated housekeeping staff and was found to be clean, although some equipment was worn and had torn fabric, which made it difficult to clean effectively. For example, old commode chairs and commode pots. We saw the registered manager's improvement action plan which had already identified this equipment for replacement. We were reassured following the inspection that new commodes had been delivered to replace those in people's rooms. Care staff were responsible for laundry duties. Staff explained the process they followed, however we found there was no system in place to ensure clear separation of clean and dirty linen.

The above concerns demonstrate the provider had failed to prevent and control the risk of spread of

infection. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Not all people's individual risks had been documented. Care plans did not consistently contain relevant details regarding people's behaviours that may challenge or anxiety. A person on respite care had been in the service for a few weeks. Staff responded promptly, when the person became upset, however, their care plan contained limited information. Our observations confirmed this person required a high level of emotional support from staff due to their anxiety.
- Staff were seen to offer support when people became distressed. However, there was no care plan in place to explain people's emotional needs and how staff should support them, for example, triggers for their anxiety and what actions staff should take. There was a risk people would not get the support they needed, and their behaviour could escalate. One person had previously had a fall. Measures had been introduced to prevent this reoccurring, which mitigated risk. Although staff were aware, this information had not been included in their care plan. This was an area that needed to be improved.
- Individual COVID 19 risk assessments had been completed for staff. However, further information in relation to individual risk of spreading infection needed to be included. Staff told us that they had discussed their individual risks with the management team. For one person this had included the risks around having a small child at home. Staff wore face masks in communal areas and hand gel was readily available throughout the service. There was a contingency plan available to deal with a pandemic and other emergency. Residents admitted from hospital or another care home were isolated for 14 days in accordance with current government guidance.
- Staff had completed safeguarding training and understood safeguarding procedures. They were able to tell us how they would report a concern if they felt someone was at risk of abuse. Staff were aware of the Whistleblowing procedure and knew where this was located.
- The registered manager told us any concerns were referred to the local authority. The registered manager told us they were aware when to complete a CQC notification.
- Relatives told us people felt safe. One said, "'They were admitted to Rosebery House for safety issues I know they are safe now. They are very safe and have stopped falling.'

Using medicines safely

- Topical creams were not always stored safely. Prescribed topical creams were now being stored in people's rooms. The deputy manager told us this had been a recent change. The rationale for this decision was unclear. A number of people living at Rosebery House walked with purpose and therefore could access these as people's doors were open and creams were left out and easily accessible. Following the inspection, the registered manager confirmed staff would be reminded to ensure safe medicine storage guidance was followed.

We recommend the provider seek appropriate guidance in relation to the storage of prescribed topical creams.

- Staff received medicines administration training and further competencies were assessed to ensure staff followed best practice.
- We observed staff providing medication. People received their medicines safely and in accordance with prescriptions. One told us, "They give me my tablets when I need them."
- Medicines were stored appropriately, and checks carried out to ensure they were dated on opening.
- As required medicines (PRN) had protocols in place to ensure staff were aware when and how these should be given. Medicine Administration Records (MAR) charts had been completed and staff had also recorded why PRN pain relief had been given. For example, pain relief given for a headache or back pain. Medicines were regularly audited to ensure safe practice continued.

Staffing and recruitment

- Staff felt staffing levels were appropriate to meet people's needs safely. One told us, 'We have enough staff to look after people.' If we have any concerns, we raise it with the deputy manager or with the manager.'
- There were designated kitchen and domestic staff. However, care staff were responsible for the laundry duties and staff felt this could impact on the time they had to provide care.
- The registered manager told us recruitment was on-going but recruiting suitable staff had been challenging. Regular agency staff were currently being used. Agency staff covering shifts were not working at any other services.
- There were clear recruitment processes in place including references and required safety checks.
- Some relatives had not been inside the home for many months, due to COVID 19 restrictions, but felt that there were always staff available when they visited using the POD or telephoned. One told us, "Staff know them well, they are there to assist when you visit, which is very helpful."

Learning lessons when things go wrong

- Staff took appropriate actions if accidents or incidents occurred. Information was uploaded onto the electronic system and reviewed by management to identify any trends or themes.
- The registered manager and provider were working with an external quality assurance person to help make improvements to the service.
- Audits had been completed to identify areas of improvement and an action plan was in place to improve and facilitate ongoing learning.

