Astley Care Homes Limited

Rosevilla 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**

Summary of findings

Overall summary

This unannounced inspection took place on 7 November 2017. At our previous inspection in January 2017 we found that the service was not always safe, effective, caring, responsive or well led and we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of the three regulations. However further improvements were required and we found two new breaches of Regulations.

This is the second consecutive time the service has been rated as requires improvement. You can see what action we told the provider to take at the back of the full version of the report.

Rosevilla provides accommodation, personal and nursing care for up to 40 people. 10 places at the service were for people who required rehabilitation following a stay in hospital. At the time of the inspection 36 people were using the service.

There was a registered manager in post. 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.

Lessons were not always learned and risks reduced following incidents and accidents which could have resulted in harm. Prompt action was not always taken to respond to people's individual changing needs.

People's medicines were managed safely, however further information was needed to inform staff as to when people may require their medication.

The principles of the MCA were not being consistently followed to ensure that people who lacked the mental capacity to agree to their treatment were supported to do so in their best interests.

People's needs and choices were assessed, however further information was required to ensure people's individual diverse needs were identified and responded to.

People's dignity was not always maintained and people were not always involved and offered choices about

their care.

Statutory notifications had not always been submitted and the registered manager did not follow current legislation to support people to make decisions.

People were protected from the risk of infection as safe infection control measures were in place.

People were protected from the risk of abuse as staff and the registered managers followed the safeguarding procedures if they suspected abuse.

There were sufficient numbers of suitably trained staff to meet the needs of people who used the service. Staff received training and support to fulfil their roles.

People received health care support when they became unwell or their needs changed and they were supported to eat and drink sufficient amounts to remain healthy.

Staff worked together with other agencies to ensure that people's needs were met effectively.

The environment had been adapted to meet people's individual needs and preferences.

People were enabled to be as independent and people told us that staff were kind and caring. People felt able to raise concerns and any complaints were acted upon.

People's end of life wishes were gained and staff worked with other agencies to ensure people received dignified care at this time.

The systems the provider had in place were improving the service and there were further plans to improve the quality of care for people. People and staff liked and respected the registered manager.

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.

Lessons were not always learned and risks reduced following incidents and accidents which could have resulted in harm.

People's medicines mostly were managed safely, however further information was needed to inform staff as to when people may require their medication.

People were protected from the risk of infection as safe infection control measures were in place.

People were protected from the risk of abuse as staff and the registered managers followed the safeguarding procedures if they suspected abuse.

There were sufficient numbers of suitably trained staff to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The principles of the MCA were not being consistently followed to ensure that people who lacked the mental capacity to agree to their treatment were supported to do so in their best interests.

People's needs and choices were assessed, however further information was required to ensure people's individual diverse needs were identified and responded to.

Staff received training and support to fulfil their roles.

People received health care support when they became unwell or their needs changed.

People were supported to eat and drink sufficient amounts to remain healthy.

Staff worked together with other agencies to ensure that

people's needs were met effectively.

The environment had been adapted to meet people's individual needs and preferences.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's dignity was not always maintained and people were not always involved and offered choices about their care.

People were enabled to be as independent as possible.

People told us that staff were kind and caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Prompt action was not always taken to respond to people's individual changing needs.

People felt able to raise concerns and any complaints were acted upon.

People's end of life wishes were gained and staff worked with other agencies to ensure people received dignified care at this time.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Statutory notifications were not always been submitted and the registered manager did not follow current legislation to support people to make decisions.

The systems the provider had in place were improving the service and there were further plans to improve the quality of care for people.

People and staff liked and respected the registered manager.

Staff worked with other agencies to ensure a holistic approach to people's care.

Rosevilla 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 7 November 2017 and was unannounced. It was undertaken by two 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service, three relatives and four visiting friends. We spoke with the provider, registered manager, clinical lead, two nurses, two cooks, one team leader and four care staff. We also spoke with two visiting health professionals who supported people at the service.

