

Hamberley Care 1 Limited

Rosewood House

Inspection report

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23 March 2023

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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

Rosewood House is a residential care home providing personal and nursing care to up to 90 people. The service provides support to people aged 65 and over, including people living with dementia. At the time of our inspection there were 67 people using the service.

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

The provider was still not consistently mitigating risks to people's health and safety. People had personalised risk assessments in place for different areas of risk, but risk management guidelines did not always contain complete information and we saw some errors about the care people were supposed to receive in care documentation.

The provider was managing people's medicines safely. People were getting their medicines as required and accurate records were being kept of medicines administration. Although medicines were stored safely, we found there was a risk to refrigerated medicines as not all staff knew how to reset fridge temperature gauges. We made a recommendation in this area.

The provider conducted a range of audits, but these did not identify the issues we found. The provider was now meeting the requirements of the Mental Capacity Act 2005 (MCA). The provider ensured there were enough staff on duty to support people and conducted appropriate pre-employment checks before hiring new staff.

The provider followed good infection prevention and control practises and ensured lessons were learned when things went wrong. Notifications of significant events were sent to the CQC as required.

Staff gave good feedback about their experiences working for the service and people and their relatives gave good feedback about the service overall.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (27 January 2023). This is the fifth consecutive time we have rated the service requires improvement.

At our last inspection we found breaches of the regulations in relation to Safe care and treatment, Good Governance and Consent. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, we found although the provider had made some improvements, they remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 27 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

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

Enforcement and recommendations

We have found breaches in relation to safe care and treatment and good governance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Rosewood House

Detailed findings

Background to this inspection

Inspection team

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

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

Inspection team

The inspection was carried out by two inspectors and a specialist advisor. The specialist advisor was a nurse with experience of older people's care.

Service and service type

Rosewood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day of our inspection, but we announced the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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 the previous inspection report and actions plans submitted after the last inspection. We contacted the local authority commissioning team and reviewed their recent monitoring visit report September 2022. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 17 March 2023 and ended on 23 March 2023. We visited the service location on 17 March 2023 and 23 March 2023. 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 spoke with the registered manager, the regional manager, 2 nurses and 7 homemakers and other members of the senior management team. We also spoke with 8 people using the service and 4 of their relatives.

We reviewed a range of records, both on and off site. This included 7 people's care records, numerous medicines records and 7 staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, quality assurance records and minutes of staff meetings.

We carried out observations throughout the day in relation to infection prevention and control procedures and staff awareness of best practice.

We also liaised with one health and social care professional via email.

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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

At our last inspection, we found the provider had failed to ensure the safe management of people's medicines and failed to fully assess and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found although the provider had made improvements in relation to medicines management, they remained in breach of regulations in relation to their risk management.

Assessing risk, safety monitoring and management

- At our last inspection, we found the provider was not always assessing and mitigating risks to people's health and safety. At this inspection, although the provider had made improvements, we found they were not always ensuring risks to people's care were effectively managed as information was sometimes incomplete and some records contained errors, which made them difficult to understand.
- The provider completed general risk assessments into people's health and safety. These covered areas such as mobility, falls and nutrition. At our previous inspection, we found staff were not always managing risks to people's skin integrity. At this inspection, although we found the provider had made some improvement in this area, records relating to people's wound care were not always fully completed. We identified two risk assessments relating to people who were at high risk of pressure sores. Their care plans said they needed to be repositioned to manage this risk, however, there was no record of how frequently they needed to be repositioned when in bed. When we reviewed their repositioning records, we found they were being turned every three- four hours and their skin had remained intact. Staff told us they would reposition people who were at risk of skin damage at this rate and at an increased rate of approximately every two hours for those people who had pressure sores in place. Failure to have robust skin integrity risk assessment in place meant people may be exposed to skin complications.
- Further to this, at our previous inspection we identified a person who had behaviours that challenged staff. Their risk assessment did not contain sufficient information for care staff in known triggers for their behaviour and how to manage this. At this inspection, we identified two people who exhibited behaviours that challenged staff. Although their risk assessments included some information for staff in how to manage these risks, we found there was limited practical advice for staff to follow. For example, one person's record said staff should observe their behaviour and contact relevant services and their relative in the event of an escalation of their behaviour. It said there were no known triggers for their behaviour, yet there was no advice for staff in how to calm them in this situation, which increased the risk of staff being unable to manage their needs. The provider amended these people's care plans during the course of our inspection to include further information for staff in managing these people's needs.
- Some people's care records included errors in the care they were supposed to receive. For example, one person's record said their bedding was supposed to be washed daily, when that was not required, another

