

Roshini Care Home Ltd

Roshini Care Home

Inspection report

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21 August 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Roshini Care Home is a residential care home which provides accommodation and personal care for up to 11 men and women with a mental illness in one adapted building. At the time of the inspection there were 11 people living at the home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risk assessments and risk management plans in relation to specific issues were not in place to provide care workers with adequate information to enable them to reduce the risks.

Incident and accident records were not reviewed, and actions were not always identified to reduce potential risks to people using the service. This meant the provider could not ensure the learning from the investigation into incidents and accidents was used to reduce the risk of reoccurrence.

The provider had a policy in relation to safeguarding adults, but this was not always followed which resulted in a concern not being raised with the local authority, so they could ensure people were safe.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Records relating to people using the service did not always provide accurate information relating to the care and support they needed, so staff had all the information they needed to care for people.

The provider conducted a range of audits, but these did not provide appropriate information to identify where actions for improvement were required, for example in relation to care plans.

The provider had a robust recruitment process in place and staff received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

People told us they felt safe living at the home. People were supported to eat healthy meals that met their dietary, cultural and religious needs.

People were happy with the care they received, and they felt staff treated them in a kind, caring way and respected their privacy and dignity.

People and relatives of people using the service told us they felt the service was well managed.

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 27 April 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date the service started operating. We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Responsive and Well Led sections.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to person centred care, need for consent, safe care and treatment, safeguarding service users from abuse and improper care and good governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Roshini Care 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Roshini Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information sent to us since the service registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative during the inspection about their experience of the care provided. We spoke with the registered manager, deputy manager, one care worker, one apprentice care worker and the chef. Following the inspection, we spoke with three relatives. On the 21 August 2019 we provided feedback on the inspection to the registered manager and the nominated individual.

We reviewed a range of records. This included five people's care plans and multiple medication records. We looked at staff files in relation to recruitment and supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training data.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Where a person had been identified as having a specific risk there was not always guidance for staff on how to reduce that risk. For example, we saw risk assessments were not in place for falls, diabetes, accessing the community and maintaining skin integrity.
- Risk management plans were not in place to provide care workers with guidance as to what action could be taken to reduce these risks.

This meant people were at risk of not receiving their care in a way that reduced possible risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- When an incident or accident occurred, we saw a record was completed detailing what had happened but there was no information identifying what action was taken to reduce the risk of reoccurrence.
- For example, we saw an incident and accident record indicating a person had experienced a fall when visiting a hospital, but there was no indication of what action had been taken to reduce the risk of further falls.

This meant incidents and accidents had not been monitored to ensure appropriate action was taken to identify trends and patterns so these could be prevented where possible. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a procedure in place to investigate concerns regarding the care provided but this was not always followed. During the inspection we identified a person using the service had made an accusation in relation to the care they received which should have been reported to the local authority safeguarding team. This had not been done.

This meant safeguarding concerns relating to the care provided were not reported in a timely manner. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this issue with the registered manager who explained the reason why this had not been done. Following the inspection they provided evidence they had contacted the safeguarding team.

Using medicines safely

- The provider had a procedure in relation to the management and administration of medicines. During the inspection we identified care workers supported a person living with diabetes to be as independent as possible by monitoring their own blood glucose levels. The deputy manager explained, following agreement from the person's diabetes specialist nurse, the person checked their levels and the care worker would provide the insulin pen with a pre-set level of insulin, so the person could administer their own medicine. We noted the care worker did not usually check the glucose levels. The deputy manager told us the diabetes specialist nurse had explained the process and trained care workers but we saw this information had not been written down by the specialist nurse for care workers on how to provide appropriate support. We discussed this with the registered manager and they confirmed they would obtain written guidance for care workers from the specialist nurse.
- We saw the medicine administration record (MAR) charts were completed clearly and there were no missing signatures for the administering of medicines. We checked the stock levels of medicines and the balance records were accurate. We saw care workers had completed medicines training.

Staffing and recruitment

- The provider had a recruitment process in place. During the inspection we reviewed the recruitment records for three staff members. The registered manager told us that two references, a full employment history and a criminal record check was carried out for all new staff. The records we saw supported this.
- People and relatives told us they felt there were enough staff on duty to meet people's support needs. During the inspection we saw people did not have to wait for support due to a lack of staff. The registered manager explained there were two care workers on duty during the day and one care worker at night with another on call who would come to the home in case of an emergency. We saw the rota showed the deputy manager or a care worker were on call at night and the staff member on the rota lived close to the home. If a person required support to attend an appointment or to access the community additional staff were added to the rota.

Preventing and controlling infection

- During the inspection we saw there were cleaning rotas for around the home with the communal areas and kitchen appearing clean and tidy. Staff completed an infection control course as part of mandatory training.

