

Roseberry Care Centres GB Limited

Haythorne Place

Inspection report

77 Shiregreen Lane
Shirefield
Sheffield
South Yorkshire
S5 6AB

Tel: 01142421814

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Haythorne Place is a nursing and residential service, which at the time of this inspection was providing personal and nursing care to 110 people, some were living with mental health conditions or dementia. The service comprised of six houses and one management building. The service can support up to 120 people.

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

The leadership team were very committed to delivering good care and they had made some positive changes at Haythorne Place since the last inspection. The staffing arrangements were much improved and staff consistently told us there were enough of them available to ensure people's needs were met. This included an increased staffing provision in each house and an overall reduction of placements for people who required nursing level support. Some people and relatives feedback staff interactions sometimes appeared rushed or task-led.

The systems of governance were effective, which helped raise standards and promote better outcomes for people living at the service. The provider implemented new requirements to the content of people's care records to ensure they covered key areas relating to their care and support. This aimed to improve the quality and consistency of information staff had access to about a person's care. In most cases this had improved the quality of people's care records; however, in some cases a number people had missing sections in their care file. We also identified some people's risk assessments relating to their health and safety did not always accurately reflect their needs. The registered manager was aware of issues with people's care records and assured us steps would be taken to robustly address this.

The registered provider had refurbished some areas of the service and plans were ongoing. We found some areas of the service was still in need of refurbishment, which we fed back to the registered manager. The provider's refurbishment plans included areas we identified during the inspection.

People told us they felt safe living at the service and the standard of care they received was generally good. Relatives we spoke with also raised no concerns about the safety of their loved ones. We received one concern from a relative during the inspection, but this was responded to quickly and sensitively by the registered manager. Staff were knowledgeable about how to identify and report any safeguarding concerns. Accidents and incidents were documented, with lessons learned discussed as a staff team to help prevent a reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spoke positively about the food and drink provided, confirming they were offered choice and received enough.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 September 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Haythorne Place

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On the first day of inspection the inspection team consisted of three 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.

On the second day of inspection the inspection team consisted of one inspector and a dental inspector who was instructed to look at the management of oral hygiene at the service.

Service and service type

Haythorne Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies who work with the service. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and seven relatives about their experience of the care provided. We spoke with 27 members of staff including the registered manager, regional support manager, deputy manager, unit managers, nurses, senior care staff, care staff, domestic staff and the administrator.

We reviewed a range of records. This included eight people's care records, five staff personnel files and multiple medication records. The dental inspector reviewed 13 people's care plans specifically in relation to their oral health care plans and oral health assessments. We also looked at other records relating to the management of the home and care provided to people living there.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at evidence of action taken to address concerns discussed during feedback at the end of the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same rating. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to carry out the regulated activity. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Since the previous inspection the registered manager had made changes to improve staffing arrangements at the service. This included an increased staffing provision by one full-time post at each house as well as reducing the number of available places for people who required nursing level of support. Most staff commented positively about the staffing arrangements.
- We found there were enough staff to ensure people's support needs were met. However, over half of people and their relatives spoken with gave mixed views about staffing, such as staff not having time to chat or appearing rushed. Comments included, "Sometimes the staff are over stretched and there's no time for them to sit and chat" and "Staff are always working at double the pace, even at night".
- At the previous inspection we fed back concerns about ensuring call bells worked properly and they were located within easy reach for people to use. At this inspection, with the exception of two people, people had access to a working call bell which was appropriate for use. We shared this information with the registered manager and they assured us that appropriate action would be taken.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had a range of risk assessments and care plans in place, which provided relevant guidance for staff to follow, such as how to support a person safely. When risks were identified the service implemented relevant assessments and control measures to reduce the risk occurring.
- Most people had appropriate risk assessments in place and these were reviewed regularly to ensure they were accurate and reflective of people's assessed needs. However, in some people's care files improvements were required.
- For example, in one person's care file we saw they were assessed as being at high risk for malnutrition, but this did not lead to the implementation of a care plan, which was a requirement of the registered provider's risk assessment framework. This same person was identified as high risk of falls, but the falls risk assessment

was incomplete. In another person's care file their choking risk assessment was scored as low when they should have been scored as high.

