

S.A.H Nursing Homes Limited

Rosalyn House

Inspection report

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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

Rosalyn House is a nursing and residential care home providing personal and nursing care to 40 people aged 65 and over at the time of the inspection. The service can support up to 45 people. Accommodation is set over three floors which includes an area dedicated to nursing care.

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

The provider had taken over Rosalyn House in April 2019 and had started a refurbishment programme. They had identified that the service was no longer 'Good,' and work was needed to correct this. However, we did find shortfalls which included how the management team were monitoring and assessing the quality of the service. Audits were not always effective at identifying issues and making plans to correct these.

We found some safety concerns when we inspected. Staff had not received training in how to always safely manage the needs of people who required additional oxygen. An oxygen cylinder was not always stored safely. Potential risks to people were not always assessed or managed to promote their safety.

People were being supported at times 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 did not always support this practice.

Staff received training in key areas, but they did not receive training relevant to all those who they supported. New staff received an induction, but the competency checks were not sufficient to show or test if they were capable of working independently with people. Ongoing competency checks for staff were not completed, despite the provider's view about staff practice. Staff said they did not feel supported by the management. They understood they should be challenged if something went wrong, but they felt that their good work and commitment was not praised.

There was not enough staff to meet people's needs at times. This included spending time with people in conversation and in a social way. They also said they did not have time to look at people's records.

Staff were seen to be consistently kind to people. Unfortunately, we saw incidents when senior staff and management were not respectful or thoughtful towards some people they supported. People's dignity was not always promoted by staff and the management team.

People who were at risk of being an unhealthy weight were being regularly checked and professional support had been sought to help them. The manager monitored these people to check they were well. People were also supported to get the right medical intervention when they were unwell. Staff were good at identifying this.

People did not feel involved in the meal and food choices offered to them. Some people and relatives felt

the quality of the food was not always as good as it could be. People spoke positively about the chef.

The provider ensured there were staff whose focus was to provide activities. However, they were unable to support lots of people and they were often in one part of the home with limited numbers of people. Staff did not have time to really engage with people in a social way. The management team had not tried to ensure or check that people's individual interests and what they enjoyed was being promoted and explored at the home.

Staff had a good understanding of how to protect people from possible abuse. Safe recruitment checks were in place. People told us that they felt safe. People received their medicines as prescribed.

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 was Good (published in 17 November 2017). Since this rating was awarded the provider has changed but the legal entity remained the same.

Why we inspected

The inspection was prompted in part due to concerns received about catheter and pressure care, nursing care, staffing levels and people's general experience of living at the home. A decision was made for us to inspect and examine those concerns.

We have found evidence that the provider needs to make improvements, but we also found evidence of good practice. Please see the Safe, Responsive and Well Led sections of this full report.

We have identified breaches in relation to the governance of the service, and how people's safety was being promoted and managed at the home. You can see what action we have asked the provider to take at the end of this full report.

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Rosalyn House

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 team was made of one inspector, an assistant inspector and a specialist advisor who was a registered nurse.

Service and service type

Rosalyn House 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

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. We spoke with the local authority to gain their views of the service and looked at the information the manager and provider had sent us. We had received some concerns via telephone from members of the public about some people's care at the home. Some members of the public also raised their concerns about the new provider and the changes they were making. The local authority also informed us of a safeguarding concern raised by a health professional. This related to the catheter and related pressure care of an individual. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people and five relatives. We also spoke with six members of staff, the chef, the manager, the provider, quality manager and the nominated individual (NI). The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records. Medicine records including medicine audits, three staff recruitment files, training records, and safety assessments and records.

