

Roseberry Care Centres GB Limited

Haythorne Place

Inspection report

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Sheffield
South Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Haythorne Place is a nursing and residential service, providing personal and nursing care for up to 120 people, some of whom were living with mental health conditions or dementia. The service comprised of six houses and one management building.

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

People told us they felt safe living at the service and the standard of care they received was quite good. However, aspects of the service were not safe. Staffing arrangements negatively impacted the quality of support people received, and in some cases, placed people at risk. Although processes had been established to protect people from risks relating to the spread of infection, these processes were not consistently followed by staff. People received their medicines as prescribed.

The systems of governance were comprehensive, but they had not been effective at meeting regulatory requirements or improving the quality of care people received. For example, this was the third consecutive inspection where feedback about staffing was poor. Despite our initial concerns, the new registered manager and provider were very proactive in engaging with CQC after the inspection. The provider took immediate action to address infection prevention control concerns after our visit and confirmed they will take onboard our comments about staffing. The registered manager understood aspects of the service must improve.

Throughout the inspection we saw caring interactions between staff and people who used the service. We have made a recommendation about how the provider embeds a person-centred culture at the service.

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

Rating at last inspection

The last rating for this service was good (published 8 October 2019).

Why we inspected

We received concerns in relation to staffing and the culture of the service. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing, infection prevention and control and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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 four inspectors. Three inspectors visited the service, whilst one inspector carried out telephone interviews to staff remotely. Two Experts by Experience carried out telephone interviews to people and their relatives. 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 to look at medicines 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 10 people who used the service, and 13 relatives about their experience of the care provided. We spoke with 18 members of staff including the registered manager, regional operations manager, deputy manager, unit managers, nurses, senior care staff, care staff and domestic staff.

We observed staff providing care, to help us understand the experience of people who used the service. We also viewed a range of records. This included people's care records, staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

After the inspection

We met with the provider to share information of concern. We also continued to seek clarification from the provider and registered manager to validate evidence found. We looked at evidence of action taken to address our concerns.

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. 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

- Staffing levels negatively impacted on the quality of care people received. Feedback received about staffing arrangements was poor, with people commenting staff were often rushed, and staff saying staffing levels were low or not safe.
- Staff commented, "It's terrible [referring to staffing levels]. I'm flittering between floors" and "I feel I can't do what I want to do for residents. Staffing is everything. Leaving floors unattended is not safe". People and their relatives commented, "There is not enough staff. I want to go to the shop, but they [staff] say we are short staffed and too busy all the time" and "I have no concerns over the care given, but I do think they [staff] are all very stretched."
- Deployment of staff was not always safe. Agency staff were used disproportionately across the service's houses; permanent staff did not always delegate tasks effectively, which led to confusion around people's support.
- We saw periods where floors in certain houses were left unsupervised, which posed a potential risk. At one house we saw a person who had been assessed as being a risk towards other people, but there were periods where this person was not being monitored by staff. In the same house we saw some people smoking inside the premises, which was prohibited as it was a fire risk. Staff were to discourage this behaviour, but because staff were often elsewhere in the building or busy providing care, they were unable to monitor this risk effectively.

The provider 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.

- Immediately after the inspection we met with the provider to share our concerns about staffing. As a result the provider immediately reviewed their processes of deploying agency staff to make it safer and they agreed to review how staffing levels were calculated in each house.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection

- Since our last inspection some of the provider's processes regarding infection prevention and control had deteriorated. For example, when we arrived at the service, staff did not always follow the provider's process to prevent visitors from catching and spreading infections by performing screening checks on arrival.
- We also saw occasions where PPE was not used effectively and safely. For example, we observed some

staff wearing masks incorrectly, and one staff member who did not change their PPE after supporting a person with personal care.

- The provider was not admitting people to the service safely. For example, we saw one person where the service had not supported them to self-isolate in their own room for the recommended length of time, in accordance with government guidance.
- The environment generally looked clean and tidy. Although the service 'looked' clean, domestic staff were not using the recommended cleaning products to manage infection risks, such as the spread of a virus.

The provider had failed to robustly detect, prevent and control the spread of infections; including those that health care associated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediately after the inspection we met with the provider to share our concerns about infection control. The provider took immediate and appropriate action. The provider deep cleaned each house we visited and arranged for all staff to be re-trained on COVID-19 and the use of PPE.
- The feedback we received from people and their relatives about the cleanliness of the service was positive. One relative commented, "The bedroom I visit is very clean and there is no smell which is very good."

