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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out this inspection on 5 and 6 November 2014, and it was unannounced.

Rosalyn House provides accommodation, care and treatment for up to 46 older people. The home is spread over three floors and there is a lift available to enable people to access all areas of the home. Some of the people supported by the service were living with dementia, mental health issues and physical disabilities. At the time of the inspection there were 41 people living at the home.

At the last inspection on 29 April 2014, we had told the provider to make improvements to ensure that medicines were managed safely, the premises were safe, and the records were accurate, up to date and stored appropriately. They sent us an action plan telling us that they would meet the requirements by 30 September 2014. We found that all the improvements had been made during this inspection.

The service is required to have a registered manager in post. 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 2008

Summary of findings

and associated Regulations about how the service is run. At the time of our inspection, there was a manager in post and they had commenced the process to register with the Care Quality Commission.

The provider had effective recruitment processes in place, and there were sufficient staff employed. However staff were not deployed effectively on the day of our inspection.

People's needs had been assessed, and care plans took account of people's individual care and treatment needs, preferences, and choices. However, some of the people did not always receive the care they needed.

There were risk assessments in place that gave guidance to the staff on how risks could be minimised. There were systems in place to safeguard people from the risk of abuse and medicines were managed safely.

The staff had appropriate training, supervision and support, and they also understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient food and drinks in a caring and respectful manner.

People were supported to access other health and social care professionals when required. They were also enabled to maintain close relationships with their family members and friends.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The new manager had made significant improvements so that people received safe, effective and compassionate care. However, these had not yet been fully embedded, understood and implemented by all the staff.

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 always safe.

The staff were not deployed effectively so that people received the support they needed in a timely way.

Medicines were managed safely.

Staff were recruited safely and understood their responsibilities to report concerns to keep people safe.

Requires Improvement

Is the service effective?
The service was effective.

The staff understood their role in relation to the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to have enough and nutritious food and drink, and to access other health and social care services when required.

Good

Is the service caring?
The service was caring.

Staff were caring and compassionate.

The staff knew the people they supported well and they understood their needs.

The staff respected and protected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and appropriate care plans were in place.

People's complaints were handled sensitively, and action was taken to address the identified issues to the person's satisfaction.

Good

Is the service well-led?
The service was not always well-led.

Significant improvements had been made to the quality of the service. However, these had not yet been fully embedded, understood and implemented by all the staff.

People who used the service and their relatives were enabled to routinely share their experiences of the service.

The staff were also encouraged to contribute to the development of the service.

Requires Improvement

Rosalyn House

Detailed findings

Background to this inspection

We carried out this 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.

The inspection took place on 5 and 6 November 2014, and was unannounced. The inspection team consisted of an inspector 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.

We reviewed information we held about the service and this included a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people who used the service, five relatives, five care staff, two visiting health and social care professionals, and the manager. We also observed how care was being provided in communal areas of the home. Following the visit to the home, we contacted three other health and social care professionals to obtain their views about the quality of the care and treatment provided by the service.

We looked at the care records for five people who used the service and reviewed the provider's recruitment processes. We also looked at the training information for all the staff employed by the service, and information on how the service was managed.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 29 April 2014, we had found that the provider did not have effective systems in place to protect people against the risks associated with unsafe management of medicines, and unsafe premises.

During this inspection, we found that all the required improvements had been made so that people were cared for in a safe environment. There were systems in place to manage risks associated with the day to day operation of the service and we saw that a fire risk assessment had been completed to identify possible risks and how these could be minimised. A maintenance staff member was employed to ensure that the premises were adequately maintained. We also saw that the provider had a system in place to continuously identify, review and manage risks associated with accidents and incidents that may occur and there were plans in place to manage people's care during emergencies.

There had also been some improvements in how medicines were managed. One person said, "The nurses give me all my medicines and I don't need to remember what time I have to take them." We observed lunch time medication being administered and we saw that people were supported to take their medicines safely. However in contrast to our observations, one of the nurses said that they would benefit from an additional nurse in the morning and at night to reduce the disruptions they sometimes experienced while administering medication. They said that this would ensure that people were administered their medicines safely at all times. We reviewed the medicine administration records (MAR) and found that these had been appropriately completed by the staff. The MAR were audited regularly and action plans were in place when any issues were identified, but we noted that the records showed limited evidence that the required actions identified in a recent medication audit had been fully completed. However, the deputy manager was able to show us that the required improvements had been made.

Some of the people we spoke with said that there were not sufficient staff to support them. One person said, "They're too busy. They could do with more staff." Another person said, "I think they need more than two on this floor." Although the rotas showed that there were 11 staff, including two nurses to support people during the day, people's relatives also commented that the staffing numbers were not always adequate to support people safely. One relative said, "In an ideal world, there would be more staff." We discussed this with the manager who told us that they and the deputy manager, provided additional support in care delivery if this was required. They said they had also recruited more staff in order to reduce the number of agency staff working at the home to promote consistency of care.

