

Rosenmanor Limited

Rosemanor 2 Residential Care Home

Inspection report

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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

Rosemanor 2 is a residential care home providing accommodation and personal care for up to 9 people. The service provides support to women with mental health needs. At the time of our inspection there were 5 people using the service.

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

The provider was in the process of making changes to the service to make sure people received care and support in a safe environment. The provider carried out health and safety checks of the premises but these needed to be more detailed in some areas to make sure all relevant guidance, such as the Health and Safety Executive guidance, was considered and acted upon.

People told us they liked living at the service. There were enough staff to give people the support they needed. Risks relating to people's care were identified and staff knew how to manage these risks to help keep people stay safe but still encourage independence. Systems were in place to safeguard people from abuse and staff knew the procedure and guidance to follow if something went wrong. The service was clean and hygienic and staff followed current infection control and hygiene practices to reduce the risk of infection. Medicines were managed safely. 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.

The registered manager also managed other services but was supported at this location by a senior staff member who coordinated the day-to-day delivery of care and support. Although the registered manager was not on site all of the time they assured us they were available to support staff should they need it. The provider worked with people and staff to gather their views on how the service was run. Staff told us they felt supported and were able to make suggestions to make the service better for people. The provider worked with other healthcare professionals to make sure people received the right care and support.

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 September 2019).

At our last inspection we recommended that the provider consider the guidance from the Health and Safety Executive to make sure the environment remained safe for people. During this inspection we found there had been delays in making improvements to the environment. However, the provider had identified the outstanding issues and was working, at the time of our inspection, to improve the environment for people.

Why we inspected

The inspection was prompted in part due to concerns received about the provider's other services. The

concerns indicated there may be issues with the way this service was managed and we wanted to be sure the issues raised did not extend to this regulated service. A decision was made for us to undertake a focused inspection to review the key questions of safe and well-led so we could inspect and examine those risks.

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 has changed from good to requires improvement based on the findings of 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.

Enforcement

We have identified a breach in relation to the environmental safety at the service and the way these risks have been managed.

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

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 to monitor progress. We will continue to monitor information we receive about the service, which will help inform us 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.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

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

Requires Improvement ●

Rosemanor 2 Residential Care 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 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

One inspector carried out this inspection.

Service and service type

Rosemanor 2 Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosemanor 2 Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send to us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with 3 people using the service, the registered manager and 2 staff members. We looked at records which included care records for 2 people, 2 staff files, medicines records and other records relating to the management of the service.



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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service, for example the environment, were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider the guidance from the Health and Safety Executive to make sure the environment remains safe for people.

- During this inspection we found there had been delays in the improvements discussed at our last inspection. However, the provider had identified the areas that needed to be addressed and was in the process of working through their action plan to make improvements.
- There were many areas of the service that required essential maintenance to maintain safety and infection control standards. This included the fitting of new window restrictors, new window catches, new flooring and work to fix showers and deep clean en-suites. Most maintenance was required in the vacant rooms and staff assured us work would be completed to a safe standard before the rooms were occupied.
- Other areas of the service also required maintenance such as the kitchen and the laundry. Work had started to clear the garden and storage area of rubbish and radiator covers had been ordered to protect people from the risk of burns from hot surfaces. Although the provider had a basic action plan in place to address the issues we were concerned about the length of time it had taken to make these changes. The provider explained there had been issues finding the right tradespeople to do the necessary work required but felt confident the work would be completed within the timescales specified on their action plan.