We looked at five people's care records, three staff recruitment files, rotas, staff training and supervision records and the systems in place to monitor and improve the quality of the service.

Requires Improvement

Our findings

At our previous inspection we found that the service was not always safe and there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and there was no longer a breach in this regulation, however further improvements were required.

Risks of harm were not always minimised and lessons were not always learned following accidents and incidents which could have resulted in harm to people. For example, we saw one person was lying in bed with their feet over their bed rails. They were anxious and trying to sit up. We alerted a nurse who in turn asked care staff to support the person with their needs, they said: "[Peron's name] needs help quickly as they have their legs over the rails". We looked at this person's care records and we saw that it had been recorded that they had been found with their legs over the bed rails on at least one previous occasion. The staff had not alerted the registered manager to this incident and no action had been taken following the incident to reduce the risk of this occurring again and this put this person at risk of harm.

At our previous inspection we had concerns in how people's medicines were being managed. At this inspection we found that some improvements had been made. However, further improvements were required to ensure that people who lacked capacity to ask for their 'as required' (PRN) medicines were administered their medication at the times they needed it. For example, one person was prescribed PRN pain relief and their care plan stated that they would not be able to express they were in pain. No pain assessment had been completed and the person's protocol just recorded that the person should be given the medication when in pain. The protocol did not inform staff what signs the person may display when they were in pain. This put the person at risk of not having their pain relief when they needed it.

Since the last inspection there had been a new clinical room and a pharmacist had completed an audit of the medicines. Medication was administered by the nurses at the times people had been prescribed it. One person who used the service told us: "I always get my medication when I need it; the nurses bring them to me". Another person told us:" I am on medication and get them on time more or less. When I asked for painkillers in the night they brought them to me and hot milk at the same time". We saw that medicines were now being routinely dated when being opened to ensure they were still fit for use. There was a daily medication audit which checked that medication had been given and signed for. When people refused their medication or were administered PRN medicines, it was clearly recorded.

People told us they felt safe. One person told us: "I feel safe, I have everything I need". A relative told us: "I

know my relative is safe, the staff are really nice and they look after them well". Staff had received training in the safeguarding procedures and staff we spoke with knew what to do if they suspected someone had been abused. We saw that the registered manager had reported and investigated allegations of abuse and staff practise appropriately. This meant people's wellbeing was being protected by staff who understood their responsibilities.

People told us that they did not have to wait long too long to have their needs met. One person told us: "I just call the staff when they're passing by. I don't have to wait too long". Another person told us: "You've got the buzzer and when you press it, it's 5 minutes at the most for staff to come". A relative also confirmed: "I have never seen people have to wait long for assistance". We saw that staff responded to call bells and to assist people as soon as they were able. The registered manager and provider told us that they regularly reviewed the dependency needs of people who used the service as there was a constant change to people's needs due to the rehabilitation placements and this impacted on the amount of staff they needed. This meant that there were sufficient numbers of staff to meet people's needs.

New staff were employed using safe recruitment procedures to ensure that they were of good character and fit to work with people. Pre-employment checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that staff were of good character and fit to work with people.

Prior to this inspection we had been contacted by the environmental health team who informed us that they had concerns about the hygiene measures within the kitchen and had left the service with instructions to improve. We found no specific concerns on the day of the inspection, however the kitchen was old and required up dating, and this would make the cleaning process easier and in turn reduce the risk of any infection. We saw that the environment was mostly clean and tidy. There were designated domestic staff and we saw that cleaning schedules were in place and being completed. There was liquid hand gel available throughout the building for staff and visitors to use. Staff used gloves and aprons when delivering personal care and we saw that laundry was managed in a way which would prevent the spread of infection. One person told us: "The staff make sure they've got their gloves on and their aprons on when they help me. They clean my room every day and most days they change the sheets and clean towels every day". The service had been inspected by the infection control team and had been awarded a pass rate.

