

RS Care Homes Limited

# Rose Farm

## 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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This unannounced inspection took place on 12 November 2015. Rose Farm is run and managed by RS Care Homes Limited. The service provides accommodation and personal care for up to 54 older people and people with dementia. On the day of our inspection 47 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 10 February 2014, we asked the provider to take action to ensure that they obtained consent from people in relation to the care that they received. This was because the principles of the Mental

# Summary of findings

Capacity Act 2005 (MCA) had not been consistently applied. This meant that people were not protected by legislation designed to ensure that their rights were protected.

On this inspection we found that decisions were still not being made in accordance with legislation to ensure that decisions were being made appropriately.

Decisions had been taken within the service which did not evidence that all other less restrictive options had been explored. This meant that people were at risk of measures being put in place which were disproportionate to the risk of harm posed.

People received their medicines from trained staff who followed correct administration procedures but improvements were required in the management of medicines.

We found that staffing levels were sufficient, however during busy times at the service people were not always given the support they required in a timely or unhurried

manner. As a result of this, people did not always receive the support they required with their nutritional intake. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People were treated in a caring and respectful manner but systems were not effective in ensuring that people had been involved in planning their care. Care plans were not always in place or showed sufficient detail or up to date information about the support people required. Staff were knowledgeable about people's likes and dislikes and their support needs.

People who used the service and their relations knew who to speak with if they had concerns and felt that these would be responded to. However, we found that not all concerns had been addressed in a timely manner.

Systems were in place to monitor the quality of service provision; however we found that these systems were not always effective in ensuring that issues which had been identified were addressed. Where external agencies had identified areas that required improvement, timely action had not been taken.

# Summary of findings

## 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 consistently safe.

Risks were not always responded to effectively and in a way that demonstrated decisions had been made proportionately.

The provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines from trained staff who followed correct administration procedures but improvements were required in the management of medicines.

Staffing levels were sufficient, however during busy times at the service people were not always given the support they required in a timely or unhurried manner.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

The requirements of the Mental Capacity Act were not being adhered to which meant that people's rights were not protected.

People did not always receive the support they required with their nutritional intake. People received specialist diets if they required them and referrals were made to external healthcare professionals if required.

Staff received regular training and supervision to ensure they could perform their roles and responsibilities effectively.

**Requires improvement**



### Is the service caring?

The service was caring.

People's choices were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported.

**Good**



### Is the service responsive?

The service was not consistently responsive.

There was very little information to show that people had been involved in decisions about their care.

Care plans were not always in place or show sufficient detail or up to date information about the support people required.

**Requires improvement**



# Summary of findings

People were supported to make complaints and concerns to the management team although on occasion not all issues had been addressed in a timely manner.

People told us they enjoyed the activities at the home.

## Is the service well-led?

The service was not consistently well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service however these were not always effective in identifying and acting on shortfalls within the service.

Action had not always been taken to ensure that improvements were carried out in line with recommendations from outside agencies.

**Requires improvement**



# Rose Farm

## Detailed findings

### Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 November 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with six people who were living at the service and three people who were visiting their relations. We spoke with five members of staff, the cook, and the registered manager.

We looked at the care records of five people who used the service, two staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

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.

# Is the service safe?

## Our findings

We found people's medicines were not always managed in a way that promoted their most effective use. Medicines with a limited time span were not dated to show they were still within their most effective time period. Records of any creams applied were not accurate. There were no PRN protocols in place for medicines which were prescribed to be given only when required to ensure these were administered safely, such as pain relief medicine. This meant that further guidance was required to ensure that medication was administered correctly.

People received their medicines from staff who had received appropriate training. We observed a member of staff administering medicines and saw they followed appropriate procedures to do this. Staff who administered medicines told us they had received training in the administration of medicines and had their competency assessed to ensure that they followed safe practices. The records we saw supported this information. We reviewed the medicines administration records (MAR) for 10 people who used the service and found that systems were in place to aid safe administration, such as a photo of the person and a record of any allergies. However we found a recording error on the day of our inspection. The controlled medicines record book had not been updated following administration of a medicine. The controlled medicines book should be kept up to date to ensure that the amounts of medicine remaining were accurately recorded.

