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Rose Villa Nursing Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 6 October and was unannounced. The inspection was carried out by one inspector. The home was registered on 10 February 2015 and this was their first inspection.

Rose Villa provides accommodation for up to 27 people who require nursing or personal care, for older people and people with a physical disability. On the day of the inspection there were three people living at the home, none of who required nursing care.

There was a manager who shared responsibility for both this home and another home owner by the provider. At this point in time, the manager was not registered with us, as is required by law. She told us that she had submitted her application to become 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.

People living in the home and their relatives told us that they felt safe. Staff were aware of risks to people but not all staff had received training in respect of keeping people safe from harm and abuse and they demonstrated a lack of understanding on this subject.

Summary of findings

Medicines were stored and secured appropriately. People received their medicines on time but protocols for 'as and when required' medicines were not always in place which could mean these medicines could be administered inconsistently.

Not all staff had received the training required in order to meet the needs of the people at the home.

Staff had received training regarding the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) but lacked understanding of this subject and what it meant for the people living in the home. This resulted in people being at risk of being deprived of their liberty.

Staff felt well trained to do their job and supported by the manager. Staff had not received supervision and not all staff had received training with regard to keeping people safe from harm.

People were offered a choice of meals at lunchtime, but could not be confident that their preferences would always be taken into consideration.

People were supported to access healthcare services such as their GP, the dentist and optician.

People told us that staff were kind and caring. We saw instances where staff spoke warmly to people and offer reassurance. However, we noted that people were not always treated with dignity and respect.

People told us that they were not always actively involved in their care plan and were not always asked how they wished to be supported. There were no activities available for people to participate in and staff were not aware of people's personal interests.

People were confident that if they had to complain then they would be listened to and their complaint acted upon.

People considered the home to be well-led and the manager was described as approachable and supportive.

Monthly audits were in place to assess the quality of the service people received but were not effective in highlighting staff areas for learning and development. Where accidents and incidents had taken place, lessons were learnt.

We found one 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 this 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?

Requires improvement

The service was not consistently safe.

People told us they felt safe however staff were unable to recognise certain types of abuse that people may be at risk of.

Medicines were stored securely and people received their medication on time but protocols were not in place for all 'as and when required' medicines.

Is the service effective?

Requires improvement

The service was not consistently effective.

People's capacity to make their own decisions was not always fully understood by staff and people were at risk of being deprived of their liberty.

Staff who had received training had not been effectively assessed to ensure they understood what it meant in terms of their role in keeping people safe from harm.

People were supported to have their health needs met.

Is the service caring?

Requires improvement

The service was not consistently caring.

People felt the staff were kind and caring.

Families could visit at any time and felt welcomed by staff.

People were not always treated with dignity and respect

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People felt cared for by staff who knew them well, but care files held very little information regarding peoples likes, dislikes and how they wished to be supported.

There were no activities for people to become involved in.

People were confident that if they had to complain about the service then their complaint would be responded to satisfactorily.

Is the service well-led?

Requires improvement

The service was not consistently well led.

People were complimentary about the manager and described her as supportive and approachable.

There were no staff meetings or staff supervision sessions and the manager had no system in place to assess staff learning and understanding of their role.

Summary of findings

The manager had introduced a number of audits to assess the quality of the care provided to people in the home, but they had failed to highlight staffs lack of knowledge regarding safeguarding and mental capacity.

Rose Villa 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. 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 6 October 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service including reports from the Clinical Commissioning Group (CCG) and notifications sent to us by the provider. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service. We also looked at information regarding infection control in the home, as concerns had previously been raised and an action plan had been put in place to address this.

We spoke with two people who used the service, two relatives, two staff members and the home manager. Not all the people using the service were able to communicate with us so we spent time observing them when interacting with staff to determine their experience of the service.

We looked at a range of records about people's care and how the service was managed. This included looking at the care records for three people. We also looked at staff files, accidents and incidents, training matrix, medication records and the homes quality assurance audits.

Requires improvement

Is the service safe?

