

Scosa Limited

Rosewood Lodge

Inspection report

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Date of inspection visit:
10 June 2019
11 June 2019

Date of publication:
02 July 2019

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service:

Rosewood Lodge is a residential care home. It provides accommodation and personal care for up to 20 older people. At the time of the inspection there were 18 people living at the service.

People's experience of using this service:

There was ineffective leadership and oversight of the service. Provider quality assurance systems did not identify and rectify previously identified breaches of regulation, ensure the quality of service provision and mitigate the risks to people. Senior staff's job roles and responsibilities were unclear.

The provider failed to recruit staff safely. Relevant legislation, guidance and the provider's own policies and procedures had not been followed.

The service was clean, tidy and well maintained. Staff were caring and responsive to people's needs.

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

Rating at last inspection:

Requires Improvement (9 April 2019). This service has been rated as requires improvement at the previous three inspections (9 April 2019, 7 April 2018 and 30 November 2016). Following this inspection, we imposed conditions on the provider's registration. These required the provider to carry out specified audits and report on the outcomes of these audits to CQC each month.

Why we inspected:

We received concerns in relation to the management of staff recruitment. As a result, we undertook a focused inspection to review the Key Questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

Enforcement:

We found three repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Details are in our Safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our Well-Led findings below.

Rosewood Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Rosewood Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The previous registered manager left the service in April 2019. The service had a new manager in post who started in April 2019. They had not yet registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager and nominated individual were not present at the inspection.

Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

What we did:

We reviewed information we had received about the service since the last inspection in April 2018. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with six members of staff. We reviewed six people's care and

support records and four staff recruitment files. We reviewed people's Medicine Administration Records (MAR). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, communication systems, policies, and audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to follow their policies and procedures the recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements have not been made and the provider was still in breach of Regulation 19.

- Safe staff recruitment processes were not followed. Staff, including senior staff members, were employed without following the providers recruitment processes.
- Application forms had not always been fully and accurately completed. Interview records did not demonstrate who conducted the interview and where. Interviews were not tailored to the post being recruited for. For one staff member they had completed the application form, been interviewed, offered a post in writing and started their induction on the same day.
- References from previous employers were not sought. Gaps in employment were not investigated. Discrepancies in information provided were not followed up.
- Risk assessments required to mitigate risks identified during recruitment were not in place. One risk assessment for a senior staff member was conducted seven days after they had begun their employment. The assessment did not adequately assess and mitigate the risks identified.
- It was unclear what post within the service some senior staff members held. Staff were not always in the post they had been recruited for. Information in staff recruitment files gave different information into the job role they held. It was therefore unclear what role and responsibility some staff members currently had. This meant staff were unsure who their line manager was and who was responsible for areas of the service such as medicines and staff rotas.
- There was a lack of supervision and monitoring of new staff members.
- Due to the changes in staff's roles and current absences it was not always clear who was on call to support staff out of office hours or in an emergency.

We found no evidence that people had been harmed however, procedures were not being followed to ensure the recruitment of staff was safe and suitable. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff's identity had been verified. Staff had a full Disclosure and Barring Service check (DBS) in place before commencing employment.
- Staff team numbers had decreased. Current staff were covering additional hours required and the current

vacancy in kitchen staff. This meant on some days a member of staff would be covering care, activities and catering. Staff told us they ensured staffing levels were maintained.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risk assessments were specific and accurate. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements have not been made and the provider was still in breach of Regulation 12.

- Risk assessments and care plans had progressed and been developed since our last inspection. However, not all risks had been assessed or identified. Where risks had been identified there was not always a clear plan to manage or reduce the risks. For example, one person's risk assessment did not document a recent hospital admission for a health condition. Another person's assessment did not contain guidance on how to manage their catheter care.
- Two people had moved into the service in the previous week. We were told these people had been pre-assessed prior to their admission to the service. A pre-assessment ensures the service can provide the appropriate care and support required. There were no pre-assessment records available to review. This meant that staff did not have information required to safely care and support these people.
- One person had no risk assessments, care plan or daily records in place. One staff member said, "We have not had any information about [Name of person]."
- The staff rotas available to review at the service did not always give an accurate worked record.
- Staff rotas had not been managed in advance. Therefore, there was a risk there would not be adequate staff to maintain safe staffing levels. Staff were unclear of when they were meant to be working. One staff member said, "I don't know what I am working next week."
- The 'grab and go' file had not been updated since April 2019. This is information the service would require about people in the event of an emergency. This meant that information was not current and accurate about who lived at the service.
- The visitor's book and staff sign in sheets were not always completed or accurately completed with times of arrival and departure. In addition, with the rotas available at the service not being accurate, there was no clear log of who was in the building at any given time. This was a risk in case of a fire or an emergency.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were now in place to identify emollient creams that may present an increased risk of fire hazards.
- Equipment and the environment were regularly checked and assessed.