After the inspection

We sought clarification regarding some elements of people's risk assessments. Confirmation of actions taken to promote fire safety, emergency planning, and what action had been taken in relation to a person's care.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- A person's oxygen cylinder was not stored in a safe way. It was placed in the corner of the lounge. A member of staff was seen knocking it, by pushing their chair into it. The cylinder was not secured against the wall. People and visitors had been smoking a few metres away in the courtyard by the lounge. We were advised that the patio doors were regularly opened. These factors potentially increased the risk of the cylinder combusting.
- This person's oxygen care plan was not complete in telling staff how to support this person's additional oxygen needs in a safe way. There had been no consultation with the oxygen supplier to check how this was being managed was safe. A member of staff and the manager told us that this cylinder was available as the person often gave themselves more oxygen than they needed from their other supply. This cylinder was for emergency use only. We spoke with the oxygen supplier who visited during the inspection. They confirmed this cylinder should only be used in an emergency and it was not being stored safely.
- Staff had not received training in how to manage oxygen safely. We were later sent an up to date and completed new care plan. This contained confirmation that the supplier had checked this person's oxygen management, and this was now appropriate. We were also told that staff training in this area had begun and would be for all staff.
- People living with advancing dementia did not have risk assessments for razors and creams to be stored in their en-suites. One person living with dementia had a tapestry kit on their chair with a long needle pultruding outwards. There was no risk assessment for the presence of needles in their room. These actions could have put people at risk of harm.
- A roll of infection control bags was being routinely left in the public toilet on a floor where people with advanced dementia lived. This could be a suffocation risk. We spoke with the manager about this and we were told, these bags would be removed. When we visited a day later, they were still present. The manager said this would now be added to their daily check.
- People had risk assessments in place about their health needs. Care plans did not always guide staff how to manage the risks to people.
- Other safety checks were being completed. This included various fire safety checks and equipment checks.

Preventing and controlling infection

- We found an infection control bin where the lid did not work. A used incontinence pad had been left in a bag in a public toilet on the side. There were chips on the paint work and people's bed frames.
- Two people's rooms had brown stains which looked like faecal matter, including on a person's bedding. We asked a member of staff to address this in the morning. We checked later, and it was still present. We

showed the manager who said they would speak with a senior member of staff. We checked again in the late afternoon and it was still present.

- One person had a history of smearing faecal matter around their room. Their risk assessment and care plan said their room should be checked every two hours. But we found what looked like faecal matter, which remained throughout the day. This need was not being effectively managed.

We found no evidence that people had been harmed. However, in terms of hygiene and infection control practices, gaps in identifying and assessing some risks, and how oxygen was stored, placed people at the potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said they felt safe with staff. One person said, "I just do, it's the quality of the care." One person's relative said, "Yes [relative] does [feel safe], they always speak well of the staff." Another person's relative said, "[Relative] feels safe."

Using medicines safely

- We completed a check of people's medicines and found the correct amount in boxes which corresponded with the records kept. People's Medication Administration Records (MARs) were completed accurately.
- There were safe systems in place to manage pain. Some people were prescribed as required medicines to manage behavioural needs. It appeared from reviewing these records people were not being over medicated.
- The medication room was in the process of being located to a larger room, which would benefit the safe management and storage of people's medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of what constituted harm and abuse. Staff said they would report any concerns to the manager. They also knew they could also report concerns to us at the CQC (Care Quality Commission) and the local authority.

Staffing and recruitment

- People, staff and some people's relatives did not think there was enough staff to meet people's needs. One person said, "Often you have to ask to go to the toilet, it's embarrassing, I'd rather people didn't know." A relative said recently, "We asked for someone to take [name of relative] recently to the toilet. A carer (member of staff) said [relative] would have to use their pad because they were busy."
- Two people's relatives told us that they felt there was more staff on during the inspection. One said, "This (at lunch time) is not usual."
- Most of the staff we spoke with said they believed that there was not enough staff to meet people's social needs. One member of staff said, "Most carers would say there is not enough staff, and I do think in this case, this is right. We don't have the time to sit and chat or do an activity together." Staff also told us they often needed to work through their breaks to get their work done.
- We put this to the provider who said this is about the practice of staff, they said they were working to change this. Although, we found systems were not in place to do this.
- There were systems in place to promote the safe recruitment of staff. Staff had Disclosure Bureau Safety (DBS) checks in place. References and gaps in employment were checked.

Learning lessons when things go wrong

- The provider had acquired the service in April 2019. Work was being completed to make improvements to the building and how people's care was being managed.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant there were some shortfalls in the effectiveness of people's care.

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.

- People's mental capacity assessments were not completed following the MCA principles. They did not show how a person had been assessed to evidence the assessor's conclusions. In one person's care record it referenced the person had fluctuating capacity and they had a cognitive condition. We were told that this person refused treatment at times. A mental capacity assessment should have been completed in this case but it was not.
- Another person had a capacity assessment and a best interest process had been followed regarding their medicines. But the care plan did not clearly tell staff how this should be managed. It was not clear if good practice was always being followed.
- We checked that a person's DoLS authorisation from the local authority and we could see this was being followed.

