

Rosevilla Care Home Stafford Limited

Rosevilla Nursing Home

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rosevilla Nursing Home is a nursing home providing personal and nursing care to up to 49 people across two floors. There are multiple communal areas at the service and an accessible outdoor space. The service provides support to older people. At the time of our inspection there were 25 people using the service some of which were living with dementia.

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

Whilst there had been significant improvements to the quality assurance tools at the service and the quality of care, further improvements were ongoing to ensure changes were embedded into staff practice.

People felt safe and able to raise concerns about their care should they have them. There were enough staff to meet people's needs in a timely way. People were supported to minimise their risks by staff who knew them well. People were supported in a clean environment. People received their medicines as prescribed.

People were supported to eat and drink in line with their needs. 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.

People were supported by kind and caring staff. People told us they were not rushed, and staff maximised their dignity and independence.

People gave positive feedback about the management team. People had access to health professionals where they required them.

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

Rating at last inspection and update

Our last inspection was a focused inspection where we rated this service inadequate in safe and requires improvement in well led (published 05 February 2022) and there were breaches of regulations. We told the provider our concerns and when they had to be compliant with regulations by. The provider completed action plans after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service was registered with us on 01 May 2020 and this is the first comprehensive inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last focussed

inspection. The overall rating for the service is now requires improvement.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Rosevilla Nursing 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.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rosevilla Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Rosevilla Nursing Home is a care home with 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 whilst there was a manager registered with us, they were no longer at the service and there was a new manager in process of registering.

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

During the inspection we spoke with eight people and one relative. We reviewed 16 people's care records and multiple medicines records. We also spoke to 24 members of staff including the manager, consultant, receptionist, clinical lead, nurses, senior care staff, care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider



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 inadequate. At this inspection the rating has changed to requires improvement. This meant improvements at the service were still ongoing.

Assessing risk, safety monitoring and management

At the last inspection people were placed at risk of harm because systems were either not in place or robust enough to demonstrate safety was effectively managed. 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 we found improvements had been made and the provider was no longer in breach of this regulation.

- At the last inspection we raised concerns around people's wound care. At this inspection we found improvements had been made. For example, where people had experienced a deterioration in their skin condition there were clear plans in place to support these areas to heal.
- People had risk assessments in place which explored their known risks and provided clear guidance for staff to enable them to mitigate these risks.

Staffing and recruitment

At the last inspection we found there was not enough staff to ensure people did not have to wait for care, placing people risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- There were sufficient staff to ensure people did not have to wait for their care. One person told us, "[Staff] come when I ring the buzzer. If I need them, they come".
- The management team used a dependency tool to ensure there were sufficient staff to meet people's needs.
- Staff told us they were recruited safely. This ensured people were supported by staff who had received appropriate employment and character checks prior to starting work with them.

Using medicines safely

At the last inspection the provider had not ensured the safe and proper use of medicines for all people at all times. 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. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation however, further improvements were required.

- Staff did not always record the temperature of the rooms people's medicines were stored in, and where they had recorded the temperature they had not always taken action where the temperature exceeded that required for the safe storage of medicines. We raised this with the management team who took immediate

action in implementing daily checks on temperature records to ensure records were completed and action was taken in a timely way where required.

- One person's medicine had been out of stock for three days. This had been raised by staff to ensure this medicine was back in stock quickly. However, staff had not identified this medicine was low in stock prior to the person running out. We raised this with the management team who took immediate action to ensure the person received their medicine as prescribed.
- People told us they received their medicines as they were prescribed. One person told us, "[Staff] give me my medicines every day. They are very good. My daughter always checks I have had the medicines I need. [Staff] have never missed them."
- Where people were prescribed medicines 'as required' there were plans in place which gave staff clear guidance to follow to ensure people received these as they were prescribed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I always feel safe."
- People were supported by staff who had completed safeguarding training and were aware of local safeguarding procedures. One staff member told us, "I would report concerns to the nurse or the most senior person in charge. I would refer to the safeguarding team if they didn't do anything about it, but I know they would."
- Where concerns were identified the management team reported these to the Local Authority safeguarding team for further review.

Preventing and controlling infection

From 11 November 2021 registered persons were required to make sure all care home workers and other professionals visiting the service were fully vaccinated against COVID-19 unless they had an exemption or there was an emergency. At our last inspection, we identified a breach of Regulation 12(3), but the Government has now changed the law. There is no longer a legal requirement for care home workers and other professionals visiting the service to be fully vaccinated against COVID-19.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have visitors in line with their preferences.

Learning lessons when things go wrong

- At the last inspection there were concerns around lessons not being learned where things went wrong. At this inspection we found significant improvements had been made at the service. For example, following a person falling the management team had reviewed their care and put a sensor mat in place to reduce the risk of the person experiencing further falls.

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.

This is the first inspection of this domain for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Not all staff training was up to date. We raised this with the management team who had already identified this and had a plan in place to support staff to complete their training in a timely way.
- Staff told us they received a mix of online and face to face training and this was 'good'.
- Staff told us they received an induction which helped them do their job effectively. One staff member told us, "I was put on care and this was the first time I did care but I was partnered up with someone who had been there years so I felt so supported."

