Roseacres Care Home Limited

Roseacres

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Roseacres is a residential care home providing accommodation and personal care to older people and people living with dementia. The service can accommodate up to 35 people and at the time of the inspection there were 29 people using the service.

People live in an adapted home spreading across two floors served by a lift. Some people have en-suite facilities while others share communal bathrooms located in close proximity to their rooms. People have access to communal dining, living areas and a large garden.

People's experience of using this service and what we found
Whilst people and their relatives told us they received safe care, we found risks associated with people's care and health were not always managed appropriately. In many cases, risk assessments lacked clear guidance for staff which could lead to poor care. Systems were in place to ensure staff were recruited safely, however, we found there were times when the service was short-staffed which could affect people's care.

The provider had not addressed issues around the crowdedness of the lounge areas which we found at the last inspection. We found some areas in the service to be quite busy and noisy during certain times of the day.

The service had quality assurance systems in place, although these systems were not always effective as they had not identified the issues we found at this inspection.

People received their medicines safely and as prescribed. Staff received training in safeguarding and knew how to recognise and report signs of abuse. The service had implemented appropriate infection prevention and control measures to protect people, staff and visitors from catching infections.

People received a comprehensive assessment before their admission into the home which ensured they received the right care and support.

Staff were supported through robust induction processes, supervision and regular training. People were provided with healthy meal choices and stayed hydrated. Staff supported people to maintain good health and access a range of healthcare services when needed. 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. Where people were unable to make decisions about their care, the service engaged with their relatives and staff for feedback.

There was an open and inclusive culture at the service. People, relatives and staff spoke positively of the management and the support they received. The team worked in partnership with healthcare services and other professionals to achieve good outcomes for people.

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 6 November 2017).

Why we inspected
This focused inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the key questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

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

Enforcement
We have identified breaches in relation to the safe management of people's risks and good governance of the service, 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Roseacres

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
This inspection was carried out by one inspector and two Experts by Experience who are people who have personal experience of using or caring for someone who uses this type of care service. One Expert by Experience spoke with people and observed interactions at the service while the other Expert by Experience spoke with relatives by telephone for feedback on the care provided. This inspection also involved an inspection manager who was present on-site and whose main role was to observe the inspection activity as part of CQC's quality assurance process.

Service and service type
Roseacres 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. Roseacres 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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
We spoke with 10 people who used the service and 13 relatives about their experience of the care provided. We observed mealtimes and interactions between people and staff. We spoke with 10 members of staff including the registered manager, a divisional director, administrator, maintenance person, senior carers and care assistants. The registered manager was on leave the day we inspected the service, however, we spoke with them the following week.

We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, staff training, quality assurance, health and safety and meeting minutes, were reviewed.

Requires Improvement

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 for this key question has changed 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.

Assessing risk, safety monitoring and management

● The service identified and assessed people's personal risks to keep them safe. However, not all risks were assessed and guidance on minimising known risks was not always clear and complete.

● One person who had diabetes did not have a risk assessment in place to guide staff on minimising any associated risks. No risk assessment was in place for another person who had recurrent urinary tract infections. The absence of risk assessments meant appropriate guidance was not available for staff which could lead to people being at risk of harm.

● In some cases where risks had been assessed, we found a lack of clear and detailed guidance available to staff. For example, the risk assessment for one person who was at risk of malnutrition contained information on how to support this person with eating and drinking, and staff monitored their weight regularly. However, whilst this person was also under review by a dietician, details were lacking around what actions staff must take and at what point during their weight loss to ensure they received appropriate support and treatment. We also found gaps in this person's food chart which meant that the service did not always monitor their food intake effectively.

● For one person who was at risk of choking and had had two episodes of choking, their care plan contained clear information on how to support them safely with eating and drinking. However, no guidance was available on identifying signs of swallowing difficulties and what immediate actions staff must take if the person was choking. This left the person at risk of harm.

● People had personal emergency evacuation plans in place, however, these lacked specific guidance and referred to the main service evacuation procedure which was generic. This meant staff did not have clear and specific information on how to support individual people in the event of an emergency.

Systems were either not in place or robust enough to demonstrate risks were managed effectively. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Regarding the person who was at risk of choking, the registered manager produced evidence showing staff were trained in dysphagia (swallowing difficulties). They also acknowledged risk assessments needed to be improved to include clearer instructions for staff.

● Staff knew people's needs well and were confident at supporting them in the safest ways. We observed staff supporting people who had physical disabilities to transfer safely by using hoists. Relatives told us, "I saw the care workers are careful handling or moving residents from one place to another" and "Staff know she [person] has paranoid delusions, they check her at night and give her drugs on time. They communicate with mum properly."