- We found no evidence this impacted on care delivered and discussions with staff confirmed they knew how to support people safely. The registered manager assured us they will address inconsistencies with people's risk assessments.
- Accidents, incidents and untoward events were monitored both within the service and at provider level. These were analysed to capture re-occurring themes, and appropriate action had been taken to reduce the likelihood of similar events occurring again in the future.
- Following a lesson learned the provider implemented new requirements for all people living at the service to have oral health assessments and oral health support plans in place. Staff were also trained in providing oral hygiene support. This was a significant improvement over the last inspection.

Preventing and controlling infection

- Each house at the service had their own domestic team to ensure infection risks were well managed. On the first day of inspection we identified malodours in certain houses. By day two of the inspection the registered manager had ensured these concerns were addressed.
- Since we last inspected areas of the service had been refurbished. Each house was generally clean and tidy. We saw some areas of the service where carpets, flooring and walls looked worn or had discoloured with age. The registered manager assured us refurbishment plans were ongoing, which included work to these specific areas.
- Staff had access to the appropriate cleaning materials and equipment. This included personal protective equipment, such as gloves and aprons and they were using these appropriately.

Using medicines safely

- Medicines were safely managed and people received their medicines as prescribed.
- Medication administration records (MAR) were used to record when people had been supported with this task.
- People who received their medicines on an 'as required basis' (PRN) had relevant protocols in place. Protocols are a key means of guiding staff when to administer a person's PRN medication and is of increased importance if the person is not able to communicate verbally when administration is required.
- All staff had completed training before they were able to administer medicines and received an annual review of their knowledge, skills and competence to administer medicines.

Systems and processes to safeguard people from the risk of abuse

- The management team and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- The provider had robust arrangements in place for people who had monies managed by the service.
- Staff were clear on the service's whistleblowing policy and procedures and felt confident raising concerns should they need to.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff spoke highly of the support and supervision they received from the management team.
- People were supported by staff who had ongoing training which was kept up to date. Staff said the quality of training was good.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research.
- People's eating and drinks needs were assessed to ensure the service could provide appropriate care and support. Most people's eating and drinking care plans were appropriate and reflected their assessed needs.
- People's care plans contained information about their food likes, dislikes and any foods which should be avoided. Where professional advice had been sought about a person's eating and drinking support needs, such as a speech and language therapist, this was reflected in people's care records. The chef had access to detailed information about people's different dietary requirements. For example, who needed a textured or diabetic diet.
- There were systems in place to monitor people who were at risk of weight loss and in need of extra support with eating and drinking. Through the provider's governance framework, they had oversight of people who were at risk of weight loss and the actions being taken to ensure each person's needs were met.
- People were offered a choice of meals and feedback about the quality of food was generally positive. People commented, "The food is fine. There's a choice and plenty of it. Fresh fruit if I want it" and "Foods okay. I asked for eggs on toast and now I have that every morning and enjoy it."

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

- Staff had regular opportunities to discuss people's care at handover meetings. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.
- Staff involved people and where appropriate their relatives, to ensure people received effective health

care support.

- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met.

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

- Our checks of the environment in each house showed there was a suitable amount of communal space where people could spend time. The layout of each house helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. Technology and equipment was used effectively to meet people's care and support needs.
- Corridors were wide and well lit, hand rails were visible and accessible. We saw clear signage displayed around the service to help orientate people to key areas, such as bedrooms or bathrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Care was delivered in the least restrictive way possible with non-restrictive interventions preferred.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a caring culture amongst all staff. One staff member said, "We are a caring service. This is one of the nicest nursing services I've worked at."
- Everyone we spoke with said the staff were kind and caring, although sometimes interactions were a little task led. Comments included, "It's alright here, I wouldn't change anything. Some staff are funny here, they have a good sense of humour", "Staff are all lovely, we have a good rapport", "All the staff are approachable", "Staff don't have the time to chat, it's totally impossible, it's always 'I'm sorry I've got to...'" and "I'd recommend the place because the staff are nice even though they are pushed to the limit".
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. People's representatives were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes. One person said, "I'm involved with my care plan via my key worker". Another person told us how it was their choice to move houses within Haythorne Place because they got on better with people and staff at the new house.
- People's choices in relation to their daily routines were listened to and respected by staff.
- People and relatives were supported to give feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. One person said, "I'm treated with respect and they close doors for my privacy".
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Throughout the inspection we observed staff treated people with dignity and respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. This meant people's needs were met.