We observed that there were sufficient staff on duty in the home to support people. However they were not deployed effectively and some areas were left unattended for long periods, resulting in one person in the small lounge on the ground floor becoming distressed by the behaviours of others in the room. The staff told us that they had time to support people safely, but their busy schedule meant that they did not always have the time to sit and chat with people. One staff said, "We are really stretched sometimes. The manager needs to review the staff numbers again in relation to people's needs. Some of the people admitted in recent months require more support." We discussed this with the manager and they told us that they carried out a needs analysis on a monthly basis, in order to determine the numbers of staff required to support people safely. They assured us that they would review the staffing numbers and skill mix so that there were always enough staff to meet people's needs safely.

People told us that they felt safe and that they would speak with the care staff or the manager if they had any concerns about their safety. One person said, "It's quite a little happy place." Another person said that they felt safe, but would rather be at home. However, they recognised that they were no longer able to look after themselves without support. The relatives we spoke with had no concerns about the safety of the people who used the service and one relative said, "If I thought [relative] wasn't safe, I'd have [relative] out of here." We spent most of the time in communal areas of the service observing how care was provided. We saw that people were relaxed with the staff that supported them and interacted freely with them. The provider had guidance for the staff to enable them to raise concerns if they suspected people were at risk, and staff we spoke with had a good understanding of their responsibilities in keeping people safe. A review of our records showed that the provider reported concerns appropriately.

Requires Improvement

Is the service safe?

We saw that the provider had effective recruitment processes in place. They had completed all the appropriate pre-employment checks including obtaining references from previous employers, proof of registration with the Nursing and Midwifery Council (NMC) for the registered nurses, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People had risk assessments in place in relation to a number of issues such as, falling while mobilising independently, pressure area damage, and poor food or fluid intake. These gave guidance to the staff on how risks could be minimised and people supported to remain as independent as possible. We saw that where possible, people were involved in decisions about taking risks, including the regular review of their risk management plans.

Good

Is the service effective?

Our findings

People told us that their consent was sought before any care or support was provided and we observed this during the inspection. Where possible, people or their representatives had signed the care plans to indicate that they agreed with the planned care. Where people did not have the capacity to consent to their care or treatment, we saw that mental capacity assessments had been completed and a decision made to provide care or treatment in the person's best interest. This was in line with the requirements of the Mental Capacity Act 2005 (MCA).

Some of the people had authorisations in place in accordance with the Deprivation of Liberty Safeguards (DoLS). The staff had been trained and they understood their role in relation to MCA and DoLS. They also completed other relevant training, and had regular support, supervision and appraisals to enable them to carry out their role effectively. Some of the staff were enrolled on a Level 2 or 3 of the Qualifications and Credit Framework (QCF) course in health and social care to enable them to gain a recognised care qualification. We spoke with a visiting assessor who told us that they found the manager very supportive to the staff on the course. The staff we spoke with told us that they received sufficient and relevant training for their role. This included additional training for the nurses when required. We saw that some of them had completed training in wound care to enable them to manage wound care more efficiently.

Most people told us that they enjoyed the food and they were given an alternative choice if they did not like what was on the menu. However, one person said that the choices on the menu were very poor. They told us that they had recently completed a survey about food and they hoped that changes would be made soon. One of the relatives we spoke with said, "The food is good. My [relative] had lost weight in hospital, but has put it back on after returning to the home." We observed a lunchtime meal in two areas of the service. We saw that people were supported to have sufficient food and drinks, were given a variety of dishes to choose from and enjoyed their food.

The provider used a Malnutrition Universal Screening Tool (MUST) to regularly monitor if people were at risk of not eating or drinking enough. Records showed that where people were deemed to be a risk of not eating and drinking enough, the provider monitored how much they ate and drank on a daily basis, and their weight was checked regularly. We also saw a report that showed that a dietician had reviewed everyone's nutritional needs. Where necessary, appropriate referrals had been made to the dietetics service and treatment plans were in place so that people received the care necessary for them to maintain good health and wellbeing.

People told us that they were supported to access additional health and social care services when required. We noted this in the records we looked at, and one person was supported to visit a dentist during our inspection. We spoke with a practice nurse from a GP surgery that worked with the home. They confirmed that the provider worked closely with various health and social care professionals to ensure that people had access to any additional services that they needed. They told us that they visited the home weekly to review people's treatments and any urgent visits were requested by the nurses from the home in a timely way.

Good

Is the service caring?