People told us they felt safe and felt confident to approach staff with any concerns. One person told us, "Yes I feel very safe, considering it's not my own home, I couldn't wish to feel safer really." Another person told us, "I feel so safe and sound and protected." One relative told us about some safety measures had been put in place to keep their relative safe.

We found that staff were able to describe the signs of possible abuse and said they would report any concerns to the registered manager. Staff were confident that concerns would be responded to and were aware of the need to escalate concerns to external agencies if required. Contact details of the local authority (who investigate allegations of abuse) were displayed in a prominent

position in the home. We reviewed the information we had received about the service and found that statutory notifications had been sent as required following incidents within the service.

People had care plans to describe the support they needed to ensure their safety and wellbeing in the event of an emergency situation such as a fire. We found that some of these plans lacked detail of the support required, such as the type of assistance or equipment the person would need.

People benefitted from systems which identified and assessed risks they may face and contained information about how these risks could be reduced. These risk assessments had been reviewed and updated monthly. When potential risks were identified, actions to control and reduce the risk were documented. Records showed that risk assessments identified that regular checks were required to promote people's safety and records showed the checks were being undertaken. Where the risk assessments had identified people were at risk of pressure damage to their skin appropriate pressure relieving equipment was in use. People's independence and freedom was encouraged through the use of mobility aids.

People felt there was sufficient staff to meet their needs. One person told us, "If I need help I press the buzzer and the [staff] respond very quickly, unless they are busy of course. But they are usually very good at getting to me."

On the day of our inspection we saw sufficient numbers of staff to maintain a constant presence in the communal areas throughout the home and we saw staff were able to respond when people needed support. Relatives told us that staff appeared very busy at times which impacted their time to sit and talk with people or provide support at mealtimes. One relative told us, "[Staff] are so busy at mealtimes, they just don't have the time to sit with every resident and assist to feed them, it takes too long."

The registered manager told us that they seek staff feedback to determine the number of staff required and that dependency assessments were not completed. We were told that staffing levels at mealtimes had been increased due to feedback from staff and relatives. Staff said they felt there were normally enough staff on duty as efforts were made by the management team to provide cover in the event of staff absence or sickness.

## Is the service safe?

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Records showed people were only supported by staff who had been safely recruited and had undergone a thorough pre-employment screening procedure, including Disclosure

and Barring Service (DBS), as part of the recruitment process. These checks enabled the provider to make safer recruitment decisions which reduced the risk of people receiving support from inappropriate staff.

# Is the service effective?

## Our findings

At the last inspection on 10 February 2014, we asked the provider to take action to ensure that they obtained consent from people in relation to the care that they received. This was because the principles of the Mental Capacity Act 2005 (MCA) had not been consistently applied. This meant that people were not protected by legislation designed to ensure that their rights were protected. On this inspection we found that decisions were still not being made in accordance with legislation to ensure that decisions were being made appropriately.

We found that people who did not have the capacity to make certain decisions were not protected under the MCA. 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.

We also found that people were deprived of their liberty without the required authorisation. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments had not been completed to determine if some people who may have lacked mental capacity could make a decision as to whether they had bedrails fitted. Additionally there was no record to show if the decisions had been made in people's best interests. We found that it was not clear whether or not people had consented to aspects of their care such as their room being locked or receiving medication.

