

Rozelle Holm Farm Care Home Care Home Service

4-8 Home Farm Road
Alloway
Ayr
KA7 4XH

Telephone: 01292 445 400

Type of inspection:
Unannounced

Completed on:
19 November 2020

Service provided by:
Forbes Robertson

Service provider number:
SP2003002269

Service no:
CS2003010274

About the service

Rozelle Holm Farm Care Home is registered to provide care to 38 older people who may have physical needs and/or dementia. Inclusive of the maximum number are three places that can be used for specifically named people under 65 years. The provider is Forbes Robertson.

The service is situated in a residential area of Alloway, South Ayrshire. It is close to Rozelle Park, and has access to local amenities and shops.

The service comprises of an extensively converted residential property, over two levels which can be accessed by a passenger lift. There are 36 bedrooms for single occupancy and one room for shared occupancy by couples, close friends and/or relatives.

At the time of this inspection, there were 20 people living at Rozelle Holm Farm Care Home.

The service states its aims as: "We strive to promote the highest level of care and service within a homely and welcoming environment".

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate and Healthcare Improvement Scotland.

What people told us

It was difficult to speak with people living at the service because they were self-isolating.

We contacted three relatives by telephone to ask for their feedback regarding the service. We received positive comments; all the relatives we spoke with were happy with the care.

We were told communication was good and staff provided regular updates.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

1 - Unsatisfactory

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Our focus in this inspection area was to establish if people's health and wellbeing were being supported during the COVID-19 pandemic.

We found the performance of the service in relation to this quality indicator was weak.

Garden and window visits had been scheduled regularly. Various forms of technology had been used to help people stay in touch with family and friends. Relatives were positive in their feedback of the home and told us that they had been kept informed and updated about any changes to people's health and care needs.

Anticipatory care plans and all legal documentation were in place with input from the resident, where possible, and from the next of kin. This informed staff of individuals' wishes, should their health decline.

We had concerns people did not have enough to eat and drink. People were at risk of malnourishment and dehydration as food and fluid intake was not closely monitored. There was a lack of support for people at mealtimes. Seven people had recently lost a significant amount of weight. (See requirement 1)

We could not be confident people received pressure area care in line with best practice. Change of position charts were not completed. We found examples of lengthy periods of time when no change of position had been recorded. (See requirement 2)

Medication administration records were not always completed. We could not be confident people received their oral and topical medications as prescribed. (See requirement 3)

People living in a care home should be protected from harm. Accidents and incidents had not been recorded properly. (See requirement 4)

Due to the serious concerns we found, we sent a letter of serious concern and made requirements for improvement on 13 November 2020.

We visited the home again on 19 November 2020. We continue to have concerns about the performance of the service.

An Improvement Notice was issued on 23 November 2020. The provider must make improvements within the identified timescale.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff.

We found the performance of the service in relation to this quality indicator was unsatisfactory. We found serious failings regarding the infection prevention and control practice within the home.

The care home management team were not following the most up-to-date Health Protection Scotland COVID-19: Information and Guidance for Care Home Settings. On the first day of our inspection, transmission-based precautions had been removed without consultation with Public Health. Inspectors had to request people be returned to their rooms to complete the recommended self-isolation period.

The service had a good supply of PPE; however, PPE stations were not being re-stocked. Staff practice regarding the use and disposal of PPE did not follow best practice guidelines. We saw staff with no face coverings, we saw staff walking through the home with contaminated PPE as clinical waste bins were not readily available in all areas of the home.

Resident equipment, which included mattresses, pressure relieving cushions, chair cushions, baths, weighing scales, beds and bedrail cushion covers, were found to be contaminated. This greatly increased the risk of infection for the people who live at the home

Although frequently touched areas of the home were cleaned at least twice a day, staff were not following national guidance. Cleaning must be undertaken using a detergent and a chlorine-based solution. We found numerous non-essential items in the communal areas; not all could be cleaned effectively to reduce the risk of infection.

