Care Quality Commission

S.A.H Nursing Homes Limited

Rosalyn House

Inspection report

King Street,
Houghton Regis,
Bedfordshire.
LU5 5TT
Tel: 01582 896600

Date of inspection visit: 17 November 2015
Date of publication: 06/07/2016

Ratings

Overall rating for this service	
Is the service safe?	
Is the service effective?	
Is the service caring?	
Is the service responsive?	
Is the service well-led?	

Overall summary

This inspection took place on 17 November 2015 and it was unannounced. When we inspected the service in November 2014, we found that the provider was meeting all their legal requirements in the areas that we looked at.

Rosalyn House provides accommodation and nursing care for up to 46 people with a wide range of care needs. At the time of our inspection there were 44 people living at the service, many of whom were living with dementia and other associated conditions.

The service has a registered manager. 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 and associated Regulations about how the service is run.

It was not clear whether people had been involved in the planning or the reviews of their care. Each person had a care plan which reflected their preferences and included personalised risk assessments however; there were inconsistencies within these records. Assessments of people's capacity to make decisions was lacking and records of any decisions that had been made in their best interests were not consistently completed.

Summary of findings

Sufficient supplies of medicines had not been maintained and there were gaps in the medicine administration records.

People felt safe living in the service and staff had good understanding of safeguarding procedures.

There were sufficient members of staff on duty and a visible staff presence in all areas of the service during our inspection. Staff were competent in their roles, had completed training and felt supported with regular supervisions. Robust recruitment procedures were in place.

People's health care needs were being met and they were assisted to receive support from healthcare professionals when required. People were happy with the food provided at the service and their nutritional needs were being met.

Positive relationships had been formed between people and members of staff. Staff were kind and caring and provided care in a respectful manner maintaining people's dignity. Staff knew people's needs and preferences and provided encouragement when supporting them. There were a range of activities available and people received relevant information.

There was a registered manager in post and people, relatives and staff were aware of their presence. Quality assurance processes were in place. Formal complaints that had been received in the service had been recorded and managed appropriately however, there was a lack of awareness amongst people and their relatives of the complaints procedure.

There was an open culture within the staff team and members were aware of their roles and responsibilities however, they were not aware of the vision and values of the service or how they could be involved in the development of the service.

During this inspection we found the service to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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. Personalised risk assessments had been completed but there were inconsistencies within the records. There were unexplained gaps in Medicine Administration Records (MAR) and sufficient supplies of medicines had not been maintained. Staff knew how to safeguard people and appropriate safeguarding referrals had been made. There were sufficient staff on duty at all times and robust recruitment processes in place.	**Requires improvement**
Is the service effective? The service was not always effective. Capacity assessments and best interests decisions were not consistently recorded in people's care records. Staff received regular supervision and appraisals to assist in identifying their learning and development needs. People were supported in meeting their health needs.	**Requires improvement**
Is the service caring? The service was caring. Staff were kind and caring. Staff treated people with dignity and respect. People were provided with information regarding the services available.	**Good**
Is the service responsive? The service was responsive. Care plans had been regularly reviewed but lacked the involvement of people and their relatives. People and their relatives were encouraged to give feedback on the service provided. Staff demonstrated a good knowledge of peoples likes, dislikes and were aware of their preferences. A range of activities were on offer.	**Good**

Summary of findings

Is the service well-led? The service was well-led. Staff were unaware of the visions and values of the service or how they could contribute to the development of the service. The registered manager completed regular audits to monitor the quality of the service provided. Staff told us they felt supported and management were approachable.	**Good**

Care Quality Commission

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.

This inspection took place on 17 November 2015 and was unannounced. The inspection team consisted of one inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse who had experience in providing and managing the care of people living with dementia in both community and residential settings.

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. We also reviewed the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We found that no recent concerns had been raised.

During the inspection we spoke with four people and three relatives of people who lived at the service. We also spoke with five care workers, one activity co-ordinator, one nurse, one cook, three domestic staff and the registered manager.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of five people who lived at the service, and also checked 14 medicines administration records to ensure these were reflective of people's current needs. We also looked at five staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed information on how the quality of the service was monitored and managed to drive future improvement.

Requires improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe and secure living at the service. One person said, "Yes I do feel safe." Another person told us, "I feel very safe here. Yes, I do." All the relatives we spoke with confirmed that they felt their family member was safe living in the service. We observed that people were relaxed in the company of the staff that were caring for them.

There were personalised risk assessments in place for each person who lived in the service which addressed identified risks. Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people's care plans and their risk assessments, their daily records and by talking about people's needs at handovers. One member of staff told us, "We refer to the pen pictures in place for people and the risk assessments. Senior staff discuss any issues at handover so we know how people are doing that day or if anything has changed." Another member of staff told us, "I have been here for three and a half years and know the residents well. I know their needs and help agency or new staff to care for people."