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 requires improvement. At this inspection this key question has now remained the same.

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.

At the previous comprehensive inspection there was no registered manager in post. We found that further improvements were needed to the quality assurance and IPC systems, therefore, the rating remains as requires improvement.

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

- Since the previous inspection there had been changes to the management of the service. Although the current registered manager had implemented a number of positive changes, including an auditing programme, these changes needed time to become embedded into practice. Some improvements were still needed.
- People's care plans did not consistently include information about specific risks for that person. Electronic care documentation had been introduced, this needed to be improved to ensure they included all relevant information. This had already been identified by the registered manager within the action plan and work had commenced to make improvements. The registered manager confirmed this work was ongoing.
- There was a generic visiting procedure, this identified a number of risks and scenarios that were not relevant to the current visiting arrangements and did not provide specific guidance to staff and people about the procedures to be followed at Rosebery House. A clear visiting procedure was required for staff to ensure all appropriate guidance and measures were in place and consistently followed. This was raised with the registered manager during the inspection. It was also suggested that they shared the visiting procedure with any visitors, so they know what to expect. Following the inspection these improvements had been included on the action plan and discussed with staff to ensure this was implemented.
- Individual visiting care plans had been written to support safe and meaningful visits for people.
- Improvements were required to IPC practices. The COVID-19 risk assessment had not been reviewed on a regular basis and needed to be updated to ensure it remained relevant and included current guidance.
- The registered manager had completed an infection control audit. This was completed in May 2021. It had identified the need to schedule more routine cleaning of equipment, for example, hoisting equipment. The policy indicated that the infection control audits were to be completed monthly, however, no further infection control audits had been completed due to the registered manager being absent. Work had now commenced to continue with this auditing programme.
- Falls analysis was completed, this included any follow up checks and actions taken following the incident. Staff had received refresher training to ensure all accident/ incident forms were completed accurately.

- Cleaning schedules had been reviewed and updated and now included the regular cleaning of high touch areas. This was an area of improvement identified at the last IPC inspection.
- There had been a change of registered manager since the last full inspection. Relatives spoke highly of the current registered manager telling us, "The manager is brilliant, he listens and responds." And, I spoke to the manager recently, he was lovely really helpful. Very approachable, nothing is too much trouble."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff spoke positively about the registered manager. One told us, "Management have been very good; the new manager is doing really well. He is firm but fair. If there are any issues, he deals with it. It is good to get a regular manager and I feel that we are now on the right track."
- Relatives told us they had been kept updated with all the requirements and changes throughout the pandemic.
- Staff were heard to be kind to people taking the time to listen to them and doing small things to make them comfortable. For example, ensuring people had time and the correct support when moving and offering extra clothing to keep warm.

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 was aware of their responsibilities under the duty of candour. The duty of candour is a regulation that all providers must adhere to. Providers must be open and transparent, and there are specific guidelines' providers must follow if things go wrong with care and treatment.
- Relatives told us they were kept informed of any changes or issues however minor.

Working in partnership with others

- The registered manager and staff were in regular contact with health professionals involved in people's care. For example, community nursing teams, dieticians and social workers.
- Visiting professionals told us they felt that the home had improved, and staff knew the residents well.
- Relatives told us their loved one received regular visits from external healthcare providers. These were documented and information fed back to other staff. One visiting professional said, "Staff ensure they use equipment provided appropriately and are able to access all appropriate information when it is requested." Another told us staff followed health advice given to improve people's overall health and mobility and staff were good at monitoring changes in people's condition and ensuring they were comfortable.

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

- People told us they were involved in making choices. One told us, "Everything is fine I do pretty much as I want everyone is kind and helpful". Relatives told us they were involved in decisions and always contacted if there were any changes or concerns.
- Staff told us they felt supported and listened to. One said, "I love it here, I love the place, residents, the location and my colleagues."
- Feedback was sought from people and relatives. A next of kin and separate service user satisfaction survey had been sent out in May 2021. The registered manager told us as results were received these would be collated and results shared with people and any actions taken forward.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risk of, and prevent, detect and control the spread of infection. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>12(1)(2)(b)(h)</p>