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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- During the inspection we saw mental capacity assessments and best interest decisions were not completed where it was identified a person may not be able to consent to a specific aspect of their care. For example, we saw people's money and cigarettes were locked in the office. People were given a specific amount of "pocket money" per day which had been agreed with a social worker. People's care plans stated they were unable to manage their own finances but there was no assessment to identify the reason why they should not have their own money and if they had consented to it being kept in the office with a daily allowance.
- People's cigarettes were also kept securely in the office and we saw in one person's care plan it indicated they would smoke "too many cigarettes in one day", so they were kept in the office and the person was given a controlled number. There was no indication in the care plan if the person could not understand the financial and health implications of smoking all their cigarettes in one day and no record to show they had agreed for the staff to keep them.
- We saw that, where a person had the capacity to consent to their care, a relative had signed instead of the person. There was no record to indicate the person wished for decisions about their care to be made by a relative. For example, we saw the Do Not Attempt Resuscitation (DNACPR) form showed a relative had consented to the person being resuscitated but they had capacity to consent to their own care.

This meant people were deprived of their ability to make choices. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Applications had been made for DoLS for people living at the home and the registered manager was awaiting the outcomes.

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

- A person's care and support needs were assessed before they moved into the home. The registered manager explained they reviewed the referral information from the mental health service to assess if the service could meet the person's support needs.
- They would also visit the person to assess their needs and, if the person consented, they would meet with their relatives. There would also be a discharge meeting with the mental health team to confirm appropriate support can be provided.

Staff support: induction, training, skills and experience

- People told us they felt the care workers received enough training to support them. The registered manager confirmed care workers completed a range of training identified as mandatory by the provider including health and safety, infection control and moving and handling.
- The care worker we spoke with confirmed they had completed training and had regular supervision meetings with their line manager. We saw records which demonstrated care workers had completed mandatory training, refresher courses and had regular supervision meetings.

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

- People told us they enjoyed the food provided at the home. We saw the picture menu which showed the meal options and we saw people were given a choice of food. People, where possible, were supported to visit the shops to buy their own food which was stored appropriately.
- The chef told us where a person was identified as requiring a specific diet they worked with the person to provide a suitable menu. We saw meals to meet people's dietary needs such as diabetes, as well as their cultural needs were provided.

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

- People were supported to personalise their bedrooms. Pictures of activities and items made by people using the service during pottery classes were also on display around the home.
- There was a large communal lounge and dining room with access to a garden area and we saw people were encouraged to sit in the garden as well as be involved in gardening.

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 maintain good health and had access to medical support and attention when required. Care workers also supported people to attend appointments as necessary.
- The registered manager explained they worked closely with local healthcare providers including the mental health team, GP's and dentist to ensure people could access the services.

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 for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- At this inspection we found that care workers were individually caring and engaged and had established good relationships with people using the service. However, the service was not always caring because of several shortfalls in service provision which meant people did not always receive a good service or support they needed to meet their needs. In addition, people were still not being protected adequately from risks that could arise as part of receiving a service. For example, people might have been placed at risk of poor care because of the service's failures to have risk management plans in place.
- People using the service told us they felt the care workers were nice, kind and caring when they provided support. One person commented "It is like a family here and the care workers know me well and look after me."
- One person was supported to keep in contact with their family members based overseas by using video calling.
- Each person's religious and cultural needs were identified in their care plan. We saw people were supported to be part of their local faith community including helping them visit their church and temple.
- The registered manager explained all care workers had completed equality and diversity training and the care worker we spoke with had a good understanding of how they could support people.

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

- People told us they had been involved in developing their care plan. Relatives also confirmed they had been part of the discussions about their family member's care plan.
- During the inspection we saw people were supported to make choices about food, activities and their care.
- We saw there were records of monthly key worker sessions where each person would discuss their care and their wishes in relation to their support with a specific care worker.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the care workers treated them with dignity and respected their privacy. We saw care workers spoke in a respectful manner with people and did not discuss confidential or personal information in communal areas.
- We saw care workers supported people to maintain their independence. The care worker we spoke with told us they identified where a person could undertake an activity on their own and only offered assistance when the person asked for it.

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 for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People using the service had care plans, but these did not always provide appropriate or accurate information regarding the person's support needs. For example, the care plan for one person who was living with diabetes stated they should not have a sugary diet. The care plan also indicated the person liked to eat biscuits and during the inspection we saw care workers providing these. We asked the deputy manager about this and they confirmed the person purchased low sugar biscuits which they should be given, but this was not indicated in the care plan to enable care workers to ensure the person received food to support their dietary needs.
- We saw where a person had been identified with a specific support need for which they required support, their care plan did not provide guidance for care workers on how they should support them. For example, we saw one person's care plan identified that sometimes, when care workers supported the person to access the community, they could demonstrate a specific behaviour. The care plan did not provide the care workers with guidance on how they could support the person to reduce the risk of the behaviour occurring or if it happens how they can assist them appropriately.
- The registered manager told us care plans for people when they move into the home were reviewed over the first three months to ensure the information reflected their care needs. We saw the care plan for one person who had moved the home a couple of months before the inspection had not been reviewed since they moved in and did not provide accurate information regarding their care. For example, the care plan indicated the person required support from a care worker to access the community, but the person told us he could come and go from the home without support.
- The information provided in the care plan in relation to the person's end of life care and if they wished to be resuscitated was not clear. We saw in some of the care plans we reviewed there was a Do Not Attempt Resuscitation (DNACPR) form which had not been completed but on the back of the page stated the person wished to be resuscitated with their signature. There was also a second page which stated the person had decided they did not wish to be resuscitated with the form stating the person made the decision "whilst in sound mind and with careful consideration." There was no indication if the person was consulted and if they had consented to the decision, for example a signature. There was also no other information regarding any other wishes the person had in relation to end of life care. Therefore, people may not receive the end of life care they wanted.

