

Rosecare Homes Limited

Andrin House Nursing Home

Inspection report

43 Belper Road
Derby
Derbyshire
DE1 3EP

Tel: 01332346812

Date of inspection visit:
10 December 2019

Date of publication:
17 January 2020

Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Andrin House Nursing Home is a residential care home providing personal and nursing care to people in one adapted building. The service can support up to 37 people. At the time of inspection there were 30 people using the service.

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

People received their medicines safely from trained staff. Guidance for staff to follow when administering medicines to be taken 'as and when required' was not on all care files. We found thickener (used to reduce the risk of choking if someone had difficulties swallowing) in a person's room which meant not all medicines were stored securely.

Recording of kitchen cleaning and temperature checks had lapsed but we did not find any negative impact had been caused to people. Staff had been trained in infection control and used appropriate personal protective equipment (PPE).

Quality assurance checks were effective in most areas of the service. However, audit processes had not identified the issues with the kitchen checks or gaps in some records related to people's care, for example, repositioning charts.

We have made a recommendation about the quality assurance checks in the service.

People were cared for safely. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles. Lessons were learned when things went wrong.

People's care files contained clear information about their care and support needs. Staff knew people well and had a good understanding of their wishes and individual preferences. People's personal histories, preferences and dislikes, diversity needs such as cultural or religious needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to promptly access health care services when needed.

There was an ongoing redecoration programme. Improvements had been made to the décor and environment since the last inspection.

People received support from consistent, compassionate staff. Staff were caring in their approach and had positive relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

The registered manager was committed to driving improvements of the service and ensuring people received high quality care. The management team were aware of their legal responsibilities and worked in an open and transparent way. Feedback was sought from people, relatives and staff.

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.

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 requires improvement (published November 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Andrin House 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an assistant inspector and a specialist advisor. The specialist advisor had experience of working and caring for people who have nursing needs.

Service and service type

Andrin House Nursing 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.

The service had a manager registered with the Care Quality Commission. 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.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, two nurses, senior carer/activities coordinator, two care staff and a kitchen assistant. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance processes, accidents and incident folder, training records, maintenance logs and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

Using medicines safely

- Systems were in place for the handling and administration of medicines. Some people were prescribed medicines to be taken 'as and when required.' Guidance for staff to follow on how and when these medicines should be administered was clear and effective on most people's records. However, the guidance had not been placed on some people's files. This meant there was a risk of information about the administration of some people's 'as and when required' medicines not being readily available. However, staff were knowledgeable about when and how these medicines should be safely administered.
- Processes were in place for the ordering, storage and disposal of medicines. Not all medicines were stored safely all of the time as we found a container of thickener in a person's room. Thickener was used in people's drinks if they had difficulty swallowing to reduce the risk of choking. It presented a risk to people if they consumed it by accident, so must be stored securely. The registered manager responded promptly and confirmed this was an oversight and not usual practice.
- People received their medicines safely from trained nursing staff. People were supported to receive their medicines in the way they preferred which meant their independence was promoted.

Preventing and controlling infection

- All meals were prepared in the on-site kitchen. There were systems in place to ensure the kitchen was clean and food was appropriately stored. However, we found that records had not been recently completed to confirm that the monthly kitchen cleaning schedule was up to date, and temperature checks of food and equipment such as the fridges and freezers had lapsed. We did not find there had been any negative impact upon people using the service because of this.
- Staff had received infection control training and a policy was in place. Staff had appropriate personal protective equipment (PPE) available to prevent the spread of infection. For example, staff wore disposable gloves and aprons when supporting people at mealtimes or when assisting with personal care.

Assessing risk, safety monitoring and management

- A recent fire safety evaluation had identified some actions to reduce the risk of harm in the event of a fire in relation to equipment and staff processes. The registered manager took prompt action to arrange and complete the actions required. The fire service would check these on their next visit.
- People's risks were assessed regularly or as their needs changed. Assessments contained a range of known risks such as the risk of malnutrition, dehydration, falls and skin integrity. Care and risk support plans informed staff how to provide care that reduced known risks. For example, some people who were at risk of

falls used a sensor mat to alert staff when they got out of bed so staff could support them promptly.