Best practice guidance regarding the safe management of linen was not being followed. All linen was washed at 40°C; thermal disinfection was not being achieved, which increased the risk of infection.

Regular hand washing is vital to keep everyone safe. Hand washing facilities were unsatisfactory. There was an inconsistent supply of hot water throughout the building. Liquid soap, hand towels and bins were not readily available. Staff did not follow the best practice guidance of "bare below the elbows" and were seen to be wearing jewellery and nail polish. (See requirements 5,6 and 7)

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

Our focus in this inspection area was to establish if staffing arrangements met people's changing needs during the COVID-19 pandemic.

We found the performance of the service in relation to this quality indicator was unsatisfactory. We had serious concerns about the management and leadership of the service during the pandemic.

A dependency tool was used to assess the number of staff required to meet people's needs. We found there were sufficient numbers of staff in place to care for people. However, housekeeping staffing levels and duties had not been increased to implement the guidelines for cleaning and infection control in relation to COVID-19.

The service had not reviewed staffing levels in response to the pandemic and when an outbreak of COVID-19 occurred, they did not have robust contingency plans for cover or request support to manage this crisis period safely.

People who use care services should feel confident staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes. The manager and staff were not using the current Health Protection Scotland COVID-19: Information and Guidance for Care Home Settings. Therefore, people's health and wellbeing were at serious risk. (See requirements 1 and 7)

Staff training for COVID-19 was poor. Staff did not have the knowledge, understanding and competency regarding infection prevention and control, which included hand hygiene and the correct use of PPE. This increased the risk of infection for the people who live at the home.

There was a lack of observation and assessment of staff competency in relation to wellbeing and infection prevention and control. There was not a visible presence of management in the service and a lack of evidence of effective leadership and accountability. (See requirement 7)

Staff were unclear of the COVID-19 status of residents and the isolation requirements. This increased the risk of infection being transmitted within the service.

Requirements

1. By 30 November 2020, you must ensure that the nutrition and hydration needs of those service users identified as being at risk of malnutrition or dehydration are being regularly assessed and adequately met. In particular, you must ensure the following:

- a) a robust system must be implemented to monitor the care of service users who are at risk of malnutrition to ensure they are being effectively supported;
- b) improve the management of mealtimes by ensuring that staff are effectively led and deployed to support service users to eat and drink;
- c) charts used to monitor food and fluid intake are fully completed and the information used to inform the planning of care and support;
- d) staff receive training to ensure they have the necessary skills to identify service users at risk of malnutrition and dehydration;
- e) advice from healthcare professionals regarding service users with a high level of nutritional need is recorded and fully followed and a record is kept of any action taken to evidence this; and
- f) information within personal plans regarding how nutrition and hydration needs are to be assessed, monitored and met is accurate, up to date and regularly evaluated.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

2. By 14 December 2020, you must ensure there is a robust pressure ulcer prevention and management system in place, which is in keeping with the best practice guidance from Healthcare Improvement Scotland - Prevention and Management of Pressure Ulcers Standards – October 2020. You must ensure:

- a) skin checks are carried out as detailed in the individual's care plan; and
- b) accurate change of position records are completed.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

3. By 14 December 2020, you must ensure an effective medication management system is in place and all prescribed medications, oral and topical, are being administered and recorded in line with best practice.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I need help with medication, I am able to have as much control as is possible.' (HSCS 2.23)

This is in order to comply with Regulation 4 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

4. By 14 December 2020, you must ensure all accidents and incidents are fully documented, reported to the relevant external professional and next of kin are kept informed.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

This is in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

5. By 30 November 2020, you must ensure that safe infection control practices are followed at all times. In particular, you must ensure:

- a) outbreaks are managed according to current COVID-19: Information and Guidance for Care Home Settings (Adults and Older People) and that all staff have access to the most-up-to-date infection prevention and control guidance and resources;
- b) good practice in infection prevention and control is promoted in the care service at all times;
- c) all equipment for the general use of service users is clean and fit for purpose;
- d) a sufficient number of clinical waste bins are appropriately located throughout the service and all staff dispose of clinical waste in accordance with standard infection control precautions (SICPs);
- e) all members of staff implement standard infection control precautions at all times, with particular attention to handwashing and Personal Protective Equipment;
- f) the management and processing of laundry is in line with current Health and Safety guidance; and
- g) managers regularly monitor staff practice to provide assurance that staff practice is consistent with current infection prevention and control guidance and take effective action where it is not.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This is in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

6. By 30 November 2020, you must ensure the consistent supply and provision of hot running water in all areas of the service where handwashing requires to be undertaken, including individual bedrooms, communal areas, catering, housekeeping and laundry facilities.

You must also ensure that when the hot water supply is compromised, prompt action is undertaken to restore the provision of supply.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is secure and safe.' (HSCS 5.16)

This is in order to comply with Regulations 4(1)(a) and (d) and Regulation 14(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

7. By 30 November 2020, you must ensure that the health, welfare and safety needs of people using the service are being met at all times and that there is effective governance at service level to monitor and manage the quality of care and effectively identify and drive improvements in the service. This should include, but is not limited to, the wellbeing of service users, infection prevention and control and staff practice. In particular you must ensure that:

- a) there are systematic and effective quality management and quality assurance systems in place which drive improvement in the care service;
- b) there is effective and meaningful monitoring in areas including, but not limited to, infection prevention and control management and the wellbeing of service users;
- c) staff are conversant with, and are meeting service users' needs, and are deployed effectively throughout the care service according to their skill set; and
- d) staff are appropriately managed and well led.

This is in order to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

This is in order to comply with Regulation 4(1)(a) and Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 July 2019, the service provider must ensure the service received is well led and managed by putting in place and implement a competent and robust quality assurance system which must include, but is not limited to:

- evaluation of the experience of those who live, visit and work in the service; and
- evidence of genuine partnership working with key stakeholders, including service users, relatives and staff.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit for a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19); and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7)

This is in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201).

This requirement was made on 1 May 2019.

Action taken on previous requirement

This was a focused COVID-19 inspection. We did not follow up this area for improvement at this inspection. This remains outstanding and will be followed up at future visits to the service.

Not assessed at this inspection

Requirement 2

By 30 June 2019, the service provider must ensure service users' comfort, wellbeing and safety is maintained through adequate monitoring and maintenance of environmental temperatures by taking appropriate actions to limit extremes of temperature within the home.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.19)

This is in order to comply with Regulations 3, 4(1)(a), and 10(1) & (2)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201).

This requirement was made on 1 May 2019.

Action taken on previous requirement

This was a focused COVID-19 inspection. We did not follow up this area for improvement at this inspection. This remains outstanding and will be followed up at future visits to the service.

Not assessed at this inspection

Requirement 3

The provider must make proper provision for the health, welfare and safety of service users including following appropriate advice given by a medical professional.
To be completed by: 2 August 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am assessed by a qualified person, who involves other people and professionals as required.' (HSCS 1.13)

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 16 May 2019.

Action taken on previous requirement

We found concerns regarding the health and welfare of the people who live at the home.

We have repeated this requirement.

Not met

Requirement 4

The provider must ensure that relevant staff are aware and competent in the assessment, and management of falls and fractures in care homes for older people.
To be completed by: 2 September 2019

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 16 May 2019.

Action taken on previous requirement

We found concerns regarding the management of accidents and incidents.

This requirement is repeated.

Not met

Requirement 5

Where measures to reduce the risk of falls have been identified these should be put in place. To be completed by: 2 August 2019

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My environment is secure and safe.' (HSCS 5.17)

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 16 May 2019.

Action taken on previous requirement

We found concerns regarding the management of accidents and incidents.