We found that applications had not been submitted for people who had restrictions placed upon them which amounted to a deprivation of their liberty. At the time of our inspection we were told that two or three applications had been submitted. The manager agreed to submit applications for people with the most restrictions placed

on them including the two people who were cared for in locked rooms. We were informed the day following our inspection that nine applications had been submitted in response to our concerns.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that two people who were cared for in bed were locked in their rooms when staff or relatives were not present. Staff explained this was because previously another person who used the service had entered a person's room and tried to get them out of bed. We were told by the registered manager that family members had been consulted and were in agreement with the restriction. At the time of our inspection there was a lack of documentation to show how these decisions had been reached and that less restrictive ways of keeping people safe had been considered. We spoke with the registered manager about our concerns who completed documentation following our visit. We referred these concerns to the local authority safeguarding team.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt they received care from sufficiently skilled and competent staff. One person told us, "I think the staff are well trained". Another person told us, "We have never not been looked after more than adequately. The staff are very good".

Staff told us that on commencing employment they were required to undertake an induction process which included completing on line training which the provider considered mandatory. A recently recruited member of staff told us they had shadowed a senior care worker prior to working independently and felt able to ask if they were unsure about anything. They said, "Nine times out of ten, they show me how to do it, rather than tell me, so that is really good."

Staff also told us they were supplied with ongoing training to ensure they could remain competent and confident in performing their roles and responsibilities. One member of staff told us that much of the training was provided on line and that they felt they would benefit from more hands-on training in some areas such as moving and handling and first aid. We viewed training records and saw that staff received training in a variety of areas relevant to their role. However, we noted there had been no staff training on



## Is the service effective?

managing challenging behaviour since 2012. We observed that whilst staff were responsive to behaviour which could place people at risk, there was little training or guidance in how best to respond.

People did not always receive the support they required with their nutritional intake. We saw some people did not receive the support they needed to eat their meals and where support was provided this was not always in an encouraging and supportive manner. We witnessed that staff were busy delivering meals and assisting people who were in their rooms as well as supporting people in the dining room. We saw some people's meals were not kept warm and other people who were not eating their meal were not offered an alternative.

We found one person's nutritional risk assessment had not been kept up to date by incorporating advice and recommendations given by a healthcare professional. The person had a significant weight loss and a healthcare professional told us they had advised the person was weighed weekly and encouraged to consume nutritional supplements. Although action had been taken in relation to the person's weight loss, recent recommendations had not been recorded and the registered manager told us they were not aware these had been made.

People told us that they enjoyed the meals at the service and were offered a choice of dish at mealtimes. One person told us, "The food is excellent. All good standard stuff here you know."

We spoke to the cook who showed us information which had been collated regarding people's food preferences and dislikes and whether they required a special diet. We found that where people had been assessed as needing special diets, for example soft or pureed food, these were recorded in people's care plans and catered for. Supportive equipment such as plate guards was available when needed to aid people's independence

Staff told us that advice was sought from health care professionals when required. One member of staff told us, "They are very good [at seeking support from external healthcare professionals]."

The member of staff told us that health care professionals visited the home such as dietitians, community nurses and doctors. The records we saw supported this.

# Is the service caring?

## Our findings

People told us that they felt the staff were caring and compassionate. One person told us, “I love it here. [Staff] make some lovely gestures one way or another to make you feel so special.” Another person told us, “[Staff] send someone to hospital with you; or to attend appointments which is very reassuring and comforting. They really do care.”

The relatives we spoke with also confirmed they thought the staff were kind, courteous and treated people with respect. One relative told us, “The staff are kind and really, the nicest bunch we have come across.” Our observations supported what people had told us. Throughout the day we saw staff responding to people’s requests for support in a caring manner.

We saw staff were patient and understanding when supporting people and offered encouragement and reassurance when required. For example one staff member commented to a person who was eating, “That’s the first time you have enjoyed eating for ages.” We saw that the person responded positively to this interaction and laughed and joked with the staff member. We also observed that a person was fearful when being supported by staff with their mobility. Staff offered the person reassurance and encouragement throughout in a patient and caring manner.

We observed a member of staff assisting a person to read the daily menu and talking about the options on offer. When choices were offered to people such as what they would like to eat or what music they would like to listen to, these choices were respected.

People we spoke with told us that staff respected their privacy and dignity. One person told us “The staff go out of their way to help us. They are polite, they make a point of that and knock before coming into the room.”