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

- Some people spoke negatively of the meals. They were complimentary of the chef, but did not feel involved with planning the menu. They did not feel they had enough choice each day. One person said, "You never get asked if you would like a steak, as a treat." Another person said, "The lasagne had bits of pasta in it, like it was the crumbs from the packet, not slices of pasta." A person's relative told us, "The meat stews have little meat in it."

- The chef was not aware of some people's dietary needs. For example, the chef was not aware the service supported people who were vegetarians, but we were told this was not the case.
- There were systems in place to check if people had healthy weights. Action was being taken to monitor those who were an unhealthy weight. Referrals to specialist professionals were made and their recommendations followed. The manager had an agreed process in place to meet people's dietary needs while they awaited the input from food professionals.
- Staff were routinely recording how much people ate and drank. We were told this was being routinely checked by senior staff, but this monitoring was not being evidenced.

Staff support: induction, training, skills and experience

- Staff spoke positively of the training they received. They were able to give us examples of why they found certain training topics helpful to their work. Training was up to date. However, more work was needed to ensure the training delivered was relevant to all people's needs. No plans had been made regarding this, but the management team said they were aware of this issue.
- Staff competency was being checked in some areas for new staff. This was to check new staff were able to work without close supervision. However, not all areas relevant to staff's roles were looked at. These competency checks were not well evidenced and routinely applied to all staff.
- Staff felt they could approach the manager, but they did not feel supported by the manager and the provider.
- Concerns had been raised by the local authority about people's catheter care and pressure care. A person had experienced a pressure wound because of how staff managed their catheter. We saw that people now had good catheter plans to support staff practice. However, a specialist nurse had found that a person had marking on their skin from a catheter tube. This could progress to a pressure wound if not identified. We spoke with the NI about this, they said more checks would now be completed to further promote good catheter care.

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

- People's needs were not always being consistently assessed in a holistic way. We were told by the NI and manager that these assessments were not in place when they took ownership of Rosalyn House. They also told us that this was an area which they were still developing.

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

- Some work had started in this area. The NI told us that the corridors on one floor where people lived with advancing dementia had been widened and people were able to freely walk around, whereas before they could not.
- Work had been completed to make this corridor interesting for people. Menus were also in picture and worded format.

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

- We saw referrals to GP's and dentists when people needed this support. During the inspection staff had called the ambulance service for three people who presented as unwell.

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 now deteriorated to Requires Improvement. This meant people did not always treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- During the inspection two members of senior staff spoke about people's private care in a public way. One member of staff stood in the centre of a lounge with people present and they spoke about a person's physical condition. They said, "It's not nice, I have to look at that." This person was also sitting near this member of staff.
- The manager spoke with a supplier about a person's needs in the reception area of the home. This should have been a private conversation in a discreet area. A member of the management team was seen talking abruptly to a person who was living with dementia. The person had followed a member of the staff to the lift. They said in an abrupt way, "Get back into your part." This was not respectful or kind.
- Staff had not identified or taken action when two people's rooms had what looked like faecal matter about the rooms.
- On two occasions two different people were seen to be sound asleep sitting at the table in front of other people. Staff did not check if they were comfortable or happy to sleep at the table. One person had fallen asleep with the sun in their face. Staff did not respond to this, eventually the manager pulled the curtain. But they did not check if the person wanted to sleep elsewhere.
- We found little evidence that people were being included in their care planning. Reviews were not taking place which involved people in how their care and support was being provided. Relatives who had visited on a regular basis told us that had not been consulted with regarding their relatives care planning. Considering their relatives needs, they thought their relative would benefit from this.

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

- One person said staff were kind and caring. "Yeah, I can't fault them." One person's relatives said, "Staff seem okay in that respect." Another person's relative said, "I honestly can't fault the staff, they are wonderful." A further relative said, "Yes I would (say staff are caring) they are always kind when I am here."
- During the inspection we saw staff supported people in a kind and caring way. We saw one member of staff help adjust a person's jumper, they did this discreetly, the person smiled and laughed. We saw staff checking people were okay, if they wanted a drink, sometimes staff put a re-assuring hand on a person's shoulder. Staff smiled and gave people eye contact.
- When people needed support to blow their noses and wipe their mouths, this was done in a delicate way.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met and there was a risk they might not be.