Our findings

Most people we spoke with and their relatives commented positively about the staff that supported them. One relative said, “The carers are exceptional. Anything you ask for gets done.” Another relative said, “The staff are brilliant.” However in contrast, other people’s comments suggested that some of the staff were not as respectful and compassionate as others and one person said, “The majority of them are very pleasant and treat me really well.” We discussed these comments with the staff who told us that they supported people in a caring and respectful manner and they were not aware that some people felt this way. The manager told us they had not received any recent comments or complaints about poor staff attitudes, but they would explore this matter further.

However, we observed that the staff were caring towards people who used, as well as, the visiting relatives. We noted that they offered drinks regularly to people’s relatives and engaged them in conversations about many issues, including the bonfire night activities planned for that evening. One relative told us they could visit whenever they wanted and this enabled people to maintain close relationships with their relatives and friends. Another relative said, “I visit daily and feel welcome at all times.”

We saw positive interactions between the staff and people they supported, and most people told us that they were treated with respect and dignity. One person said, “I am treated properly.”, and another person said, “They haven’t been rude to me or impolite.” We noted that while supporting people, the staff gave them the time they required to communicate their wishes. People told us that the staff understood their needs well and provided the support they required. The staff we spoke with were knowledgeable about the people they supported and what was important to them. One of the staff told us that they assisted people to make decisions about their care and support and acted on people’s views and choices to ensure that they received the care they wanted.

People also told us that they were supported to maintain their independence as much as possible and were involved in making decisions about their care and support. For example, we spoke with one person whose bedroom door was opened and they said, “I prefer to stay in my room, but I like to have the door open so that I can talk to people walking past.” Another person told us that they were supported daily to choose the clothes they wanted to wear and they were happy with how their clothes were looked after. However in one of the lounges, we observed that people were not able to get up and walk around when they wanted because their walking aids had been moved out of their reach. One person who was looking for their walking frame said, “She’s moved them somewhere.” We observed that these had been moved out of the room and the staff that brought these back told us that they thought that they posed a risk of tripping as there was not enough space for all the equipment in the room. However, they said that they will review the layout of the room to ensure that people had access to their mobility equipment and could move around as and when they wanted.

Good

Is the service responsive?

Our findings

People we spoke with were mainly positive about the care and support they received. One person said, “We’re looked after hand and foot. Everything we need is catered for.” Another person said, “I think it’s good." We saw that people’s needs had been assessed and appropriate care plans were in place to ensure that people were supported effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. The staff told us that they enjoyed their work. They said that they worked regularly with an identified group of people to ensure that they provided consistent care. This also enabled them to know those people really well, including understanding their needs, preferences and choices. One of the staff said, “We work really well as a team to make sure we support people well. This is a good home and I would recommend it to others.”

Where possible, people and their relatives had been involved in the planning and regular reviews of their care. The relatives we spoke with were happy with the level of information they received from the service which kept them informed of any significant events. One told us how they had been involved in the planning of their relative’s care and they had attended the care reviews. We saw evidence of regular communication with people’s relatives. The staff told us that where possible, they regularly discussed and reviewed care plans with people who used the service and we saw evidence of care reviews in some of the records we looked at. One person told us that the staff did not always follow the instructions on their care plan and they said, “The staff sometimes forget to put cream on my legs. This is in my care plan, but I have to remind them to do this.” However, we did not find evidence of any omissions in the records we looked at.

People were supported to take part in activities within the home. A number of them were looking forward to the ‘bonfire night’ activities that were planned for that evening. One relative said, “We are always invited to attend the various activities the home holds. I will be staying for the fireworks display tonight.” We saw that a special menu had been planned to ensure that people had appropriate food for this occasion. We observed that the large communal area, where activities were provided throughout the day, was lively with a lot of chatting and laughing between people, the staff and visiting relatives. However, this was not always the experience for people in other communal areas of the home. This was an area that required improvement because we saw that people in the smaller lounges did not always get the social interactions they required to prevent them from becoming isolated and lonely. There were no alternative activities offered for people who were unable to or chose not to attend the planned activity groups, and staff did not have the time to sit and chat with people in these areas.

Where possible, people were supported to pursue interests and hobbies in the local community, and we saw that individual and group trips had been arranged to various places which were of particular interest to people. One person who enjoyed gardening said, “I sometimes go to a garden centre in the minibus.” Outside entertainers also visited the home for planned seasonal performances. We were shown that a ‘café’ was being developed in the large communal area to encourage people to prepare their own drinks to promote their independence, and engage in social interactions with the staff and other people who used the service. The provider had also created a ‘memory street’ in the garden. This was a mock high street with the kind of shops that people would have used when they were younger. This was particularly important for people with memory loss as it helped to trigger memories and topics for discussion. The provider also subscribed to a reminiscence newspaper called the ‘Weekly Sparkle’ to help people recall experiences and events that they might remember from the past.

People told us that they were able to make their bedrooms “their own”. In order to support people to maintain their individuality and diversity, we saw that they had personal items and photographs of friends and family members on display in their bedrooms. People could also bring small pieces of personal furniture to the service. These familiar items made the environment feel homely and comfortable for people.