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

- People's needs were assessed prior to the start of their care. This enabled the management team and staff to understand the level of support people needed and to make sure this was in place when they arrived at the home.
- People were involved in reviews of their care. For example, we saw people had been consulted during a 'resident of the day' review of their care, support and activities.
- People had oral health care plans which gave staff guidance around how to support people to maintain their oral health care needs

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their needs and wishes.
- People were offered choices at mealtimes and where they did not wish to eat one of the options, further options were available to them. One person told us, "The food is what you do at home. It's very good. You pick what you want on a daily basis. If you don't like it, they will make you something else."
- People who required staff support, encouragement and observation at mealtimes received this. For example, we observed staff sitting with people in their bedrooms and ensuring they had enough time and support to eat their meal.
- Where people were at risk of weight loss, there were plans in place to ensure this risk was reduced.

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

- People were encouraged to decorate their rooms as they wished. For example, we observed people had football memorabilia and photographs on their walls.
- The service was accessible, with a garden area people could access safely whether they were walking or required mobility aids.
- There were multiple communal areas for people to use, some were quieter and some were used for

activities so people could choose a space to suit their needs and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals when they needed them. For example, where a person was observed to be coughing during mealtimes, a referral was made to the speech and language team for further assessment.

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.

- People were supported by trained staff who understood the principles of the MCA and were meeting these. One staff member told us, "Everyone is deemed to have capacity unless they have had an assessment to deem them otherwise."
- People had capacity assessments or best interests decisions completed where there were restrictions on their liberty.
- Where people had a DoLS in place with conditions, these were being met

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this domain for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported in a kind way and gave positive feedback about the staff. One person told us, "The staff go out of their way to be kind. They helped us to stay in touch through COVID-19, by visiting through the window."
- We saw positive interactions between people and staff and staff clearly knew people well. One person told us, "The staff are caring. They know me well".
- People's protected characteristics were explored during their initial assessment and added to their care plans where identified.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices around their care. For example, we heard staff offering choices at mealtimes and around personal care and clothing. We also heard staff supporting people to make choices around how they spent their time. One person told us, "I can get up and go to bed when I want. I get to choose what food I want. [Staff] offer me choices all the time."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected by staff who knocked on their doors before entering. We also heard staff asking people's permission prior to starting care.
- People were supported to maximise their independence where they wished to, for example, walking to the main lounge when spending time out of their bed.
- People's dignity was protected. For example, we saw staff closing people's doors and curtains when they were supporting them with personal care. One person told us, "[Staff] make sure all the doors are closed so I have my privacy when they are washing me."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this domain for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- People did not always have end of life care plans in place which explored their needs and wishes. We raised this with the management team who had identified this concern through their auditing process and had an action plan in place to address this. We will check improvements have been made at our next inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and contained information about their needs and preferences. For example, one person's care plan stated they had a 'sweet tooth' and preferred sweeter options at mealtimes. Another person's care plan explored things that worried them and how they enjoyed spending their time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place which gave staff clear guidance to follow to support people with their communication needs. For example, communication care plans contained information around people's hearing and sight needs.
- The provider was meeting the Accessible Information Standard. For example, people had access to information in different formats should they require this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a variety of activities in line with their preferences. For example, we saw staff had decorated a lounge into the seaside and people had had a day at the beach. Feedback from people was that they had enjoyed this.
- People who chose to stay in their room or were nursed in bed had the same access to a variety of activities. For example, staff supported people on a one to one basis with their interests around football and crafts. One person told us, "I do some painting. [Staff] bring me painting to my room. I like painting."

Improving care quality in response to complaints or concerns

- People felt able to complain. One person who preferred to be supported by female staff told us, "I complained about the male staff at night and there are just female staff who come to support me now".
- Complaints were responded to in full and in line with the provider's policy. For example, we saw where complaints had been made investigations had been completed and people had been sent comprehensive responses to their concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained same. This meant further improvements were required to the oversight at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found issues around the management of risk, staffing and infection prevention and control. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation, but further improvements were required.

- Whilst significant improvements had been made to the quality assurance processes to ensure they identified areas of improvement required at the service; where improvements had been identified systems had not been effective at ensuring improvements were made and embedded into practice. For example, quality assurance tools had identified the concerns we found around temperatures of the medicines rooms not always being recorded. However, at our inspection we found staff continued to not always record these temperatures.
- At our last inspection quality assurance tools had not identified the issues we raised around people's care planning and risk management. At this inspection we found improvements had been made to ensure people's records contained accurate and up to date information about their needs and risks.
- At our last inspection the provider did not have an effective system in place to monitor accidents and incidents to ensure lessons were learned where things had been wrong. At this inspection we found improvements had been made and action was taken to mitigate future risks to people who had experienced accidents or incidents.
- Quality assurance tools now contained action plans around how improvements would be made and monitored. We will check at the next inspection whether the improvements that had been made have been embedded into staff practice.

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

- The management team told us they had not yet sent out quality surveys for people, their relatives or staff. They told us there was a plan in place for these to be completed and they would act on any feedback they received. We will check this at our next inspection.
- Staff had access to regular supervisions and appraisals where they were able to share their feedback about the service.

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

- People and staff gave consistently positive feedback about the management team and told us improvements had been made at the service. One person told us, "What could be better? Nothing could be better. I would recommend it here."
- Staff feedback was positive about the new manager. One Staff member told us, "To be honest I think [the manager] is fantastic, I think they have brought a lot of positive changes; how the shift runs, processes, staff management and making sure the home is running safely. I think they have done really well getting a new relationship with staff. The most recent team meeting was so much more positive than it used to be. We all want to work towards the same thing."

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

- The provider was meeting their duty of candour as accidents and incidents were shared with people and their families and where the service was at fault, apologies were made.

Working in partnership with others

- Professionals we spoke with gave positive feedback about the service and told us the staff took on board their advice.
- People had access to a variety of health professionals in line with their needs. For example, people had access to physiotherapists and opticians.