person's record said their fluid was supposed to be restricted when this was not required and a third person's record said their mattress was supposed to be checked daily when this was also not required. This created confusion about the care people were supposed to receive and increased the risk of errors. The provider corrected errors in these people's care plans during the course of our inspection.

The above issues amounted to a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers demonstrated a good understanding about the risks to people's care. For example, we observed one care worker de-escalating a situation involving a person whose record we read who exhibited behaviours that challenged staff. We observed the care worker's interaction with the person and this appeared to have a calming effect on them. When we spoke with staff members to check their understanding about people using the service, they gave us examples of how they supported them safely and managed risks to their care, including people's skin integrity and risks of falling.

Using medicines safely

- The provider was managing people's medicines safely. At our previous inspection, we found the provider failed to ensure the safe management of people's medicines and best practice was not always followed. At this inspection, we found the provider had made significant improvements in the management of people's medicines.
- The provider's electronic record system was now accurately recording the amount of stock of different medicines that were available. Records showed people were receiving their medicines as prescribed, and PRN medicines were given as needed. Records of controlled drugs (CDs) were accurate and we found the amount recorded was the amount available in stock. A CD is a prescription medicine that is subject to strict legal controls. These controls are to prevent it from being misused, being obtained illegally or causing harm. CDs that were no longer required were destroyed on site. However, whilst staff recorded CD disposals on the CD register, they were not filling in a separate disposal record as specified by their internal medicines policy.
- Medicines were stored safely. Staff were recording temperatures of medicines storage areas. We saw fridge temperatures were checked, but not all staff were properly monitoring the maximum and minimum fridge temperatures as not all staff knew how to reset the fridge temperature gauges. This meant the provider could not consistently be assured that medicines were stored correctly and were safe for administration." We recommend the provider seeks further advice in how to ensure the safe storage of refrigerated medicines.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our previous inspection, we found the provider was not consistently meeting the requirements of the MCA. At this inspection, we found the provider was now meeting the requirements of the MCA. People had decision-specific mental capacity assessments in place. Where the assessment concluded that people were lacking in capacity to consent to a particular matter, we found best interest decisions were in place for these people. Where needed, we also found valid DoLS authorisations were in place.
- Care staff demonstrated a good level of understanding about their responsibilities to provide care in accordance with people's valid consent. One care worker told us, "We make sure people understand the care we are going to give and are ok with this before we do anything."

Staffing and recruitment

- The provider ensured there were enough staff to support people safely. Overall, people, their relatives and staff told us there were enough staff on duty to provide support. Care workers comments included "We have enough staff. It used to be bad, but they've listened and there's been a great improvement" and "I think we've improved a lot overall. I think things are ok. We are not using any agency staff like we used to do before. I'm not saying things are perfect all the time, but overall things are much better." People told us "I think the place seems understaffed. To be fair, when I've used the call bell they come pretty quickly, but they seem rushed in the morning" and "There are enough on duty."
- We observed there were enough staff on duty on both days of our inspection. Records indicated there were enough staff scheduled to attend the service to support people and care workers told us there had been an improvement in staffing numbers. We reviewed call bell records for the month of our inspection and found call bells were responded to in a reasonable period of time. We also observed staff responding to people's needs quickly.
- The provider conducted appropriate pre-employment checks before hiring new staff. We reviewed eight staff files and found they contained evidence of checks including staff employment history, two references, passport checks and Disclosure and Barring Service (DBS) checks. These provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection including the cleanliness of premises