The provider enabled people to use video calling services, and one person said that they were able to speak with their family members abroad using this service. Wireless internet access was also available for people to use.

People told us that they had not had any cause to complain. However, they said that they were comfortable with raising complaints and concerns and had been given the information to enable them to do so. One relative said,

Good

Is the service responsive?

"I have no concerns at all about my [relative]'s care. If I did, I would speak with the manager." They also said, "The manager is hands on, approachable, always speaks to people and would respond appropriately to any concerns raised." This view was supported by other people we spoke with and the staff. We also observed that the manager interacted with people and knew them all by name. We saw that any complaints received by the provider had been recorded, investigated and responded to appropriately. We noted that concerns had been raised about clothes missing from the laundry and one relative also told us that some items of their [relative]'s clothing had gone missing. However, the provider had put an effective system in place to minimise the risk of people's clothes being misplaced and people confirmed that improvements had been made. The manager told us they discussed concerns raised during staff meetings to enable learning from these and appropriate actions to be taken to make further improvements.

Requires Improvement

Is the service well-led?

Our findings

During our inspection on 29 April 2014, we had found that the provider did not manage records in a way that ensured that the information was accurate, up to date and stored securely.

We found that improvements had been made so that care records, and other records in relation to staffing and the management of the home were appropriately stored, clear and well maintained. Significant progress had also been made to improve the contents of care records so that they contained accurate and up to date information, which enabled staff to provide consistent and effective care and treatment. One of the staff told us that the nurses sometimes found it difficult to find the time to review and update the information in the records and they said, "The deputy manager helps out a couple of times a week to free the nurses to complete their other jobs. A bit more of that will help get everything up to date." However, they also said that they had seen some improvements since the new manager had been in post. They said, "We are at a turning point and it will not take much to get everything up to date. Having a stable team has also helped."

We noted that the staff had not been effectively deployed so that people in all areas of the home received the support they needed and wanted in a timely way. For example, a person was becoming increasingly distressed in the small lounge on the ground floor because they were unable to relax due to others constantly coming in and out of the room. Also, people in the first and second floor lounges were left unsupervised while the staff were supporting others in their bedrooms. People in these areas were also not supported to take part in recreational activities. We discussed this with the manager and they told us that they would review this matter urgently.

There was a manager in post at the time of the inspection, and they had commenced the process to become registered. People knew them well as they had been working at the home for a number of years in a different role. People told us that they found the manager approachable and very pleasant. One person said, "She comes to check on us now and again." Another person said, "I didn't like some of the food on the menu and the manager was happy to discuss this with me." The relatives we spoke with told us that the manager took time to listen to people's concerns and would take appropriate action to resolve issues. One relative said, "[Manager]'s strength is that she has been a care staff before." Another relative said, "She understands people's needs and concerns." This view was supported by other people we spoke with and the staff. We also observed that the manager interacted with people and knew them all by name.

We found that the manager provided leadership and guidance to all the staff and they told us that they liked to "lead by example". They were clear about the standard of service they wanted to provide to people and their families, as well as, providing effective support for the staff. They had worked with the staff to identify further training they needed to enable them to meet people's individual needs more efficiently. An example of this, was training to develop their skills and knowledge in how to manage the care of people living with diabetes. The manager also held regular meetings were with the staff to discuss issues relevant to their roles and responsibilities and the staff we spoke with were happy about the level of support they received. They said this support enabled them to provide care that met people's needs and safe. The staff also demonstrated an awareness of the provider's whistleblowing policy which provided them with guidance should they wish to raise concerns when they felt that people were at risk of receiving unsafe care. Whistleblowing is when a member of staff reports suspected wrongdoing at work.

The provider encouraged people to make suggestions and provide feedback about improvements they would like to see. We saw that 'Residents and Relatives' meetings were planned regularly, but some of the people we spoke with told us that they chose not to attend these. People told us that they had been involved in discussions about the improvements required to make the garden a pleasant place to relax in during the warm months. As a result of people's suggestions, gazebos had been installed to protect people from the sun while using the garden and other gardening projects were in progress. A relative we spoke with said, "The manager is hands on, approachable, always speaks to people and would respond appropriately to any comments or concerns raised."

The manager completed a number of quality audits to ensure that the service they provided was safe and effective. The information from these audits was collated into a monthly quality report completed by the manager, and where necessary action plans were in place to ensure that any issues identified during the audits were rectified.

Requires Improvement

Is the service well-led?

The manager had made significant improvements to the service in the short time they had been in post and they had completed the improvements we told them to make following our previous inspection. However, further work was required to ensure that the improvements made had been fully embedded, understood and implemented by all the staff. For example, the most recent medication action plan showed evidence that the improvements made in relation to the management of medicines had not yet been sustained.