The actions that staff should take to reduce the risk of harm to people were included in the risk assessment but some information was in conflict with that detailed within their care plan. For example, for one person a risk assessment detailed that they were unable to mobilise when the care plan indicated that the person should be encouraged to walk. For another person, the care plan stated that they had diabetes but there was no further information or risk assessment in place to meet the person's needs in relation to this medical condition. The nurse we spoke to regarding this lack of information was unaware that the person had diabetes. These inconsistencies made it unclear for staff as to the correct actions that should be taken or the care to be given and placed people at risk of their needs not being met. Other risk assessments included identified support regarding mobility, nutrition and hydration and receiving personal care.

Not having assessed the risk to the health and safety of a person in relation to their needs was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people's medicines were managed and found gaps in four medication administration records that we looked at. The nurse we spoke with was unable to explain these gaps in the records. We also noted that one medicine was recorded as unavailable for a period of two days and another medicine for a period of five days. This meant that people did not receive their prescribed medicines as sufficient supplies were not available. Following our inspection the provider notified us of difficulties they had experienced in obtaining prescriptions for people and the steps they had taken to address this. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. The registered manager explained to us how regular audits of medicines were carried out so that that all medicines were accounted for.

Not having sufficient quantities of medicine to meet the needs of people and failing to manage medicines properly and safely was an additional breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the members of staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. One member of staff said, "I would report any concerns straight away to the senior member of staff on duty." Another member of staff said, "I would speak to the manager or one of the nurses." Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding was displayed in the entrance hallway and on the staff noticeboard. Safeguarding referrals has been made when required.

Accident and incidents had been reported appropriately and these had been analysed by the registered manager who had reviewed each report. This analysis was used to identify any trends or changes that could be made to prevent recurrence and reduce the risk of possible harm. Actions to be taken in the future were also recorded and were shared with members of staff during team meetings and supervisions to aid their future learning.

Requires improvement

Is the service safe?

There was a visible staff presence during our inspection. People we spoke with said there was enough staff available to help them. One person told us, “Staff are good, there’s enough. In the mornings you have to wait if you use your bell in your room but it can’t be helped. They are busy.” A member of staff told us, “We help each other out and work as a team. We make sure we cover for each other and make sure someone is available if we are going to be busy helping someone in their room.” We observed that staff were readily available to assist each other throughout the day and meet the needs of the people living in the service when required or requested. Calls bells and requests for assistance were answered promptly. We reviewed past rotas and found that there were consistently sufficient members of staff on duty in the service. The registered manager used a dependency tool to assess the level of need of all the people living in the home and the support they required. This was used on a monthly basis to determine staffing levels prior to completion of the staff rota.

We looked at the recruitment files for five staff including one care worker that had recently commenced employment at the service. We found that there were robust recruitment and selection procedures in place. Relevant pre-employment checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

Requires improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met.

People's capacity to make and understand the implication of decisions about their care were not consistently assessed or documented within their care records. For example for one person, we saw that a best interest decision had been made following a meeting with relatives and health professionals, however there was no record of an assessment being completed with regards to the persons capacity to make the decision. For another person we saw that a decision had been made following a discussion with a relative but there was no record of a capacity assessment or a best interests meeting being held. Staff had received training on the requirements of the MCA and the associated DoLs and we saw evidence that these were followed in the delivery of care. There were authorisations of deprivation of liberty in place for many people who lived at the service as they could not leave unaccompanied and were under continuous supervision for their own safety. We saw the registered manager had made applications for other people living at the service appropriately and was awaiting the outcome of these applications from the relevant supervisory bodies.

People told us they were confident that staff had the skills required to care for them. One person said, "Staff are very well trained. No problems." Another person told us, "They have the right training." There were many positive comments from the most recent relatives satisfaction survey which included, "The carers are excellent in all aspects." It was clear from our observations of staff interacting with people that they knew them well and had the right skills to meet their needs.

Staff told us that there was a training programme in place which gave them the skills they required for their roles. Staff explained the variety of training courses they attended and were positive about how this supported them in their roles. One member of staff told us, "If there is any training that you want to do, you just ask and they will support you." Another member of staff, who had recently been employed at the service, told us, "I received some days shadowing another carer in the service when I started and then completed the basic training. Then, over the next month, I attended training one day a week." We reviewed the training records for all staff and found that training was current and courses undertaken were specific to the needs of the people living in the service.