This meant people were not supported in a way to meet their specific needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they ensured people using the service was supported to speak their preferred language. For example, one person understood English but mainly spoke another language and an interpreter was arranged for hospital appointments.
- Each person's preferred language was identified in their care plan. The registered manager explained information could be produced to meet a person's specific language needs.

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 were supported to take part in activities both inside the home and in the local community. There was an activities schedule displayed in the lounge which included playing board games, exercise and visiting the local shops. During the inspection we saw if people wanted to, they were supported to play bingo. One person told us it was a regular game and they enjoyed playing as it could become very competitive. People we spoke with confirmed they enjoyed the activities and they could choose to take part if they wished.
- Some of the people living at the home went out during the day and whenever possible people were supported to access the community. The registered manager told us people had previously accessed pottery classes and opportunities to volunteer but these had ended due to the organisations ending the schemes, but they were investigating alternatives.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint but had not needed to. Information on how to make a complaint was displayed at the home with complaint forms available for people to complete if required. The provider had a procedure for investigating and responding to complaints. At the time of the inspection the provider had not received any formal complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Continuous learning and improving care

- The provider carried out audits, but these did not provide useful information to help them to identify areas for improvement. The registered manager confirmed they carried out audits of the care plans, but they did not write down any records of the checks. For example, the care plan audits had not identified the DNACPR records did not provide accurate information. This meant there was no record of any care plans that required updating to ensure the information was accurate.
- In addition, the audits of the care plans had not identified that restrictions had been placed on people without assessment, authorisation or consent.
- The provider had not identified and managed risks to people. During the inspection we identified a range of issues including risk management plans for specific risks and accessing the community. These had not been identified by the provider using their existing processes.

This meant the provider did not have an effective quality assurance process in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw a medicines audit was carried out monthly with one medicine checked for seven people. This included a check of the stock levels to ensure they matched the level recorded on the person's MAR chart.
- The provider had a range of environmental audits which included an environmental cleanliness audit which was completed monthly and we reviewed audits completed since April 2019. Infection control audits were completed every six months and a fire safety audit was undertaken quarterly. Any actions were identified and completed.

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

- People told us living at the home felt like being in a family and these comments were supported by the relatives we spoke with. During the inspection we saw there was a caring and supportive atmosphere at the home. We saw people were encouraged to dance and sing along to music and there were conversations about things that interested people. People told us this was the usual atmosphere at the home.
- We saw examples of where some aspects of the support of the staff at the home had helped people become more independent and move into their own homes with less support.

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 had a range of policies and procedures in place which were regularly reviewed and updated when required.
- Relatives told us they had regular contact with the registered manager and other staff providing updates on their family member. One relative said, "They update me all the time."

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

- The registered manager and the deputy manager had both worked at the home for over 14 years as a care worker with the previous provider so had a good understanding of the needs of people who lived there. In addition, a number of the care workers had also worked at the home for a long time.
- The registered manager confirmed they had attended training sessions and provider forum meetings organised by the local authority.

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

- The provider told us they were planning to do an annual survey with people who used the service and with their relatives with the first one completed in October 2018. The comments were positive, and they were happy with the care that was provided. People were also asked for their comments after any day trips or outings organised by the home to see if anything could be improved and was used to plan future trips.
- The registered manager told us they had regular one to one meetings with people living at the home to discuss their care and any other concerns they may have.

Working in partnership with others

- The registered manager explained they worked closely with a local college to provide apprenticeship placements at the home for health and social care students. During the inspection we met one apprenticeship student and they told us they had developed their understanding of supporting people living with mental health issues.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences.</p> <p>Regulation 9 (1) (a) (b) (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not act in accordance with the Mental Capacity Act 2005 as they did not ensure service users' mental capacity was assessed and recorded where they were unable to give consent.</p> <p>Regulation 11 (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 13 HSCA RA Regulations 2014
Safeguarding service users from abuse and improper treatment

The registered person did not protect service users from abuse and improper treatment by ensuring systems and processes were operated effectively to prevent abuse.

Regulation 13 (1) (2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>Regulation 17 (1)(2) (a) (b)</p>

The enforcement action we took:

We have issued a warning Notice requiring the provider to comply with the Regulation by 1 December 2019.