Our findings

People who lived at the home and their relatives told us that they felt safe and that staff knew how to keep them safe. One person told us, "Yes I feel safe, I'm not afraid of anything" and another person said, "I feel safe here, definitely".

One member of staff told us that they had not received training with regard to safeguarding and when asked about what they knew about the subject told us, "I don't know much, it's about health and safety". Another member of staff told us they had received this training and were able to describe to us different types of abuse and what they would do if they witnessed abuse, they told us, "I would report it to the manager". However, during the inspection we observed an incident which we would have expected the staff to recognise as a form of abuse. Staff failed to recognise the incident as a form of abuse and also told us that a similar incident had occurred in the past. This prompted us to raise our concerns with the manager who then raised a safeguarding alert with the local authority. This meant that people were at risk of harm as staff were unable to recognise some forms of abuse and protect people from them.

We saw that risk assessments were in place and were reviewed on a monthly basis or sooner if there were identified changes in people's care needs. We saw that accidents and incidents were recorded and reported upon.

People, their relatives and staff alike all told us they felt there were currently enough staff available to meet their needs. One person told us, "If I need any help I ring the bell and they come straight away". The manager told us she always ensured there was one senior member of staff and one carer on each shift. She also confirmed that the same group of staff were employed to support the people who lived at the home and rotas seen reflected this. Although the provider was registered to provide nursing care the manager confirmed that they would not offer a place to people who required nursing care until four nurses had been appointed. This was to ensure that people's nursing needs would always be met by suitably qualified staff.

We found that recruitment systems were in place. A member of staff confirmed that checks had been undertaken for them before they were allowed to start work. We looked at staff recruitment records and confirmed that these pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People told us that they received their medication on time and if they had pain they could ask for pain relief. One person told us, "I have my six tablets every morning". We observed a medication round and saw that people were supported appropriately to take their medication. Where people required creams to be applied, staff were able to tell us where and how this was applied, however there was no body map in place to indicate where this. This could lead to these creams being applied incorrectly or inconsistently.

We observed that medication was stored securely within the home and that there were policies and procedures in place with regard to the administration of medication. Where some medication had to be given 'as and when required' there were protocols in place for some people and guidance for staff to follow. However, these were not written for all of the people who needed them. This could result in this medication being administered inconsistently. We discussed this with the manager and they confirmed that this information would be updated.

Due to concerns previously raised regarding infection control in the home by the Clinical Commissioning Group (CCG), we also looked at this area. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. The home had been inspected in June 2015 and an action plan had been requested. We saw that an action plan was in place and the areas highlighted by the CCG had been actioned. People who lived at the home told us they considered the home to be 'very clean'. One person told us, "It is very clean, the girls work in shifts and they are always cleaning the place". The manager told us that care staff were responsible for the cleaning of the home and had put in place a number of audit processes to ensure this was done. Staff told us as there were currently only three people living at the home that this wasn't an issue. We observed that staff had access to personal protective equipment, such as gloves and aprons to use and when talking to them, they were aware of their responsibilities

Requires improvement

Is the service safe?

with regard to the importance of the prevention and control of infection. We saw that once a month arrangements were made for cleaners to visit the home and conduct a deep clean of the whole building.

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 met.

People told us that staff gained their consent before providing care and we saw staff do this throughout the day. One person told us, "They give me a choice". Staff confirmed they had received training in the MCA. Relatives spoken with told us they had not had any discussions with the provider about assessing their family member's capacity to make certain decisions and records showed there was no formal assessment of people's capacity carried out. We saw that for two of the people who lived at the home and had capacity to make their own decisions, consent forms had been signed by relatives on behalf of them. As people who lived at the home, had the capacity to consent to their care, the manager should have gained consent from the individuals and not their relatives.

