

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Rosedale Manor Care Home

Sherbourne Road, Crewe, CW1 4LB

Tel: 01625417800

Date of Inspection: 26 June 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✗	Action needed
Safeguarding people who use services from abuse	✗	Action needed
Management of medicines	✗	Action needed
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✗	Action needed
Records	✗	Action needed

Details about this location

Registered Provider	Four Seasons 2000 Limited
Registered Managers	Mr. Cesario Domingo Jr Mrs. Natalie Holdcroft
Overview of the service	Rosedale Manor is a two-storey purpose-built care home set in its own grounds. The home is in a residential area close to Crewe town centre, local shops and other facilities. On the ground floor, Willows unit provides accommodation for ten people with severe and enduring mental health needs and Woodlands unit provides accommodation and nursing care for 24 people with dementia. The first floor of the home provides nursing and personal care for up to 46 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 June 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke to 20 people who lived in the home and two relatives. They told us the care in the home was good but most told us that they were bored and there wasn't enough for them to do. We spoke to the registered manager and three members of staff who all told us that they were happy working in the home.

We looked at consent issues and the care and welfare of people in the home. We saw that the home dealt with consent issues well but we had concerns about the care that people in the home were receiving.

We looked at the procedures in place to protect people from harm and we had concerns that the home was not following these procedures and was not protecting people properly.

We looked at the staffing levels in the home and found that this was adequate to meet people's requirements but that people needed more activities and stimulation to meet all their needs.

We looked at the quality assurance procedures in the home and found that the audits were not being completed properly and that issues were not being identified or followed through.

We looked at the records in the home and found that they were not to an acceptable standard. They were inconsistent, lacking in the detail recorded and on some occasions

illegible.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 26 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) are legal requirements that need to be followed to ensure decisions made about people who do not have capacity are made in their best interests. They are designed to ensure that people who are unable to give consent for certain aspects of their care and welfare receive the right type of support to make a decision in their best interest.

We looked at six care plans for people who used the service and four of these contained information which demonstrated that consent issues had been explored and were dealt with appropriately. These processes had included discussion with relatives and health care professionals.

We spoke to three staff during our inspection and they were able to describe how they sought people's consent prior to supporting them with tasks.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People were not experiencing care, treatment and support that met their needs and protected their rights.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Some of the people that live at Rosedale Manor have communication difficulties and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. Some people living in the home were able to tell us about their experiences and we also spoke with two relatives.

We observed the lunch time period in the part of the home for people who have mental health problems. We saw that there was very little interaction between the staff and the people living in the home. The only communication we observed was for practical reasons such as; "Would you like gravy?" The people eating their lunch sat in silence except for the occasional comment to each other and the staff mainly spoke to each other.

This was very different to what we observed in the dementia unit of the home where staff had warm positive relationships with the people who lived there. We saw that staff engaged with people at a level that they could understand. We saw that Dementia Care Mapping (a tool used to look at the life experiences for people living with dementia) was being used in the dementia unit to improve the well being of the people who lived there.

We found that there was a lack of social activities within the home. We spoke to the manager and they told us that an activities worker was employed for 30 hours each week to provide activities but that the care staff were also supposed to provide activities. We did not see any activities taking place apart from in the dementia unit. We saw that there was an activities room in the nursing unit but it was being used as a storage room and was full of boxes and Christmas decorations. The information on the notice board was three years old.

We spoke to some of the people who lived in the home and they told us that they were bored and had nothing to do. One told us "There is not a lot going on, I get bored." Another

person told us; "I like board games but there is no one to play with. I never go out anywhere. I've heard that there is a minibus but I've never seen it."

We spoke to the manager about the suitability of an admission and they informed us that this person had been admitted to the home as an emergency. The manager had agreed that they could move in without carrying out any pre-admission assessment. This person demonstrated behaviour that challenged the service and additional staff had had to be sought to meet this person's needs. We were also concerned that the risk factors had not been taken into account as this person was placed on the nursing unit with frail, vulnerable people.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We included this outcome in our inspection as we had received information of concern from the local authority regarding how the home was managing safeguarding incidents and information. We looked at the training records and saw that 80% of the staff in the home had received training in safeguarding vulnerable adults in the last year. The registered manager told us that all the staff were on a rolling programme to receive updated training.

We looked at the safeguarding policy and saw that it was up to date and contained information about recording and reporting incidents and allegations of abuse to the local authority safeguarding unit and to the Care Quality Commission.

We looked at the care files and found that issues relating to harm and abuse were not being managed properly, recorded appropriately or reported to the appropriate bodies.

For example, we saw that an incident had been recorded in a person's file that described how they had fallen out of their wheelchair and banged their head because the lap belt on their wheelchair had not been fastened. This was a safeguarding incident that should have been investigated and reported to look at the reasons why it occurred and to protect the person but no reports had been made.

We saw from an incident sheet that another person who lived in the home had managed to leave the building unsupported as the door alarm was broken and the staff had had to go out and look for this person. This incident had not been reported to the safeguarding unit or to the Care Quality Commission.

We saw on another person's file that they had been identified as at risk from financial abuse yet nothing had been done to protect this person or to report the information.