Although the work was in progress during our inspection and we found no evidence that people had been harmed. We needed to be sure the provider created and maintained a safe environment for people. The time delay in completing this essential work meant people had been at an increased risk during this period. This was a breach of Regulation 12 (Safe and Treatment) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people were assessed when they first started to use the service and regularly reviewed. One person's risk assessment did not directly align with their care plan that clearly had identified the risk concerning their mobility and what staff needed to do to keep them safe. We spoke to staff about making sure information in risk assessments were aligned and up to date. After the inspection the provider sent us the amended risk assessment.
- Staff knew the risks people could face both at the service and in the community. They gave examples of how to reduce the risk to people and keep them safe.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy living at Rosemanor 2 Residential Care Home. One person told us "I'm doing really well here. Staff come and make sure I'm OK...I don't want to leave." People we spoke with and observed were relaxed and comfortable with their surroundings and the staff supporting them.
- Staff confirmed they had received training in safeguarding. They knew the action to take and who they should report concerns to if they needed to. Staff felt confident that managers would take appropriate action to keep the people using the service safe.
- Safeguarding and whistle blowing procedures were discussed during staff meetings and we saw details of safeguarding contacts available for staff.

Staffing and recruitment

- There were enough staff on duty to support people. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. During our inspection staff were visible and on hand to meet people's needs and requests.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

Using medicines safely

- People received their prescribed medicines safely. People's medicines were kept securely and staff carried out regular audits to check that medicines were being managed in the right way.
- We checked the medicines administration records (MAR) for people and did not find any recording errors.
- Medicine reviews were completed regularly to monitor the effects on people's health and wellbeing and make sure the medicines people received was appropriate for them.

Preventing and controlling infection

- Staff followed safe infection control practices. Staff wore personal protective equipment such as masks in line with government guidance.
- People were protected from the risk and spread of infection by the infection prevention and control practices at the service. Cleaning schedules were in place and the communal areas of the service were clean.
- The provider supported people living at the service to minimise the spread of infection.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance.

Learning lessons when things go wrong

- Staff understood their responsibility to record and report accidents and incidents involving people living in

the home and where required these were reported to the CQC.

- When things went wrong there were systems in place to review procedures and share lessons. The registered manager was responsible for several other locations and we saw recent failings at another location had driven areas for improvements at Rosemanor 2 Residential Care Home.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality assurance systems in place were not always robust because they did not include a number of checks including the presence and robustness of window restrictors and ensuring Legionella checks were completed regularly by a competent person.
- The registered manager was also registered with CQC to manage other locations. The registered manager was supported at this location by a senior staff member who coordinated the day-to day delivery of care and support.
- The registered manager was quick to make changes when we found issues during our inspection. However, at our last inspection we had discussed the need for the registered manager to increase their knowledge around the health and safety legislation relating to care homes to ensure people's ongoing safety. At this inspection we found there had been delays in implementing changes.
- There was a clear management structure in place and the registered manager was aware of the notifiable events they were required to report to the CQC in line with the legislation.

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

- People told us they were happy living at Rosemanor 2 Residential Care Home and staff supported them well. People were encouraged to be independent and staff supported people to be involved in their day to day routines. For example, with activities, the preparation of meals and laundry.
- Staff were provided opportunities to give their feedback about how the service could be improved and help people achieve positive outcomes. Staff told us they felt supported in their jobs and would speak to the registered manager if they had any concerns or problems.

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; continuous learning and improving care

- During our conversations with the registered manager we discussed what the service did well and where there was room for improvement. The registered manager was open with us about the changes that needed to be made across the organisation to improve people's care.
- Where people had made complaints or had concerns we saw apologies had been made and staff had made improvements to make things better for people.

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

characteristics

- People were asked for their views about their care and treatment and their views were acted on. We observed people were encouraged to give their views to staff at any time. However, they also had the opportunity to do so during regular house meetings and one to one keyworker meetings.
- Staff told us they were able to share their views and experiences during their staff meetings and supervision and felt the registered manager listened and acted on their suggestions.
- Staff knew people well, delivering care day to day in a person-centred way. Staff understood people's equality characteristics and were able to support people appropriately and respectfully. For example, staff supported people to celebrate religious and cultural festivals.

Working in partnership with others

- The service worked collaboratively with other agencies to make sure people had the care they needed. The manager and staff worked with mental health specialists, health care professionals and social workers.

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 did not always assess and mitigate risks to people to ensure their safety was always promoted.</p> <p>Reg 12 (1)</p>