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

- People had care assessments in place which had started to look at people's backgrounds, interests, and preferences. We could see that some people, or their relatives had been consulted with during this process. However, staff told us they did not have time to look at these assessments.
- Assessments and care plans were not always completed in full to detail how to manage some people's needs. For example, pressure care, one person was at risk of developing a pressure area, but this was not explored at all. This could put them at risk of developing a pressure sore. Another person had a history of pressure wounds they had a plan in place, which said staff were to prompt to elevate their feet, but staff were not always following this.
- Care was not always personalised. People did not have meaningful reviews to discuss the care they received and to consider changes or improvements to their experiences at the home.
- People had basic bedding often only a sheet as a cover. Bedding looked tired and well used. One person did not have a pillow case and their sheet was marked. Another person was resting in their bed in the afternoon which had the same brown stains on it which had been shown to staff in the late morning.
- Some people had little personalisation in their bedrooms. When we spoke with the manager about this, they had not considered ways to address this issue, in order to make some people's bedrooms homely and comfortable.

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

- The provider employed activity co-ordinators. We saw a group activity taking place which was connected to arts and crafts, but this only involved four people.
- We were not confident that these activities were always relevant to people. For example, two men were painting pegs. We asked one what they would like to do, they said they would like to go to the pub.
- Staff were not interacting or initiating conversations. At one point in one lounge there was a lot of social activity. However, there were no staff present, relatives were visiting, and one relative had brought their dog. People gathered and chatted to one another. This could have been replicated at other times by staff, but it was not.
- There were missed opportunities for example, the TV's were all left on a loop. People were not asked what they wanted to watch. This was also the same for the radio. In one lounge the TV was on mute and a popular radio station was playing. Staff were not promoting a person-centred experience for people to enjoy.
- Each time we entered the lounge where most people were living with dementia, staff did not speak with people or try and engage with them in an activity.

End of life care and support

- This was not consistently being considered as part of people's support planning. These plans lacked details about people's preferences, their wishes, and what would be important to them, at this point in their life.

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.

- We saw this was considered in people's care plans. This promoted staff to consider people's communication needs. However, staff told us they did not routinely look at these records.

Improving care quality in response to complaints or concerns

- We looked at a sample of complaints. The manager had responded in an open way. Although, these letters did not include details of what the complainant can do next if they were not happy with the response.

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 Good. At this inspection this key question has deteriorated to 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.

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

- The new provider had taken ownership of Rosalyn House in April 2019. They and the NI told us that they found many shortfalls and failures at the home. Such as the competency of the nursing staff, out of date risk assessments, expired training for staff, and the condition of the building was in a poor state.
- Action had been taken to address these issues and work was in progress to improve the quality of the care and people's experiences at the home. Despite this we did identify shortfalls. These had not all been identified by the management's quality monitoring systems.
- People's care plans and risk assessments sometimes lacked details for staff to follow. Staff were not being given time to look at these records. The management team were not checking staff knew people's needs and wants. Meaningful reviews and end of life plans were not routinely taking place. Staff were not spending meaningful time with people and promoting their interests.
- The shortfalls we found in how some people's safety was being managed had not been identified by the quality checks and systems in place used by the management team. In respect to the concerns raised which promoted our inspection, management checks were not sufficient to ensure pressure care was always being robustly managed. Some safety records were not complete, although this information was sent to us later and the emergency business plan amended, there was limited management oversight of some of these records and checks to ensure they were complete.
- We saw that some leaders of the service demonstrated poor practice at times in terms of promoting people's dignity and respecting people. This had the potential to create a poor culture at the home.
- There was no registered manager in place. There had been a manager for three months, but no application had been submitted to us. Following this inspection, we were told this process had started.

We found no evidence that people had been harmed however, effective auditing systems were not always in place to promote people's safety and ensure they had good care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The management were responding to suggestions made by people but they had not developed a culture where they and staff sought people's views in an open way or made suggestions to them to improve their

social well-being. People did not feel fully involved in how elements of their care was being delivered.

- Some work had started in involving the community with the service, but more work was needed in this area.

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

- There was a process to handle complaints and the manager had responded in an open way to these. But people's rights of what they could do if they were not satisfied with the outcome was not being promoted.

Working in partnership with others

- The manager provider and NI had been working closely with the local authority since the provider took ownership of the service. This was to support the provider to make improvements. The local authority said the provider had been responsive to their involvement.
- Other than health professionals other organisations had not been brought into the service to support it's development.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (RA) Regulations 2014: Safe Care and Treatment The provider had not ensured that care and treatment was always provided in a safe way. They had not assessed all risks to people's safety or taken appropriate actions to mitigate these risks. Regulation 12 (1) and (2) (a) (b) (e) (h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of effective systems to ensure quality care was always provided. Regulation 17 (1) and (2) (a) (b) (e)