We saw on another person's file that an incident had occurred and this person's safety had not been protected. The home had not properly investigated this situation or dealt with it

appropriately. The incident had been reported to the local safeguarding unit but not to the Care Quality Commission.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our observations we saw the lunch time medication being given to people. We saw the staff administer the medication into pots and then leave it on the table for people to take. We also saw staff give other staff medication to give to people in their bedrooms. The staff were signing the medication administration records prior to the people taking the medication. The medication was left on the tables and the staff were not present in the room. This meant that people who lived in the home could have access to other people's medication and also may not receive their prescribed medication.

We raised our concerns to the manager and they told us that the staff were being person centred and administering medication in accordance with people's wishes. We pointed out that this was unsafe practice and that people were being put at risk. The staff did not know if people had taken their medication.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staff rotas from the previous six weeks and saw that the staff levels were consistent and there was a mix of nurses and care staff on each shift. The registered manager told us that the home had lots of staff at the moment as they had no vacancies and a stable staff team.

The registered manager told us that the staffing levels are based on the needs of people and are adjusted accordingly. They also told us that the staff moved around the different areas in the home to meet people's needs at different times of the day.

The staff that we spoke to all felt that the staffing levels were adequate within the home to meet people's needs but that they needed more staff to help with activities to offer people who live in the home more meaningful occupation of their time. The manager told us that the home employed an activities worker for 30 hours each week. We asked if this was adequate to meet the needs of up to 80 people. The manager told us that the care staff were also responsible for providing social activities for people who lived in the home. When we told the manager that we had not seen any activities taking place, they informed us that they would meet with the staff immediately to raise this concern.

Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the audit information in the home and saw that large scale internal audits had been completed in September last year and in May this year. The audit last year raised concerns about the recording and reporting of information in the home and the legibility of the records.

We saw that a nutrition audit had been completed in March and that questionnaires had been given to people who used the service to give feedback about the food. These questionnaires were in the audit file but had not been utilised to make any changes to the food. We asked the manager and they told us that they had been completed and then stored in a file and not analysed. This meant that people's views were not taken into account when planning the menus for the home.

We saw that there was an audit file put in place by the provider. This was completed by the registered manager on a monthly basis. The manager told us that this process had started in March this year. We looked at the audits and saw that there was very little detail recorded. The questions were all answered 'yes' but there was no evidence of issues or any actions to follow through. We looked at the questions in more detail and saw that on many occasions the question had been answered 'yes' but in practice this was not the case.

For example, on the quality audit for falls, mobility and safe use of bedrails; one of the questions was asking if every fall had been investigated and followed up. The answer given was 'yes' but when we checked the incident file we saw that the majority of falls had not been investigated or followed up.

On the mental health audit we saw a question that asked if people had individual care plans in place that outlined the side effects and review dates of their medication. The question had been answered 'yes'. We looked at two care plans in the mental health unit and neither of these contained this information.

We saw that the regional manager completed admission tracker forms when a new person moved into the home. We saw that only one had been completed this year. The completion of this form would have highlighted earlier the admission of an inappropriate placement in the home.

We discussed our findings with the registered manager and they could not explain why the questions had not been answered appropriately or highlighted as actions to be completed.

There was a timetable in place for audits to be carried out but the audits were not completed in a meaningful way and no actions were shown to be followed through to a conclusion.

We asked for and were given a copy of the complaints procedure. This was also displayed in the reception area of the home. The manager told us that no complaints have been made since 2011.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We saw in the home's internal audit records that it had been identified that some of the records made by staff were difficult to read. We had also spoken to the local authority prior to this inspection and they told us that they had concerns with the standards of record keeping within the home.

We looked at six care files in the home and found that they were all confusing and the recording systems were unclear. Each care plan had a monthly review and then a log. We saw that the staff recorded information in different places within the files so it was difficult to evaluate the care that was taking place.

In one person's file we saw that there was no record of a serious incident that we knew had taken place. There was then a recording of actions taken place in response to this incident but as the incident was not recorded there was no chronology to make sense of the incident and how it was dealt with.

We saw that another person had two care files and staff recorded in both so it was very difficult to track what was happening for this person.

The staff we spoke to reported difficulties with the care files and said that they had a lack of understanding of how to use them appropriately.

In the care files we noted inconsistencies in recording. We saw that some people's care plans had not been reviewed for six months. In one file we saw that the person had a care plan for their psychological, emotional and sleep needs. This care plan had not been updated since November last year and this person told us that they had significant sleep problems. We looked at their daily notes and saw that they had seen their doctor on a number of occasions and their medication had been changed. None of this information was recorded on the care plan.

Throughout our inspection we had difficulties reading records due to the illegibility of the

handwriting. We raised this with the manager and they told us that the local authority and the provider had also reported this. On one occasion we could not read a document and we showed it to the manager and they could not read it either. When we asked what was being done about this we were told that the staff members concerned had been spoken to but it continued to be a problem. This meant that it was not possible to read some of the records or to know if the appropriate actions had been taken.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	How the regulation was not being met: The registered person was not taking proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe.
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
Diagnostic and screening procedures	How the regulation was not being met: The registered person had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse.
Treatment of disease, disorder or injury	
Regulated activities	Regulation

This section is primarily information for the provider

<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Management of medicines</p> <p>How the regulation was not being met:</p> <p>The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines.</p>
<p>Regulated activities</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The registered person was not protecting service users and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of effective audit processes.</p>
<p>Regulated activities</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Records</p> <p>How the regulation was not being met:</p> <p>The registered person was not ensuring that service users were protected against the risks of unsafe or inappropriate care and treatment as there was a lack of proper information recorded.</p>

This section is primarily information for the provider

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This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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