Staff also told us that they received supervision on a regular basis and felt supported in their roles. One member of staff told us, "I feel we are well supported here. Following my last supervision [registered manager] has signed me up to do my team leader training." Another member of staff told us, "Supervision is open and we can always make comments and suggestions to the manager." The staff we spoke with confirmed that they had received an appraisal and our review of the supervision matrix confirmed that supervision meetings took placed and annual appraisals held.

Members of staff told us that they always asked for people's consent before assisting them. One member of staff told us, "We are all trained and are asked to do it in the same way. We are not to assume consent, even if they don't have the ability to answer us." They went on to explain how they looked for positive responses from people and demonstrated hand gestures and signs that they used and looked for. Another member of staff told us, "We always have to ask before we do any care for them. Sometimes we have to act in their best interests to keep them safe." We observed members of staff asking for people's permission before supporting them and ensuring that they had gained people's consent.

People told us that they had a good variety of food at mealtimes and we saw two choices of main meal available. One person told us, "The food is good. We have nice dinners." Another person told us, "I like the food. The menu

Requires improvement

Is the service effective?

is on the wall in the frame but if we don't like anything we can get something else." A relative we spoke to told us, "I come every day to feed my [relative] The food is good and hot. My [relative] eats really well." We observed the lunchtime meal and the food appeared nutritious and appetising.

We spoke with the cook who told us that all food was prepared at the service and people were given at least two choices for each of the meals with snacks available throughout the day. People had been asked for their likes and dislikes in respect of food and drink prior to moving to the service and a nutrition plan prepared. The provider organisation employed a dietician who visited the service on a monthly basis and reviewed the nutritional needs of people. The cook participated in these reviews and kitchen staff were notified of people's dietary requirements and informed of any changes. Records in the kitchen detailed people's preferences and specific dietary needs, such as diabetic diet and allergies. There was one person living at the service at the time of our inspection that required a special diet for cultural or religious reasons and the cook explained how this was catered for. Members of staff were aware of people's dietary needs and this information was documented in the care plans and pen picture. Where people required specific equipment or assistance to eat their meals we saw that this was provided and in a way that enhanced the mealtime for the person. We saw staff encouraging people to eat and drink where necessary and maintain food and fluid charts to record people's dietary intake, where required.

People told us they were assisted to access other healthcare services to maintain their health and well-being, if needed. One person said, "I feel not too bad in myself. You can ask to see the doctor. "Another person told us, "They will get the GP for me if I don't feel well and I've had my eyes tested." The registered manager confirmed that the community matron from the GP surgery visited once a week and the GP visited when requested. Records confirmed that people had been seen by a variety of healthcare professionals including the GP, dentist and optician and referrals had been made to other professionals, such as physiotherapists.

Good

Is the service caring?

Our findings

People were complimentary about the staff. One person told us, “They look after me really well. They are kind and caring towards me. Never rush me.” Another person told us, “They are just lovely.” A relative told us, “I come every day, well just about. I spend several hours here and they are all very caring and friendly.”

Positive relationships had developed between people who lived at the service and the staff. When we spoke with staff they knew people well, spoke with warmth and understood people’s preferences. The knowledge staff had about people enabled them to understand how to care for people in their preferred way and to ensure their needs were met. People we observed appeared confident and at ease in their company. Staff spent time talking with people, looking at pictures or sitting beside them holding their hand whilst they watched a film.

People’s bedrooms had been furnished and arranged in the way they like and many had brought their own personal items such as photographs and ornaments with them when they came to live at the service.

We observed the interaction between staff and people who lived at the service and found this to be kind and caring. We observed members of staff using each person's name and taking time to ask people questions and understand their wishes. Staff were patient and gave encouragement when supporting people and using appropriate reassuring touch to offer comfort. We saw members of staff assisting people with their meals in the lounge areas; they were calm and positive when communicating with people and additional assistance was provided in a pleasant relaxed way.

People told us that staff treated them with respect and dignity. When asked if staff were respectful comments included, “Definitely, they always are” and “Of course, I don’t need the help personally. They know I am independent.” Staff members were able to describe ways in which people’s dignity was preserved such as knocking on bedroom doors, making sure they closed curtains and ensuring that doors were closed when providing personal care in bathrooms or in people’s bedrooms and observed staff carry out these measures when supporting people. Staff explained that all information held about the people who lived at the service was confidential and would not be discussed outside of the service to protect people’s privacy. We observed staff treating people with respect and promoting their dignity. Results of the most recent satisfaction survey showed that everyone had responded positively when asked about the care and treatment they received and attitude of the staff.

People and their relatives had access to information about the service that was provided. There were a number of information posters displayed within the entrance hallway which included information about the service and the provider organisation, safeguarding, a fire safety notice and the activities available. We also saw information from other local services and charitable organisations that offered support to older people and people living with dementia.

Good

Is the service responsive?