We also found members of staff were appreciative of the importance of maintaining people’s privacy. The service had identified some members of staff as ‘Dignity Champions’ who were responsible for learning more about the values of privacy and dignity and embed this in the service.

We observed staff knocking on people’s doors before entering and handling situations sensitively when people required assistance with personal care. Staff told us they always drew the curtains and closed the door when they were providing personal care to protect people’s privacy and maintain their dignity. Staff told us that they supported people discreetly when they assisted them with personal care tasks.

Relatives told us that they were able to visit regularly. One person’s relative told us they could visit their relation at any time and visits were not restricted in any way. They also told us they had always been made very welcome by the staff and felt that the service was “homely.”

# Is the service responsive?

## Our findings

People were not as fully involved in making decisions and choices as they could be because their care plans did not contain information staff could use to support them in doing so. For example, one person's care plan referred to the use of aids available to assist with communication but did not detail what aids were used. Another person's care plan stated they were hesitant about joining in activities and may decline, but did not give any information about what activities the person may engage in or what may promote their involvement

The people we spoke with had not seen their care plans and it was not clear how people were involved in planning their care. The relatives we spoke with told us that they had not been involved in devising care plans although we saw that relatives had been consulted on some decisions and information sought about people's likes and dislikes. We were told by the registered manager that relations are offered the opportunity to have input into people's care plans. The records we saw supported this. We saw that the registered manager had discussed the issue of wishing to personalise care plans and obtain input from relatives during meetings held with people's relations.

We saw that individual care plans contained information on the person's care and support needs. Some of these provided details of the person's individual needs but others were quite generalised, for example a person's pressure ulcer prevention care plan stated "provide appropriate pressure ulcer equipment" rather than describing the type of equipment needed to meet that person's needs.

Some of the people using the service had behaviours that challenged. We found that staff were able to describe the action they would take in instances of people displaying behaviour which could place themselves or others at risk. We reviewed one person's records who was displaying behaviour which was challenging during our inspection. We found that there was not a care plan or risk assessment in respect of the person's behaviour and therefore there was no documented guidance for staff of how they can reduce the risk. The staff we spoke to told us that the person can present with behaviours that challenge and this was evidenced in their care records. We discussed this with the registered manager on the day of our inspection.

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "There are no restrictions on you". Another person told us, "Oh we can go to bed and get up when we wish. I know some people go to bed quite early though but that's up to them" and "We can have breakfast when we like."

A relative told us that staff knew their relation's history and likes and dislikes and that when they have shared information about their relation's background this has been shared with other staff members. The staff we spoke with were knowledgeable about people's needs, likes and dislikes.

Care records contained key information about people and there was brief information about the person's life history. Staff confirmed that they got to know about people's likes and dislikes through talking to the family and documenting information when people moved to the service.

There was an activities co-ordinator employed at the service five days a week. We saw that on the days when the activities co-ordinator was present a full day of activities was provided, such as coffee mornings, worship services and outings. People told us that they enjoyed the activities provided at the service. One person told us, "Oh we do lots of things with the activities lady, she is very good." The person was able to show us items that they had made at the service. Another person told us, "We can play dominoes, cards, and things like that and there's often a sing along. There are things happening if you want to be involved."

Staff confirmed that a range of activities took place at the service such as singers coming in and trips to the pantomime and seaside. A member of staff told us that, "They do really well with activities." The activities co-ordinator was not present on the day of our inspection and there were few activities taking place in their absence. We observed two communal areas of the service. In one communal area there was little interaction with other people during this period of time to offer reassurance or to occupy them. In the other area staff engaged with people about the music that was playing, asked for requests and danced with a person who clearly enjoyed this interaction. The area had a fun and social atmosphere.

## Is the service responsive?

We asked about the activities taking place for people who were cared for in bed and we were told that the activities co-ordinator spends a proportion of their time visiting people in their rooms and providing interaction.