- Personal emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely, and included information on equipment required to support the person in the event of evacuation.
- Systems were in place to ensure equipment within the service was maintained. For example, moving and handling equipment and utilities such as electrical installation, gas and water.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. People told us they felt Andrin House was a safe place to live.
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Staffing and recruitment

- There were enough staff on site to keep people safe. Feedback we got from most people and staff was that staffing levels were consistent. We observed staff to respond in a timely manner to anyone who needed assistance.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The registered manager shared a recent example where processes had been changed after something had gone wrong. This was in relation to assessing people and gathering information about them when they moved into the service. Prompt action had taken place to ensure a similar situation did not happen again.
- Incidents and accidents were appropriately recorded and regularly reviewed. Monthly analyses took place to identify themes or trends. This meant action could be taken to reduce the risk of similar incidents happening to the same person or to others.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider's policy for assessing people's needs was implemented. Assessments were undertaken before people moved into the service to ensure their needs could be met. In most instances this included visiting the person at their current address, often within a hospital setting, and speaking with family members and commissioners of health and social care.
- People's needs were kept under review, and care plans were updated to enable staff to provide effective care. Staff regularly used a range of evidence-based tools to assess people's needs and risks.

Staff support: induction, training, skills and experience

- Staff received an induction and ongoing training to develop and refresh their skills and knowledge. We observed staff use appropriate moving and handling techniques and equipment throughout the inspection visit. We also saw staff handling situations sensitively where people were confused or became distressed.
- There was an effective system in place to monitor staff training requirements which ensured that all staff were up to date with mandatory and specialist training. Some staff members had 'champion' roles for different aspects of care such as end of life, and dignity. This promotes good practice within the service and encourages new ideas for achieving good outcomes for people.
- Staff meetings took place regularly. Staff received supervision and annual appraisals. These provided opportunities for staff to reflect on their working practices and discuss training and support needs. Development opportunities were available, for example, if staff wanted to undertake vocational qualifications at college.

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

- People were supported to have a varied diet and were offered choice in their daily menu. People told us they were generally satisfied with the food choices, quality of meals and portion sizes.
- Assessments identified people's needs with regards to food and drink, which included specific dietary requirements to meet health care needs such as diabetes or when a fortified diet was necessary. People's food and fluid intake was monitored where necessary but at times records of this were not fully updated. The registered manager confirmed these processes would be strengthened. Staff were knowledgeable about people's nutritional needs and we saw that snacks and drinks were offered throughout the day.
- People's weight was monitored, and care plans provided information for staff to refer to if there were any concerns related to a person's weight. This meant health care advice could be sought to ensure people's health and wellbeing was promoted.

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

- Information was available to accompany people should they need to be admitted to hospital in an emergency. This provided basic information about the person to ensure medical staff knew important details such as their date of birth, prescribed medicines and contact information for other people involved in their care, for example, their doctor and next of kin.
- Staff told us, and records showed, they worked in partnership with health and social care professionals to review and maintain people's health. Staff supported people to attend hospital appointments, and people had health care professionals visit them at the service, which included, doctors, opticians and community nurses. People who were able accessed dental services within the community.
- Staff were effective in responding to people's needs. For example, we observed a person inform staff they were in pain and felt unwell. The staff member explained to the person they had already received their prescribed pain relief and then promptly contacted the GP to request a review of the person's medicine.

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

- There was an ongoing programme of redecoration in the service and improvements had been made since the last inspection. This included the lounge and quiet rooms being redecorated. Room doors had been changed so that people had their own front doors which were in different colours to aid recognition. Additional pictorial signage had been put up, for example on the toilet facilities, to assist orientation.
- Communal areas in the service were well used by people and the majority of people spent time in the main lounge or smaller quiet room nearby. People's rooms were personalised with their belongings.

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.

- The service worked within the principles of the MCA. Staff received annual refresher training in order to help them support people who did not have capacity to make some of their own decisions, or whose capacity fluctuated.
- People's capacity to make informed decisions about their health, care and welfare were assessed. Where assessments had identified people did not have the capacity to make an informed decision, a best interest decision was made on their behalf. These processes were well documented on people's care files.
- People at the service who did not have the capacity to make an informed decision had an authorised DoLS in place, or an application had been submitted to the relevant agency for consideration.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Everyone we spoke with told us people were well cared for. A visitor said, "The carers always treat people with respect." One person told us, "Some of the staff really go out of their way to help you," and another said, "Staff are kind."
- Staff were knowledgeable about the people they cared for. Staff were observed to be patient and caring in their interactions. For example, a member of staff spent time asking people individually what they wanted for lunch, adapting the information provided to ensure the person understood the choices available to them. Another person could not remember the reasons why they were in Andrin House and we saw staff providing consistent reassurance throughout the day.

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

- Family members were encouraged to be involved in the care of their relatives. This included signing care plans to acknowledge and agree to the care being provided if people were not able to make the decision for themselves.
- Care plans clearly set out how people preferred to receive their care and their regular routines. Staff told us they had time to read people's care plans so they were aware of people's needs and able to assist them in the way they wanted. Care plans were regularly updated so that people's changing needs and preferences were known and followed.