Our findings

People we spoke with were unable to tell us if they had been involved in deciding what care they were to receive and how this was to be given. However, records showed that pre-admission assessment visits were undertaken by the registered manager to establish whether the service could provide the care people needed. We saw that relatives had been included in these assessments, where appropriate. The care plans followed a standard template which included information on their personal background, their individual needs and preferences along with their interests. Each was individualised and included detailed instructions for staff on how best to support people. We found that the care plans had been updated regularly with any changes as they occurred and saw evidence in care records that, where people lacked capacity, relatives had been involved in the review of two care plans. When we discussed these reviews and people giving written consent to their care plans the registered manager explained that this was an area that they were working on with family members. We saw that letters had been sent to all families inviting them to attend a review of their relatives care and the plan in place.

The care staff we spoke with were aware of what was important to people who lived at the service and were knowledgeable about their life history, likes and dislikes, hobbies and interests. They had been able to gain information on these from the pen pictures that had been completed for each person. Pen pictures were accessible to all staff in each lounge.

Staff told us that they felt the activities in place at the service met people's needs. There was an activity schedule available in the lounge areas of the service so people and their relatives knew the activities that were on offer. These included organised events at the service from visiting entertainers, a 'movement motivator' who provided a gentle exercise club, board games, puzzles and quizzes. During our inspection we saw limited organised activities taking place but observed the activity co-ordinator and staff spending time with people in quiet chat and one group of people selected a film to watch. The service had a wide range of reminisce objects and resources available for use.

There was an up to date complaints policy in place and a notice about the complaints procedure displayed in the entrance hallway. However, people we spoke with were unaware of the complaints procedure or who they could raise concerns with. One person told us, "I have never made one (a complaint). I don't know who to speak to. I always ask the carers for the things I need." Another person told us, "My daughter deals with all that. I don't know." A relative told us, "I don't know how to make a complaint. I suppose to the manager but I have never been given any information about this."

We looked at how complaints were managed and found that formal complaints that had been received in the past year were recorded. There was a detailed investigation into each concern and the actions to be taken in response included. Each complainant had received a response to their concern and the registered manager had recorded the learning from each. There was also a 'reflection tree' in the hallway which was a way for visitors to the service to leave suggestions, make compliments or leave comments which the registered manager checked daily. There had been some suggestion for improvement in recent months which the registered manager had discussed with the provider organisation. Actions to address these suggestions were planned.

Good

Is the service well-led?

Our findings

The registered manager was supported by a clinical services manager, the senior nursing staff within the service and senior management from the provider organisation. There were also senior members of care staff who took leading roles in the running of the daily shifts.

Quality assurance processes were in place. We spoke to the registered manager who explained that there were a range of audits in place that they completed to monitor the quality of the service provided. These included reviews of care plans, daily records checks, medicines audits, and complaints management.

The area manager from the provider organisation also conducted audits and visited the service on a monthly basis to ensure the service was monitored and continued to develop. Any issues found in these audits would be addressed by the registered manager and improvements made where required. We saw action plans that had been completed following the audits and that the area manager had checked progress of the identified improvements required.

We noted that there was a very calm, relaxed atmosphere within the service. During our inspection we saw that the registered manager was part of the team providing care and joining in with the activities. They spoke with people who lived at the service to find out how they were and were involved in their support and wellbeing. People, relatives and staff recognised them as being the registered manager.

Staff told us that there was a very open culture and they would be supported by the management team. One member of staff told us, "I'm happy to speak to [registered manager]. She seems willing to listen." Another member of staff told us, "All of the senior staff are approachable. [Registered Manager] is often here and we can talk to her." There was a suggestion box available to all members of staff in the staff room and a secure 'post box' where staff could directly leave comments or information for the registered manager. Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. However, they were unclear on the visions and values of the service or how they could be involved in the development of the service.

The registered manager showed us satisfaction survey forms that had been sent to relatives of people who lived at the service. Responses seen were positive. People were asked what they liked about the service and comments included "The staff are very caring and friendly", "The way you are made welcome when you visit", "Flexible visiting hours" and "Clean, light, airy, safe surroundings." The survey had also asked for people to identify any areas for improvement in the service. Comments were made in relation to staff retention, the laundry service and easier access for relatives. These suggestions were noted as being reviewed by the management and actions to address these comments were planned.

Staff were encouraged to attend team meetings. Recent discussions had included feedback from relatives, staff deployment, maintenance, uniforms and planned changes for the service, including planned redecorations.

We noted that records were stored securely. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.

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	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Risk assessments were inconsistent with people's care plans. Regulation 12 (1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Sufficient supplies of prescribed medicines were not maintained and medicine records were not completed properly. Regulation 12 (1)(f)(g)