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

- People had risk assessments and care plans in place. Guidance contained in care plans for staff to follow, such as how to support a person safely, was predominantly clear and easy to follow. However, in some people's care plans and risk assessments the information was unclear or lacked the detail required to robustly guide staff on safe and appropriate care.
- For example, in one person's care file it read that this person was easily upset or agitated and for 'staff to calm person down' but gave no direction on how to do this. In another person's care file, we saw inconsistent information about their dietary requirements when they had been assessed as being at risk of choking.
- 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 and analysed both at service and provider level, to ensure lessons were learned.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- Comments included, "I am definitely safe here, safer than I was on my own" and "I feel safe with the staff, I would say if I wasn't. Since I came here, I have more confidence". Relatives were equally complimentary and comments included, "I can rest easy that [relative's name] is safe" and "I am happy that they are being cared for and [relative's name] is safe and well."
- 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.

Using medicines safely

- Medicines were safely managed and people received their medicines as prescribed. Medicines were stored, ordered and disposed of in accordance with good practice. Minor improvements were needed to the storage of people's prescribed liquid or gel medicines, so expiration dates were effectively monitored.
- People who received their medicines on an 'as required basis' (PRN) generally had a protocol 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. We saw one occasion where a protocol was not in place but should have been. The registered manager addressed this after the inspection.

- Staff told us they had received medication training and records confirmed this. Records of medication were clear, and the provider regularly audited these.

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

- Care staff interacted in a positive and warm manner. Discussions with staff demonstrated the majority possessed a person-centred approach to care. One staff member told us, "Residents are like my extended family, I treat them like family."
- During the inspection we heard two staff members describe people in a way that was not person-centred. For example, one staff member said, "With having walkers on the house now, we have stepped this [monitoring] up". Walkers is a derogatory term, sometimes used in care to describe people who like to walk with purpose. Another staff member described giving 'feeds' to people. Whilst we were satisfied staff possessed the right values to deliver care, and care and support was delivered in a non-discriminatory way, we expect improvements in this area.

We recommend the provider seeks support and guidance on ways to implement and embed a visible person-centred culture at the service.

- Everyone we spoke with said the staff were kind and caring. Comments included, "The staff are nice; I don't fall out with them. They listen to me and will get anything I need" and "All the staff are lovely even the domestic staff, they all chat with the residents, the place feels like it is one big family".

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in making decisions about their care. Comments included, "I have a care plan folder which my key worker [name] sometimes goes through with me. If I need anything or have any worries, I would speak to my key worker", "I have a care plan and the staff will go through it sometimes. I have a key worker, I would go to them if I was worried or upset about anything" and "I'm not sure about a care plan or aware of a key worker but the staff know me and when I need more support some days than others".
- People's choices in relation to their daily routines were listened to and respected by staff. One person said, "The staff definitely understand me and my condition. They are all very good and we get on well."
- Staff had a good understanding of practical ways to support people to be more independent. For example, one staff member said, "I support them to do things they can do for themselves rather than take it away from them, for example, I don't use a wheelchair for quickness if the person can walk".
- 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.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had improved in some areas, whilst in others, such as staffing, it continued to be a source of negative feedback. This was the third consecutive inspection where feedback about staffing was poor, which showed subsequent provider actions taken to address this feedback had not been effective. We also identified improvements were needed to infection prevention and control practices and people's care plans and risks assessments.
- Governance arrangements within the service were comprehensive but had failed to address significant shortfalls in the quality of care delivery and regulatory compliance.
- Staff gave us a mixed picture of their experience working at Haythorne Place. Some staff commented the management team were supportive and approachable. Whilst others said they did not feel managers valued or listened to them.
- Comments included; "I feel like we don't matter... I wouldn't voice my feelings now, I did it in the past and it got me into trouble" and "[Registered manager] doesn't listen to me, they talk down to me and other staff." Positive staff comments included; "I've never had any problems with the manager. I can always go into the office" and "The service is well run. [Registered manager] takes a lot of time and effort to implement things that need to be done."

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.

- Immediately after the inspection we met with the provider to share our concerns about the service. Please refer to the 'safe' section of the report for more information. We were assured the provider and registered manager will act on CQC feedback.
- Examples where the service had improved included, changes to the service's clinical governance systems, so managers possessed a better oversight of risk relating to people's health and well-being. We saw evidence where this data was used to good effect and led to a reduction in the number of falls resulting in injury at the service. Employee reward schemes were also introduced, to recognise good work and loyalty to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- The service sought feedback from people, relatives and staff through a variety of mechanisms. People and their relatives were much more complimentary about the leadership team. Most told us they could talk to the manager, they were approachable and listened to them. Comments included, "[Haythorne Place] is well managed because the staff seem really good, and things are dealt with quickly at reception" and "I have spoken to the manager, they appear very approachable. If I had any concerns or complaints, I would certainly contact them".
- 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly detect, prevent and control the spread of infections; including those that health care associated. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to carry out the regulated activity. |