Staff confirmed they had received training in Deprivation of Liberty Safeguards (DoLS and showed a basic understanding of this and how it impacted their work. However, we observed a person's movements being restricted. Staff confirmed to us that the person was being restricted and provided examples of this. This would require consideration for a DoLS by a qualified professional. An application for a DoLS had not been submitted by the provider. This was discussed with the manager who agreed to review how this person was being supported by staff. This meant that the service could not ensure that their actions were in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff we spoke with told us they had been given an induction where they were taught about the company's policies and procedures and read people's care plans. One staff member told us, "I get a lot of support from my manager. If I am unsure of anything, she will arrange training". Records showed that this training was not consistently provided for all staff. This included some staff not being trained in how to protect people from abuse and how to support people with dementia. Staff could not demonstrate an awareness of the areas they had received training in. Staff we spoke with were unable to explain what safeguarding meant or how to identify safeguarding incidents. Systems were not in place for the service to regularly review and identify training needs for their staff to support them in caring for people. Staff told us they had not received supervisions or an annual appraisal to discuss their training needs. This was confirmed by the manager who told us they were planning to carry out staff supervisions in the coming months.

We observed lunch being provided for people. One person told us, "The food is ok'". Another person said, "I have a choice, they [the staff] tell me what there is and if I don't want it, I'll tell them". People we spoke with told us they were not always offered meals that were in line with their preferences and could provide examples of foods they would like to eat but had not been provided for them. There was no menu on display. Staff told us that they inform people what is on the menu each day and give them the choice of what they would like to eat. We saw staff offer a person a variety of different foods for lunch until the person found something they wanted to eat. One person told us, "They rustle something up for me if I'm hungry". There was a separate menu available for people who had specific cultural dietary requirements.

Staff working in the kitchen told us that any dietary needs were written in each person's care plan and verbally communicated to the chef who visited once a week. Staff were unable to show us where dietary information was documented for staff who worked in the kitchen but did not have access to people's care plans. Staff told us they had no procedure for ensuring meals were nutritional and were not aware of the nutritional value of the meals they were preparing. This meant that people were at risk of receiving a meal that did not meet their dietary or

Requires improvement

Is the service effective?

nutritional needs. Meals were not being prepared in line with people's cultural requirements. For example, Halal meat should be stored and prepared away from non Halal meat but this did not happen.

People told us they had their health needs met. One person told us, "They [the staff] ask how I am feeling and if I am not feeling well, they put me to bed and send for the doctor". We observed that staff kept records of people's weights, blood pressure and pulse rate. Records showed that people had been supported to access visits from healthcare professionals when required. Staff could demonstrate to us how they would support people when their health needs changed. One staff member told us, "If someone's needs changed, I would inform the manager and their family and make a record of the changes". However, when asked about the care needs of another person living at the home, staff gave a different description of their health condition to that which was detailed in the person's care plan. We asked the manager about this who explained that they had based the person's care around what they had been told on admission rather than the information provided to them by healthcare professionals. As a result, staff did not have the correct knowledge of the person's needs in order to provide appropriate care.

Requires improvement

Is the service caring?

Our findings

People who lived at the home told us that staff were kind and caring. One person told us, "The staff are very nice and if I get upset and cry they ask me what's wrong and they comfort me". Another person said, "Staff are friendly, I haven't got a bad thing to say about them". We observed that staff spoke kindly to people, sat with them and held their hand when talking with them and we saw that people took comfort from this.

People told us that they were happy with the care they received and how staff supported them. One person told us, "Certain staff know me, I can confide in one of them". A second person told us of the kindness of another member of staff, who had purchased something for them, they said, "One of the girls bought it for me out of her own money because she thought I'd like it".

Families spoken with told us they could visit at any time, and that the manager and staff were approachable, a relative told us, "They are very welcoming".

People and their families told us that they were not involved in their care planning and had not been asked how they liked to be supported. There were no meetings in place for the people who lived at the home as the manager was waiting for the numbers of people to increase. This meant that people were not actively involved in making decisions about their care and how they wished to be supported.