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

- People's care needs were assessed, and clear and detailed plans of care put in place. These were largely appropriate, person centred and regularly reviewed. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. Care records were reviewed regularly or if people's needs changed.
- Since the last inspection the provider had introduced new care planning requirements to improve the quality and consistency of information in people's care plans. One staff member said, "The new care plans are more work but it is worth it. Everyone has a good comprehensive care plan now, it is so much better." Another staff member said, "I always have a read of the care plans. It is better information now and it is easy enough to find the information you need in people's care files."
- Most people's care records were compliant with the provider's new care planning requirements. We discussed with the registered manager the need to prioritise compliance across the entire service after the inspection. The registered manager was aware of which care files were not yet compliant and they assured us a service-wide audit of care files was due to take place.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and the service ensured that steps were taken to communicate effectively with people. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.
- The service ensured people had access to the information they needed in a way they could understand it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a programme of activities and entertainment at each house to keep people occupied. During the inspection we saw people participated in group or one to one activities. Staff knew about people's histories and their interactions with people were warm and friendly.
- The service employed several part-time activities coordinators who were all passionate about providing personalised activities to people at the home. They told us they talk to people and staff to understand their interests and hobbies; this information was then used to plan future activities.

- During the inspection we saw the service hosted a 'dementia café' in one of the houses and was open to the public and people from neighbouring services. Dementia cafés are usually a place to socialise, learn more about dementia and local services, and enjoy something new each session. At this session we saw drinks, music and entertainment was provided. The café was well-attended, and we observed people chatting and smiling.
- Each house had its own garden, which people were free to access and we observed during the inspection people made use of as the weather was nice. One garden had chickens in a partitioned space and eggs were used in people's breakfasts and lunches .

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints.
- Information on how to complain was clearly displayed in the home. People who used the service told us they would feel able to raise any concerns with the management team if they needed to.

End of life care and support

- The service worked in partnership with people's GPs, community-based resources and palliative outreach teams to ensure people's health needs were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- There were clear signs of improvement at the service, which was reflected in feedback from people and staff. Staff said they had confidence in the management team and the support they received had improved.
- The registered manager responded to all concerns from previous inspection. Though feedback from people and their relatives showed the service's staffing arrangements could be improved further still.
- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. For example, during the inspection we found gaps in some people's care files. The registered manager was already aware of gaps through their audit process and had scheduled a service-wide care file audit to take place after the inspection.
- We saw the provider carried out their own checks of the service and held regular governance meetings with the management team to ensure they had complete oversight of the service's performance, allowing them to respond to areas of risk and provision resources where appropriate to help the service continuously improve. For example, in response to the previous inspection, we saw the provider had arranged mock inspections at Haythorne Place. This meant potential issues were addressed before we came to inspect.
- The provider was committed to improving the service. For example, they implemented a new approach to care planning, which aimed to improve the quality and content of people's care records once embedded. Staff commented positively on the new care planning approach. The provider installed a new clinic room, which enabled visiting health professionals to see people living at the service privately.

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

- We observed a pleasant and inclusive atmosphere within the home. One staff member said, "We all know we can go to managers if we have concerns. They are very approachable".

- People's feedback was sought and valued through a variety of mechanisms. This included regular resident and relative meetings and annual surveys.
- The provider's July 2019 relative's satisfaction survey results showed they were happy with the standard of care provided by Haythorne Place.
- Staff were able to obtain updates and share their views via team meetings. One staff member said, "We have a really good team on here. We can come together and get stuff done. [Nurse on duty] attends the huddle (daily meetings) and they are really good at communicating important changes."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- Statutory notifications about accidents, incidents and safeguarding concerns had been sent to the CQC as required.
- The manager had links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.