● The service carried out safety checks on the environment including checks on electric, gas, water and fire safety.

Staffing and recruitment

● Systems were in place to ensure staff were recruited safely and to monitor staffing levels within the service.

● We received mixed feedback from relatives and staff around staffing levels. Some relatives and staff told us there were enough staff on shifts to meet people's needs safely. Others felt the service should deploy more staff. Comments from relatives included, "I think staffing level is reasonable when we visit, very impressive." And, "Sometimes I got the impression the staff aren't enough, I think they need more."

● On the day of inspection, we witnessed a shortage of staff which impacted on people's mealtimes and activities. We also observed staff rushing when attending to people's needs. However, staff told us this was a one-off situation due to staff being on leave and absences due to sickness, including COVID-19.

● Whilst we found people received safe care and there was good teamwork among staff, including managers offering hands-on support to care staff, our observations suggested that there were times when staffing levels fell short which could impact on the care people received. We discussed this with the registered manager who told us they would review their staffing arrangements and develop contingency plans to ensure people's care was not affected during staff absences.

● The service followed safe practices when staff were recruited, which included obtaining proof of identification, references from previous employment and criminal records checks.

Systems and processes to safeguard people from the risk of abuse

● People felt safe and were protected from abuse.

● People and their relatives had no concerns about their safety. One person told us, "Oh yes! For me it's a safe place to be." A relative said, "The home is safe and mum is happy. She likes to stay there and doesn't want to move anywhere else."

● Staff maintained good working relationships with people, received appropriate training in safeguarding people and were aware of their responsibilities to protect people from risks of abuse. Staff knew how to escalate safeguarding concerns and one staff member told us, "There is information on posters on the walls about who to call [if concerns needed to be reported externally]." Another staff member said, "If I see someone abuse a resident I have to report them, I will report to the manager and seek advice."

Using medicines safely

● People received their medicines safely and as prescribed.

● People's care plans contained information on their medicines, including the level of assistance required to take their medicines, any known allergies to medicines, how they liked to take their medicines and information on any changes to their medicines.

● The service ordered, stored and disposed of medicines safely. We looked at controlled drugs and found that these were managed in accordance with national guidelines. Controlled drugs are medicines that the law requires are stored, administered and disposed of by following the Misuse of Drugs Act 1971.

● Medicines administration records were clear and contained no gaps. Where people had as and when required medicines, such as medicines for anxiety and pain relief, there was clear guidance for staff on when to administer these medicines.

● The management team carried out regular medicines audits and ensured staff were trained and competent to administer medicines.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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.
● People were able to have visitors in the service when they wanted to and visits were carried out safely and in line with best practices. We saw people spending time with their visitors in the conservatory which had sofas and offered privacy to the occupants.

Learning lessons when things go wrong
● There were processes in place to promote learning which fully involved the staff team.
● A system was in place to record accidents and incidents which staff were familiar with. Where there was any learning, this was shared with the staff team in handovers and staff meetings to improve the quality of care.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The home's design and decoration met the needs of people living there, although some aspects of it needed improvement.
- Appropriate features were in place, such as a lift and ramps, which enabled people to mobilise to the different areas of the service.
- People's rooms were personalised to their own liking. Many of the rooms had doors which resembled front doors painted in different colours and memory boxes which made it easier for people to recognise their rooms and reduced their anxiety. One person told us, "I've got a nice room."
- However, we found the main dining area to be crowded and noisy. The dining area was situated at the centre of the service and served as a common area where other aspects of the service, including the lift, conservatory, open-plan lounge and kitchen, converged into. Noises from the TV, lift and call bells could be heard throughout the day in the dining area, which made the dining experience for people not very pleasant.
- We discussed this with the registered manager and divisional director who told us they were having discussions with the provider around making physical improvements in the home. We have reported on this issue further in the Well-led section of this report.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and reviewed in line with guidance and the law.
- Staff worked with people's relatives and professionals to ensure they received a full assessment prior to using the service. This ensured the service would be able to meet people's care and support needs. A relative told us, "We discussed everything she [person] needs five weeks ago at the time when she was admitted."
- Staff assessed people's religious and cultural needs and ensured these were reflected in their care plans. Assessments also included people's preferences regarding staff gender for support during personal care.
- The service produced person-centred care plans in which people's needs and expected outcomes were clearly explained. One relative said, "She [person] isn't an easy person to look after, the care assistants know what they are doing."

Staff support: induction, training, skills and experience

- The service provided staff with the skills and support they needed to do their work.
- Staff received a comprehensive induction when they started work. This included completing mandatory training and working under the supervision of experienced staff.
- Staff also received regular training in a wide range of areas as applicable to their roles, including

dementia, diabetes, moving and handling, COVID-19 and food hygiene. A staff member told us, "We do training all the time." A relative told us, "They [staff] look well trained."
● Staff received regular supervision and appraisal to support them in their roles.

