

T Lewis

Rosedene Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Inadequate ●

Is the service responsive?

Requires Improvement ●

Summary of findings

Overall summary

We conducted an inspection of Rosedene Nursing Home on 14, 16 and 20 June 2016. At this inspection a breach of regulations was found in relation to person centred care, dignity and respect, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, complaint handling, good governance, staffing and submitting notifications to the CQC. We issued warning notices in respect of the breaches relating to person centred care and dignity and respect. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these areas. We undertook this focused inspection to check that they had followed their plan in relation to the warning notices and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosedene Nursing Home on our website at www.cqc.org.uk.

Rosedene Nursing Home is a nursing home that provides care for up to 67 people with a broad range of health needs, with the majority having a diagnosis of a mental health condition. There are three floors to the building and people of different genders, mobility and mental health diagnosis were placed on each floor. At the time of our inspection there were 43 people using the service.

There was no registered manager at the service although the manager was in the process of registering with the CQC. 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.

At our previous inspection we found that care records did not contain consistently up to date information about people's current healthcare needs. At this inspection we found that whilst some improvements had been made, these improvements were ongoing and there were still some gaps in care records.

At our previous inspection we found that whilst people were encouraged to eat a healthy and balanced diet care records contained incomplete information for care workers about how to meet people's nutritional needs. At this inspection we whilst found some improvements had been made in this area, these were not consistent and care plans still contained some gaps.

At our previous inspection we found that people's dignity was not respected. Some areas of improvement were noted during this inspection and we saw positive interactions between staff and people using the service. It was noted that people's personal preferences were not always considered in relation to the drinkware that was used.

At our previous inspection we did not see evidence of activities being conducted to aid people in their recovery or rehabilitation and there people's involvement with activities was not consistently recorded. At this inspection we found people provided good feedback on the activities on offer. However, there was still

little evidence of appropriate activities that provided therapeutic benefit to people and there were still issues with regard to the consistent recording of activities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Inadequate ●

We found some action had been taken to improve the effectiveness of the service. However, care records were under review and some were yet to be updated to ensure that they contained accurate and up to date information in relation to people's health and nutritional needs.

We could not improve the rating for effective from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service caring?

Inadequate ●

We found some action had been taken to improve how caring the service was. People's privacy and dignity was respected and promoted. However, we noted that information about people's preferences were not always sought in relation to mealtimes.

We could not improve the rating for caring from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Requires Improvement ●

We found some action had been taken to improve the responsiveness of the service. Records showed that activity provision had improved, however, we did not see any evidence of activities being conducted to aid people in their recovery or rehabilitation. Activities care plans did not contain details of people's individual needs or objectives with regard to activities.

Rosedene Nursing Home

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. We undertook an unannounced focused inspection of Rosedene Nursing Home on 19 September 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 14, 16 and 20 June 2016 had been made. The team inspected the service against three of the five questions we ask about services: is the service effective, caring and responsive? This is because the service was not meeting some legal requirements.

The inspection team consisted of an inspector and an inspection manager. The inspection was unannounced.

Prior to the inspection we reviewed the information we held about the service. We also contacted representatives from the local authority.

During the inspection we spoke with eight people using the service. We spoke with the manager of the service, three care staff, two nurses the activities co-ordinator and an external consultant who was assisting senior staff to deliver their improvement plan. We looked at a sample of five people's care records and records related to the management of the service.

Is the service effective?

Our findings

At our previous inspection we found that care records did not contain consistently up to date information about people's current healthcare needs. At this inspection we found that the provider had recruited external consultants to support the review of care planning and this was still in progress. This meant that whilst we saw that some improvements had been made in this area, these were ongoing and therefore there were still some gaps in care plans. However, the manager of the service was able to demonstrate that action had been taken to reassess and address the health needs of people where gaps had been highlighted at the last inspection. For example, arrangements had been made for one person to see a dentist following a complaint from their relative and we saw records that confirmed this.

In another care record we saw a risk assessment for a person who suffered with epilepsy but found this did not contain sufficient information for staff to ensure that they met the person's individual needs and prevented avoidable harm. For example, the risk assessment stated that staff should prevent injury during a seizure but it did not provide information for staff about how to do this safely. The manager said they would address this and we will return to complete another full inspection shortly to ensure that the care plan review has been completed for all people using the service.

At our previous inspection we found that whilst people were encouraged to eat a healthy and balanced diet care records contained incomplete information for care workers about how to meet people's nutritional needs. At this inspection we found that whilst some improvements had been made in this area, these improvements were not consistent as care plan reviews had not been fully completed.