- 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 arrangements were safe for people using the service. The provider conducted temperature checks on people before they came into the building. Masks were available should people require this.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe using the service. People's comments included, "they are kind and caring and try their best to help you. I don't have any concerns about my safety" and "I feel safe and secure here and not just another bed."
- Care staff confirmed and records indicated they received annual training in safeguarding vulnerable adults

from abuse. Care workers demonstrated a good understanding about their responsibilities in this area as well as the signs of abuse to look out for. One care worker told us, "If I was worried about something, I would whistleblow this either to management or to the local authority or you guys (CQC). We've had lots of training, we also had training quite recently. It was 3.5 hours. If we see anything worrying- financial abuse, poor behaviour, I would do something about this and check something was done. I'm very passionate about this job, I would not let anyone come to harm."

- The provider had a clear safeguarding policy and procedure in place and reported concerns to the local authority for investigation as well as the CQC as required.

Learning lessons when things go wrong

- The provider took appropriate action in response to accidents and incidents. The provider completed an incident report where people had an accident or incident and people's risk assessments were updated to reflect any changes to the risks relating to their care as a result.

- The provider conducted further learning as a result of incidents by completing action plans and discussing incidents with staff as required and care workers confirmed this. One care worker told us, "We might discuss things in a meeting or get information handed over to us, so we're all on the same page." All accidents and incidents were reviewed by the registered manager who ensured lessons were learned as required.

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, we rated this key question requires improvement. The rating for this key question has remained 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.

At our last inspection, we found the provider did not effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider remained in breach of regulations.

Continuous learning and improving care

- At our previous inspection, we found systems of audit were in place but had not always identified the issues we found. At this inspection, we found although the provider's audits were identifying some issues, they had not specifically identified the issues we found. The provider was conducting audits of care records and these did identify some issues in some care records. However, because the provider was conducting an audit of 10% of records on a monthly basis, these did not specifically identify the issues we found.
- We also saw the provider was conducting medicines audits, however, these had not identified the issues we found with the resetting of fridge temperature gauges or the full completion of documentation associated with the safe disposal of CDs.

The above issue constitutes a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider promoted a positive culture that achieved good outcomes for people. Staff gave good feedback about the service, the management team as well as their colleagues. Their comments included, "I feel really supported here. I get training, supervisions and can talk to the manager about anything. [The Registered Manager] has said to me, any time you need my help, the door's always open" and "I'm happy working here. We've improved a lot. We're going in the right direction. We all want to get even better and we're not where we want to be yet, but we are doing better and we're all trying too. The managers are so supportive and approachable. Morale is good now."
- People and their relatives also gave good feedback about the service as well as the managers and staff. Their comments included, "The staff are all wonderful. They are engaging, always there to talk to, the unit is always clean. I'm really happy with the care my [relative] is receiving and the home itself, I think is wonderful" and "The staff are well groomed, very polite to everyone and extremely caring to the residents. You are made to feel as if you were in your own home as its very relaxed and welcoming My [relative] is

extremely fortunate to be here. There isn't another care home like this in Tower Hamlets."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligation to be open and honest and to report notifiable incidents to the CQC where needed. The registered manager ensured notifications were sent to the CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and other staff were clear about their roles and responsibilities. Staff demonstrated a good understanding about their roles. One staff member told us their role was to, "Support the staff and support the residents. We are in their home, we are not in our home. We have to support and respect their wishes. We work for the people who live here."
- Nursing staff understood their responsibilities in managing risks and the registered manager had a good understanding of his role in relation to regulatory requirements.
- The provider engaged people in the running of the service. Residents and relatives meetings were held on a quarterly basis and minutes were kept of these. We read minutes of meetings and saw relevant issues were discussed such as supervisions, appraisals, training and the previous CQC inspection.

Working in partnership with others

- The provider worked in partnership with other multi- disciplinary professionals. People's care records showed evidence of joint working with other professionals such as social workers and people's GP. Where advice was given by the professional, we saw this was recorded and the details were followed.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1) (2) (a) and (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider did not effectively operate systems and processes to assess, monitor and improve the quality and safety of the services.</p> <p>Regulation 17 (1)(2)(a).</p>