Families told us they considered their relatives were treated with dignity and respect. We observed people being referred to by their preferred names and the staff addressed people as they walked through the lounge and dining room and passed the time of day with them. We observed that people were dressed appropriately for the time of year and one person told us they had chosen their outfit for the day and were pleased to be wearing their favourite piece of jewellery. They told us, "They [the staff] treat me with respect, very much so. As soon as I wake up they come and ask me how I'm feeling and ask if I'm ready to get up". However, another person told us that some staff sometimes went into their room without knocking. They told us, "Certain staff think they can just wander in my room. I am sometimes getting changed". This meant that people were being treated inconsistently with regard to their dignity and respect. One person told us how they would like to have the opportunity to make their own drinks but that staff did not like them going into the kitchen. We saw that this person would like to be more independent but staff had not supported them to do this.

One person told us they missed their friend who had been a previous resident in the home, they told us, "Staff do talk to me but it's not like having a chat with your friends". We discussed this with the manager, who was also aware of advocacy services that could be accessed, but she had not identified that this person may benefit from this service. She agreed to contact the advocacy service regarding this. This meant that despite being aware of advocacy service, the manager and staff had not recognised what practical action they could take in order to this person to have a better quality of life.

Requires improvement

Is the service responsive?

Our findings

People who lived at the home told us they felt that staff knew their care needs. One person told us, "Staff know me well". Another person said, "I'm certain staff know me". The manager told us how she managed risks to people who lived in the home, she told us, "I visit people in hospital and carry out a pre-assessment and make a decision as to whether or not we can meet their needs".

We observed that staff knowledge regarding people's preferences and care needs varied. One person told us that they have been given the opportunity to receive a visit from a representative from their local place of worship. However, another person told us they were not receiving care in line with their cultural beliefs. When asked if they had a discussion with staff about their cultural needs, they told us, "I wasn't asked, I think they just assumed". This meant that people could not be confident that their individual preferences would be considered and respected.

People living at the home told us they had not been asked how they would like to be supported when they first moved into the home. Relatives spoken with told us they were not involved in the care planning for their relative and had not been asked to contribute to this process. Care plans did not include personalised information about how people liked their needs to be met. One person who lived at the home did not have a care plan in place to provide staff with the information needed to support them. Relatives of one person confirmed they had been to a meeting with the manager to review the care given but we saw no record of their involvement within the person's care plan.

We asked people about the activities they would like to take part in, one person told us they would like to go out, they told us, "I don't get to go out to just buy something" and, "I would like to go to town…they [the staff] don't do it here". Staff we spoke with confirmed there were no activities at the home. We saw people sitting in the lounge area watching television for most of the day. We observed little stimulation taking place for people. Care plans for two people identified that a 'life history' should be completed to help identify social activities that are personalised to them. However, there was no evidence to show that this had been completed or that this information had been gathered. Care plans did not specify what hobbies or interests people had and staff did not have an awareness of what people were interested in doing, resulting in people not being supported to take part in things that interested them. When asked what activities or hobbies people who lived at the home enjoyed, one member of staff told us, "They like watching TV". One member of staff told us that activities such as painting and music took place every day but we did not see any activities taking place during the day. The manager told us that they were aware of the lack of activities at the home and told us that when the home was full, they would look to employ someone to carry out activities.

People we spoke to were aware of how to make a complaint. One person said, "I know who the manager is and she always asks if I want to see her". Relatives told us they were confident that the manager would deal with any complaints they raised. The manager showed us their complaints procedure but had not received any complaints prior to the inspection. People and relatives we spoke with confirmed they had never had to make a complaint. We saw no evidence that meetings had taken place to get people's views of the service, the manager told us she planned to do this when there were more people living at the home. The manager told us that she made herself available when she visited the home for people to speak with her if they needed to. A relative we spoke with confirmed this and told us that if they needed the manager, the staff would arrange this for them.

Requires improvement

Is the service well-led?