Supporting people to eat and drink enough to maintain a balanced diet
● Staff supported people to eat balanced meals and stay hydrated.
● We observed staff giving people choices of meals and drinks. One person told us, "It's nice food." A relative said, "Mum likes food, they give her options."
● People's care plans contained information on their food preferences, including any religious requirements they had, and any support they required with eating and drinking. We saw staff actively encouraging people to drink and refilling glasses. People had access to food and drink at night if they felt hungry or thirsty.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● The service supported people to access healthcare services when required.
● Staff were able to recognise any changes in people's health and well-being. Any concerns were raised immediately with the registered manager and referrals to healthcare professionals were made. A relative told us, "I am always consulted by the staff to discuss mum's health and well-being."
● People's care plans contained information on their health needs, including guidance for staff on how to support them with their oral care.
● The service worked in partnership with health and social care services, including speech and language therapists, GPs and chiropodists to ensure people received good healthcare. We witnessed a person having a virtual assessment (through video conferencing) with a speech and language therapist while they were having their lunch.

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.

● The service worked within the principles of the MCA.
● People felt in control of their care and were encouraged to make their own decisions as much as they could. One person told us, "You just go to bed when you want and get up when you want to."
● Where people could not make their own decisions, staff consulted others around them, including relatives and professionals, to ensure they acted in their best interest. A relative told us, "They [staff] do involve me in making decisions. We discuss her [person's] sleeping, eating, and behaviour."
● People's care plans contained detailed information on their mental capacity. Where people were deprived of their liberty, appropriate authorisations were in place to ensure this was done lawfully and in people's

best interest.

Requires Improvement

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

- Quality assurance systems were in place to monitor and assess the quality of care delivered. The management team carried out several audits, including health and safety, infection control, care plans and medicines. However, existing quality assurance systems were not robust enough to identify the issues we found around risk management in relation to people's health and care.
- Where provider audits had identified shortcomings, for example, around the consistency of people's monitoring charts, necessary and appropriate actions had not always been taken in a timely manner to address these issues. For example, where a provider's audit dated 24 May 2022 had identified a lack of guidance around the times one person needed repositioning, their updated care plan dated 30 June 2022 still contained conflicting information on this issue.
- At the last inspection, we found the lounge areas were busy and crowded at certain times of the day which the registered manager acknowledged and told us adaptations were being considered. At this inspection, we found no improvements had been made to address this issue.

Based on the issues explained above, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear staffing structure within the service where each staff had a good understanding of their responsibilities.
- Staff told us the registered manager was approachable and they all communicated and worked well as a team. Relatives also expressed their satisfaction with the registered manager's approach and one relative told us, "I know the manager. He knows what he is doing, he has control of things."
- The registered manager understood their responsibilities and regulatory requirements and when notifications needed to be submitted to the CQC and local authority.

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

- There was an open and fair culture within the service which focused on people and ensured they received good care.
- Staff ensured people were comfortable and felt valued. People spoke positively of the staff. One person told us, "The carers are very good. They're very helpful."

● Relatives felt the service was well managed and were happy with the care their loved ones received. Their comments included, "Generally, I'm very happy, mum loves to live there, she feels like home, she loves the care staff" and "I can recommend Roseacres due to the way they treat the residents."
● Staff were considerate to people's culture and religion. A relative told us, "My mother said to me not to have many medical interventions because of her religious belief and staff understand."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
● There was constant engagement between the service and people, relatives and staff.
● People and their relatives had the opportunity to voice their opinions in regular meetings with the staff and through regular conversations with the management. Comments from relatives included, "The administration is well managed, we have a good opportunity to ask questions at quarterly zoom meetings" and "I'm in touch with them [management], they always take my opinion."
● The service sought feedback on the quality of service they provided through satisfaction surveys. This involved people, relatives and professionals, and the feedback was used to drive improvements.
● The service held regular team meetings where staff were able to contribute their views towards the running of the service and delivery of care. This engagement helped to improve the service.

Working in partnership with others; 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 service maintained a good working relationship with a number of organisations, including healthcare professionals and local authorities, to provide effective collaborative care.
● The registered manager was aware of their responsibility to be open and honest if anything went wrong.

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 How the regulation was not being met: The provider did not always ensure risks relating to people's health and welfare were properly assessed and documented. Clear guidance was not always available for staff to support people safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider failed to ensure quality assurance processes were robust enough to identify and rectify issues around risk management and service design.