Respecting and promoting people's privacy, dignity and independence

- People's care plans provided guidance for staff on how to promote people's privacy and dignity according to their individual preferences. One person living in the service told us staff knocked before entering their room. We saw staff throughout the inspection visit ask for consent before supporting people in all aspects of their day to day routine.
- People's independence was encouraged. Care files included information as to what people could do by themselves. One member of staff said, "I try to get people to do as much for themselves as possible." Another said, "We encourage people to wash and dress themselves if they are able."
- Appropriate systems were in place to protect people's confidential information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- People, and where appropriate family members, were involved in the development and review of care plans. These included information about people's life stories prior to moving into Andrin House such as their family and work life, hobbies and interests.
- Staff had built positive, professional relationships with people and knew them well. This meant that people received care that was tailored to their needs and wishes.
- Communication within the staff team was effective and there were daily handovers where important information was shared. This contributed to people receiving good quality, personalised care.

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.

- People's communication needs were considered as part of the assessment and care planning process. Where people required support, this was recorded within their care plan. For example, whether people wore hearing aids or glasses to support with communication, and where staff needed to speak clearly and concisely to help people understand information.
- The registered manager understood the Accessible Information Standard (AIS). Information and documents could be made available in accessible formats to people using and visiting the service.

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

- There were no restrictions on when family or friends could visit the service and they could come and go throughout the day.
- The service had an activities coordinator who arranged a programme of morning and afternoon activities five days per week. This included one to one time with people as well as group activities. People were seen to enjoy singing and playing percussion instruments to Christmas carols and hymns in the afternoon, with the support of staff and an external entertainer.

Improving care quality in response to complaints or concerns

- There was a complaints process in place. No complaints had been received since the last inspection.

- People and staff told us they would be able to approach the registered manager if there was something they were unhappy about. They were confident any issues would be dealt with.

End of life care and support

- People and their relatives, where appropriate, were encouraged to share their views about end of life care wishes and preferences. The registered manager told us that people were generally reluctant to do so, but the opportunity was offered as part of the care planning and review process.
- Staff were trained in end of life care so that people could receive high quality, compassionate care when they reached the end of their life.
- Where people had expressed views or preferences, these were included in their care files. For example, wishes with regard to funeral arrangements were recorded.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were a range of quality assurance checks and audits in place which were effective in most areas of the service. However, some audit processes needed strengthening to ensure they were fully effective, for example, in relation to kitchen checks, infection control and some gaps in people's care records. We found no negative impact had been caused to people and the registered manager acted promptly to investigate the gaps.
- Oversight of the quality assurance processes took place at provider level and this needed to continue to ensure good governance arrangements were in place for all aspects of the service.
- The registered manager was aware of their regulatory responsibilities and submitted notifications to the Care Quality Commission as required. The rating from the last inspection was not clearly displayed on the website but this was rectified promptly when brought to the attention of the registered manager.
- The provider had a business continuity plan in place, which detailed how the people's needs were to be met in the event of an emergency, for example if the service experienced a utility failure or a flood. The plan had also considered any implications due to the political climate, which included Brexit.

We recommend the provider continues to build the effectiveness of the quality assurance checks and audits covering all aspects of the service.

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

- The registered manager was committed to people living in the service receiving high quality care. Staff we spoke with enjoyed working at the service and they all stated that the current registered manager had made significant improvements to all aspects of the service. One member of staff said, "[Registered manager] has changed everything for the better." This meant people received better care.
- People, relatives and staff knew who the registered manager was, and said she was involved in all aspects of the day to day running of the service and approachable. If issues were raised, they were dealt with promptly.

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 registered manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.
- Staff knew how to raise concerns in the service, and also how to escalate concerns to outside agencies if they felt their concerns were not being suitably addressed.

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

- People, their families and staff were encouraged to contribute their views on an ongoing basis including through separate resident, relatives and staff meetings.
- Feedback surveys for people, relatives and staff had been undertaken since the last inspection and majority of feedback was positive, particularly in relation to the care people received, improvements to the management of the service and the décor.

Continuous learning and improving care

- The registered manager was supportive of the inspection process and acted immediately when any issues were brought to her attention.
- The registered manager was keen to drive improvements of the service in order to ensure that people's care continued to improve. Since the last inspection positive changes were made to care planning, delivery and review. The registered manager had further ideas of how to improve the service.
- The provider kept under review the policies and procedures which ensured the effective day to day running of the service to meet people's needs

Working in partnership with others

- The registered manager and staff worked effectively in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service. When other services such as the fire service or local authority identified areas for improvement, these were acted upon promptly.