In one person's care records we found a risk assessment had been completed in relation to nutritional intake. We saw monthly weight monitoring was recorded and as a result of this monitoring staff had observed that the person had lost a significant amount of weight over a period of six months. Care staff had used this information to refer the person to a dietitian for specialist advice to ensure that their nutritional needs were met and a care plan had then been developed to reflect the advice of the dietitian.

However, we also found that another person's care plan had not been updated to reflect the advice and guidance from a speech and language therapist (SALT). The nurse in charge was unable to provide any further information about this. In another care record we found unclear information about one person's nutritional status. For example we found a record of the person's weight, but there was no date recorded with this figure. In the most recent dated entry of the person's weight which was taken in August 2016, it appeared that the person had lost a significant amount of weight. We spoke to the nurse in charge and they could not tell us when the undated entry had been made or whether the person had lost weight. We found the same person had previously been referred to a dietitian for specialist advice. Therefore, although we saw some improvements, these were not always satisfactory. We were assured by the external consultant working with the provider that all care records would be reviewed and fully updated to reflect people's individual needs within six weeks of the inspection. We will return shortly to check that these improvements have been made.

We found other attempts had been made at making improvements in relation to the provision of person-centred care. For example we saw evidence of daily logs which documented that a 'resident of the day' had been introduced to support staff in monitoring people's individual needs on a more formal basis that would include people's health and nutritional needs. This worked by allocating each person using the service a day where their key worker would review their care plans and spend time supporting them individually. We noted that it covered activities, care plans, cleaning, wardrobes, maintenance issues and any other concerns. However, we found a lack of detail in the records that had been completed so far and found that similar entries were made for different people.

We spoke with a member of bank staff who told us they were always given a handover at the beginning of each shift informing them about any changes in people's individual needs. For example, they told us they were informed about a change in one person's needs following their discharge from hospital.

We found that some care staff had undertaken training in person centred care planning since our last inspection and a number of staff had also completed training that explored how to take a person centred approach to understanding and managing behaviour that challenged. We found sessions had been planned for staff members who had not yet attended this training.

We could not improve the rating for this key question as improvements were still in progress and to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service caring?

Our findings

At our previous inspection we observed that people's dignity was not respected as staff did not always speak to people in a respectful manner or respond to people's individual needs in a way that promoted their dignity. At this inspection we found people's dignity was upheld. We observed many examples of people being treated with respect and their dignity protected. For example, we saw care workers respond promptly to situations where people's dignity may have been compromised and this was done discreetly so as not to embarrass or draw attention to people.

We overheard conversations between people and care staff and we heard care staff speaking to people kindly and respectfully. We also observed behaviours from care staff which included knocking on their doors before entering and asking for permission before entering.

We observed lunch being served in the communal dining area on the ground floor. It was noted that people were served soft drinks in plastic disposable cups rather than glasses which would have provided a more pleasant dining experience for people. The staff on duty had not considered that this may not be people's preference. We spoke with the manager about this who was unable to give a satisfactory explanation.

We could not improve the rating for this key question as to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Our findings

At our previous inspection we found that whilst people gave good feedback about the activities on offer, we did not see evidence of activities being conducted to aid people in their recovery or rehabilitation. We found people's involvement in activities was not consistently recorded and that activities coordinators were not proactively working with people to meet their individual needs in relation to meaningful activity.

At this inspection we found people still enjoyed the activities on offer. One person told us "I am playing bingo in a minute with a friend and I love it." We observed an arts and crafts activity in progress and noted that people seemed to be enjoying this. Their comments included "This is really fun" and "I quite like arts and crafts." We saw the weekly activities timetable and saw that either two or three sessions were scheduled to take place every day and this included group reading sessions, board games, coffee mornings and chair based exercises. We were also given examples of one to one activities which were conducted with people such as hand massages.

We spoke with one of the activities coordinators and they explained how they had worked with one individual and their family in order to find out what interested them and try new activities with them. This had resulted in some progress and the person had started to engage for limited periods of time. The activities coordinator when speaking about how she organised activities for people said, "An activity should be anything that they want to do that is important to them."

Although there had been some improvements there was still a lack of meaningful activities to aid people in their recovery or rehabilitation. We were given few examples of activities that provided therapeutic benefit to people and there were still some issues with regard to the recording of activities. For example, we saw that most people had activities care plans and records of activities detailed the person's response to the activity and whether or not they enjoyed it. However, there was little recorded detail about people's individual objectives or needs in relation to activities to ensure that these were meaningful to them.

We could not improve the rating for this key question as to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.