Using medicines safely

- Previous safe systems of medicine administration were not being adhered to.
- Systems in place did not adequately ensure people's medicines were managed effectively. For example, one person had not received one of their medicines for the previous four days as the stock had run out. This had been communicated but not followed up. A staff member addressed this on the second day of our inspection.
- Two Medicine Administration Record (MAR) had been handwritten without being countersigned by a second person. There were no quantities of medicines received recorded on them. They did not state the

persons date of birth or if they had any known allergies. The date started was not recorded.

- The provider could not be assured that people were receiving their topical creams as prescribed. Only one person out of six who had topical creams in place had a topical medicines administration record (TMAR) in place. The TMAR we reviewed recorded that the person was not always having their cream twice a day as prescribed.
- Staff were not clear how to report a medicines error. However, two previous medicine errors had been reported through the incident reports.
- It was not defined who had oversight of medicines administration. This meant that issues may not be identified promptly. For example, the lack of stock of medicines.
- Fridge temperatures where medicines were stored were not being regularly monitored. There was no staff signature sheet to identify who had signed the MAR.

People were at risk of harm because systems were either not in place or robust enough to demonstrate medicines safety. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records informed staff about people's allergies to medicines and when to give as required medicines.
- Medicines that required additional storage in line with legal requirements were stored appropriately

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Referrals had been made to the local safeguarding authority when appropriate. Actions had been taken to safeguard people.
- Accidents and incidents were reported and recorded. However, one fall in March 2019 had not been reported in line with the provider's procedures.

Preventing and controlling infection

- The service was clean, tidy and well presented. Staff took pride in the environment.
- Staff were observed adhering to infection control policies.
- Systems were in place for laundry, cleaning and the kitchen area to ensure infection control risks were minimised.

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 deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to operate effective systems to monitor and review the quality of the service. Audits did not identify shortfalls in recruitment or where risk assessments and care plans were inaccurate or required further information, particularly around people's health conditions. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements have not been made and the provider was still in breach of Regulation 17.

- Provider audits completed did not identify the shortfalls and ongoing breaches in regulation found at this inspection.
- Areas identified at the last inspection had not improved. There was no management plan in place to drive effective improvement and prioritise actions.
- Provider audits completed of staff recruitment files did not identify when the providers policies and procedures had not been followed, legislation and guidance had not been adhered to or when further information was required. This put people at risk due to unsafe recruitment practices.
- Medicine audits completed did not identify shortfalls found. For example, the lack of topical medicine records.
- Two staff members were pregnant. There were no risk assessments in place to review and monitor their health, well-being and make adjustments to their work where required. These staff members had not received regular monitoring and supervision.
- The current management structure and lines of accountability were unclear. Changes in senior staffing had not been formally communicated. One staff member said, "I am not clear on my role."
- During our inspection it was unclear who was responsible for running the service in the absence of the manager.
- At the time of the inspection it was uncertain who was responsible for organising the staff rotas. The staff rotas had not been completed for the following weeks. Therefore, staff were not sure of their future working hours. Staff were managing the rotas for the week to ensure hours were covered. There was no oversight into staff worked hours to ensure staff were safe. One staff member had requested annual leave, there was no one to authorise it. The provider took immediate action to ensure that rotas were being managed.
- It had not been identified through quality systems that supervision of staff had not been regularly completed. One staff member said, "I've not had supervision since I started."
- Key information and messages from senior staff were not being communicated in a formal and

professional way. This meant that staff did not have the information required. For example, around a new person admitted to the service.

- Due to changes in daily recording it meant that different systems were being used. Staff had not received training on the new system. This and the lack of management oversight could mean that information may get missed or not actioned accordingly especially in relation to accident and incidents and safeguarding concerns.

Systems were either not in place or robust enough to ensure the quality and safety of the service. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They arranged additional management support to attend the service.

- The provider had displayed their CQC assessment rating at the service and on their website.
- Notifications were submitted as required.
- Staff said the service had become chaotic. Staffing and the management structure was disorganised. We were informed of unprofessional behaviour and communication.

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

- Meetings had been held with staff members. The most recent staff meeting minutes in March 2019 did not demonstrate respect for staff members or a professional approach to dealing with staff issues or areas of improvement. No senior staff meetings had been conducted.
- Systems were in place to communicate information within the staff team. However, there was no oversight of these systems.
- The staff culture had changed due to ineffective leadership at the service. Staff were not being managed effectively and unprofessional practices had developed.
- However, despite the lack of organisation and leadership staff were observed to be diligent, caring and responsive to people's need.

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

- We have reviewed some incidents that applied to this category. We have received mixed responses by the provider. We have reiterated the need for the provider to follow the duty of candour appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held for people. People had discussed future activities they would like to participate in.
- A monthly newsletter was displayed and copies were available for people and visitors.
- The service had links with local organisations. Such as local religious groups.