This requirement is repeated.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To help support service users get the most out of life, the service provider should review the activities provision throughout the home, ensuring this is equitable. Activities should offer service users opportunities to engage in occupation linked to preferences, supported by meaningful inclusion and attachment with others.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25); and 'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22)

This area for improvement was made on 1 May 2019.

Action taken since then

This was a focused COVID-19 inspection. We did not follow up this area for improvement at this inspection. This remains outstanding and will be followed up at future visits to the service.

Previous area for improvement 2

To support better health and wellbeing for service users, the service provider should enhance the role of the keyworker by putting in place and implementing clear roles and responsibilities. These should include, but not limited to: adequate time to spend with service users; oversight of daily recording documentation; and actively participating in care reviews.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.' (HSCS 3.8)

This area for improvement was made on 1 May 2019.

Action taken since then

This was a focused COVID-19 inspection. We did not follow up this area for improvement at this inspection. This remains outstanding and will be followed up at future visits to the service.

Previous area for improvement 3

To ensure service users receive care and support which is safe and effective, the service provider should enhance the quality of records for topical medications to include clear guidance for what medication should be applied to which area, the frequency of application, and evidence of administration.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS1.24); and 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27)

This area for improvement was made on 1 May 2019.

Action taken since then

This remains an area of concern. See quality indicator 7.1 and requirement 3.

Previous area for improvement 4

In order for the service provider to understand which changes in practice elicit the most enhanced outcomes for those who live, visit and work in the home, they should ensure action plans/service improvement plans are specific and measurable.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 1 May 2019.

Action taken since then

The manager provided an action plan regarding the serious letter of concerns we issued to the service on 13 November 2020. The information was limited and did not provide assurances the areas of concern had been addressed.

This area for improvement is repeated.

Previous area for improvement 5

To support individual's needs, choices and independence, the service provider should enhance the quality of the care home environment to support individuals who live with dementia, and/or limited vision, linking any changes made to best-practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can independently access the parts of the premises I use and the environment has designed to promote this.' (HSCS 5.11); and 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)

This area for improvement was made on 1 May 2019.

Action taken since then

During the course of the inspection, the owner made improvements to declutter the home and remove items that could not be cleaned.

The provider should strive to keep the communal areas of the home free from non-essential items.

Previous area for improvement 6

To ensure the health, wellbeing and safety of service users is maintained, the service provider should ensure that the home is adequately cleaned, paying particular attention to commodes and shower/bathing chairs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

This area for improvement was made on 1 May 2019.

Action taken since then

We found concerns regarding the cleanliness of resident equipment.

See quality indicator 7.2 and requirement 6.

Previous area for improvement 7

To ensure care plans remain outcome-focused and relevant, the service provider should review the format and content of care reviews completed. These should measure against interventions set, allowing the service to gain an understanding of which support enhanced outcomes and experiences.

This is to ensure care and support remains consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15); and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected.' (HSCS 1.23)

This area for improvement was made on 1 May 2019.

Action taken since then

This was a focused COVID-19 inspection. We did not follow up this area for improvement at this inspection. This remains outstanding and will be followed up at future visits to the service.

Previous area for improvement 8

Where those receiving care require intimate personal care, this should be carried out in a timely and dignified way, with their privacy and personal preferences respected.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.' (HSCS 1.4)

This area for improvement was made on 6 November 2019.

Action taken since then

Privacy and dignity was compromised by staff not closing curtains whilst carrying out personal care.

This is repeated.

Previous area for improvement 9

To ensure that the needs of people who experience care are timeously met by the right number of people, the service manager should provide the lead inspector with an action plan and weekly update of progress made to resolve the current staffing difficulty.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people.' (HSCS 3.15)

This area for improvement was made on 23 October 2020.

Action taken since then

We found concerns regarding the management and leadership within the home.

See quality indicator 7.3 and requirement 5.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	1 - Unsatisfactory

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