People told us that their individual needs around their religion were facilitated by staff and we were told that people in the service were able to attend places of worship if they wished. We found that people had the opportunity to make suggestions about what activities they would like at residents meetings.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. All of the people and relatives we spoke with told us they would go to the manager or the officer on duty to complain.

One relative told us that they had raised a number of issues some of which had not been resolved. The relative told us

that many of their concerns had been addressed but there were one or two outstanding issues from their complaint which the registered manager was aware of. Another relative told us that improvements to the service had been made following their complaint.

We saw that a formal complaints procedure was in place which was on display and available for reference. A comments and suggestions box was present in the main reception of the service which people could utilise to provide feedback on the quality of the service. Staff told us that they felt that complaints were acted upon by the management team. The cook told us that they now provided fresh vegetables three times a week in response to a concern raised by a relative. We saw that where formal complaints had been made these had been responded to by the registered manager or provider and action had been taken to address most of the issues raised.

# Is the service well-led?

## Our findings

Although the provider had systems in place to monitor the quality of the service provided, we found that these were not always effective in identifying or acting on issues. We found that a medicines audit had picked up that liquid medicines had not been labelled with their date of opening and this was found to be an issue during our inspection. We also found that audits had not identified issues in respect of people's mealtime experiences or the risk of mobility equipment being used for more than one person, increasing the risk of cross infection.

Although accidents and incidents were recorded individually in people's care record the registered manager did not have any method of collating the accidents and incidents from all the people using the service to facilitate the identification of themes, to enable learning and facilitate preventative action. Auditing systems were in place that monitored aspects of service provision such as people's care plans to ensure they were reviewed on a regular basis. However systems had not identified that some care plans lacked detail, evidence of how people had been involved in decisions about their care and had not been updated to reflect changes in people's care needs.

We found that issues which had been highlighted to the provider as a result of our last inspection in February 2014 and during a local authority monitoring visit in February 2015 had not been addressed and remained an issue during this inspection. Therefore the service was not effective in acting on the recommendations of external agencies to ensure that shortfalls in service provision had been addressed.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt confident in approaching the registered manager if they wanted to discuss anything with them and felt that the registered manager responded appropriately to their needs. One person told us, "I think the manager is fair." Another person told us, "I think they manage well here. There are staffing issues of course from time to time but [deputy manager] is very attentive and gets on top of things. I can't think of one thing that could be improved."

People residing at the home, and their relations were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys in 2015. The provider had sent a survey form for people to comment on the quality of the service. The results of the survey were collated and contained a number of positive comments and an action plan was produced to address issues raised. We saw minutes from meetings held with people who used the service in January 2014 and a family meeting in March 2015. We could see that action had been taken to address the issues raised and to address other shortfalls in the service, such as encouraging family members to complete life history forms so that care plans could be more person centred.

At the time of our inspection, there was a registered manager in post. The registered manager was visible around the service and we observed them interacting with people. The registered manager displayed a good knowledge of the people residing at the service.

Staff told us the registered manager was approachable and that, in the absence of the registered manager, there was always a senior member of staff to ask for advice if they required it. They said they felt comfortable making any suggestions to make improvements within the home. One member of staff told us, "The management team are approachable. When manager isn't here it's the deputy manager and I feel comfortable approaching either." Staff told us they enjoyed working at the service, one member of staff stated, "I don't think this place could be beaten."

Staff told us that they felt supported by the management team and that all levels of management were visible and responsive. One staff member gave us an example of reporting a concern to the registered manager previously and the action that had been taken to address this issue.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures without fear of recrimination. We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed we had been notified of incidents that had occurred within the service since our last inspection and that issues had been managed effectively.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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

Care or treatment for service users must not be provided in a way that includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent  Care and treatment of service users must only be provided with the consent of the relevant person.

### **The enforcement action we took:**

We have issued the provider and registered manager with a Warning Notice instructing them to address the concerns identified and breach of regulation.