Our findings

The manager took overall responsibility for care records. We saw that there were care plans in place for only two of the three people who lived at the home. We saw mental capacity assessments had not been completed where required and consent forms had been signed by relatives even though some of the people who lived there had the capacity to sign their own consent forms. We saw that not all people's religious beliefs were taken into consideration and that they had not been asked their views in respect of this. We were told one person had lasting power of attorney but there was no evidence of this on their file. One person's care plan identified them having a specific diagnosis but there was no documented evidence as to where this information came from and no evidence that people were involved in their care plans or mention of their preferences or likes and dislikes. This meant that staff did not always have access to the most up to date and correct information to enable them to deliver people's care and treatment in ways that met their needs and kept them safe.

Staff told us that they had not received supervision since commencing in post but that they would like to receive this. They also told us that staff meetings had not taken place. We found that staff knowledge of safeguarding was mixed. We raised concerns with the manager regarding this and she confirmed that not all staff had received training in this area. We saw that systems were not in place for the manager to regularly review and identify training needs for the staff to support them in caring for people. Staff told us they had not received supervisions or an annual appraisal to discuss their training needs. This was confirmed by the manager who told us they were planning to carry out staff supervisions in the coming months.

This, coupled with a lack of understanding of what it meant to deprive someone of their liberty and the lack of formal staff supervision meant the manager could not be confident that the staff group had been provided with all the training and support necessary in order to meet the needs of the people living at the home and keeping them safe.

We saw that the manager had introduced a number of audits to assess the quality of the care provided to people in the home, but they had failed to highlight staffs lack of knowledge regarding safeguarding and mental capacity. This meant the manager did not have systems in place to identify where quality and or safety were being compromised and could not be confident that their staff would respond appropriately and without to ensure the safety and wellbeing of the people living at the home.

This is a breach of Regulation 17(1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that whenever the manager visited, she always made a point of coming to see them and asking them how they were. One person told us, "I know who the manager is and she always asks if I want to see her" and another added; "I don't see the manager as often as I would like, but I can speak to her on the level".

Where incidents or accidents had taken place, the manager had logged each one accordingly and had analysed each to see if there were any lessons to be learnt. We saw that the issues regarding infection control had been acted on and the manager had put a number of systems in place in order to ensure that infection control standards were raised and people were not put at risk of infection.

We saw that there were no meetings for people who lived at the home; the manager told us that she planned to introduce these once the number of people living at the home increased. People spoken with, their relatives and staff all told us they considered the service to be well-led. They described the manager as 'approachable' and 'supportive'. They told us that even though the manager was not there every day, they were happy with the current arrangements and told us that she actively engaged with them to check that they were happy with the care and support they or their relative received. One person told us, "I've seen the manager on four occasions, if I need to get hold of her it's not an issue". Another relative described the manager and staff as being "Very patient with us as a family" and described in detail the support they had received when their family member moved into the home.

Staff spoke positively about working at the home, one member of staff told us, "It's rewarding working here". Staff were aware of their roles and responsibilities on a daily basis and told us they felt very supported by the manager to enable them to do their job. They told us they were aware of the home's whistle blowing policy and if they had to raise any concerns that they would be dealt with.

We discussed with the manager the plans for the home. The home is registered to provide care or care with nursing

Requires improvement

Is the service well-led?

for 27 people. The manager told us that these plans had been put on hold due to the difficulty in recruiting nurses. She told us she felt supported by the owner and that it was agreed that before admitting people who required nursing care, she would need to recruit four permanent nurses. The manager told us that she had put in her application to become registered manager for this home and the other home she was currently responsible for. She had highlighted with the provider the need for a deputy manager to be appointed as the number of people living there increased.

The manager informed us that when she had taken on the role at the home she had inherited an action plan from the CCG (Clinical Commissioning Group). She told us, "I've done well in the last six months, the CCG gave me an action plan to work on and I cleared it within two months". The manager was proud that she had been able to work through this, whilst also being responsible for running another home.

A survey had been given to people living at the home in July 2015 and three responses had been received from relatives and one person living at the home had been supported by a member of staff to complete the form. All responses were positive and the manager informed us that she planned to repeat the process every six months.

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 17 HSCA (RA) Regulations 2014 Good governance Systems and processes not in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people living at the home, to maintain accurate records in respect of people living at the home.