Requires Improvement

Our findings

At our previous inspection we found that the principles of the Mental Capacity Act 2005 (MCA) were not always being followed. At this inspection we had further concerns and there was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We found that one person had been regularly refusing their medication and this had resulted in them becoming unwell and exhibiting symptoms which were causing them distress. Staff had informed the person's doctor and they had told the staff to stop the person's medicines. The person had been assessed as not having the mental capacity to make complex decisions. The nursing staff and registered manager had not considered following the principles of the MCA and making a decision in the person's best interests and administering their medication covertly (without them knowing). This meant that this person was not being supported to consent to their care and treatment to ensure they remained healthy and pain free.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we had concerns that some people may be unlawfully restricted of their liberty. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection we found that improvements had been made and the registered manager was referring people who were unable to consent to their care and treatment at the service for a DoLS assessment.

Prior to people being admitted into the service, the registered manager or nursing staff completed an assessment of their needs to ensure that they could be met at the service. Information was gathered from the person themselves, family members and other relevant people in the person's life. We saw the assessment form and noted that it asked people for information on their cultural background and religion, however no other diverse needs such sexuality were identified at the assessment stage.

We recommend that the pre assessment form is improved to identify people's diverse needs and to ensure

that the service is able to meet them in way that meets people's individual preferences.

Several people were admitted into the service from hospital for rehabilitation. The clinical lead told us that they received a care plan for the person prior to their admission and this was discussed and agreed as to whether they could meet their needs. A further assessment was completed at the person's admission. Staff at the service worked with other agencies such as occupational therapists and physiotherapists to support people to be as independent as they were able. There were weekly meetings held with all the relevant professionals to discuss people's progress and plans for the future care they may require either in their own homes or another care environment. This meant that people's needs were being assessed and met holistically to achieve effective outcomes.

People's health care needs were met. When people became unwell or their health needs changed, people told us and we saw that health care advice from people's doctors and other health care agencies was gained. One person told us: "I did have the optician when I first came in and a carer went with me about a couple of weeks ago to the dentist". Another person told us:" Since I've been here the swelling has gone down in my legs, I can get my slippers on now".

Staff told us and we saw records that confirmed that they received regular support, supervisions and training for be able to fulfil their roles effectively. One nurse told us: "I've had lots of training since I've been here and it gets refreshed every year. I've also had competency checks". Another staff member told us: "I've had training during my induction and I did the Care Certificate." We saw that there was a regular programme of training which was on-going and refreshed. This meant that people were being cared for by staff who were effective in their roles.

People told us and we saw that people were supported to eat and drink sufficient amounts to remain healthy. One person said: "The food is wonderful, there is too much and I always say I want half of that. The cook comes in every morning with the menu and I choose". Another person told us: "The food is quite good. They come round with the menu and they bring the meal to your room if you want. There is plenty of food and we are not rushed, they give you plenty of time, they leave you to it". People at risk of weight loss were regularly weighed we saw when it had been identified that people had lost weight, action was taken and several people had been prescribed food supplements. Some people's food and fluid intake was monitored to ensure they had sufficient amount and we saw that this was checked every day by the nursing staff. A member of care staff told us: "I support people with eating and drinking if they need it, sometimes it's just prompting and encouraging that's needed to make sure they eat or drink enough for them to stay well. Some people have pureed food or thickened drinks and we have a list so that we know how they have it so it's always the same each time".

We found that the service had been adapted to meet people's needs. We saw there were grab rails around the toilets and there were baths and showers which had been adapted to support people with a range of mobility problems to be able to bathe. We saw the premises were suitably decorated and people who were permanent residents had been able to bring their own furniture and personalise their room to their own individual preferences. One person told us: "I've got a nice room especially when the sun is shining through the window". The provider told us and we saw they a business plan which showed the planned environmental changes and improvements to the service over the next 12 months.

Requires Improvement

Our findings

At our previous inspection we found that people's right to privacy was not always respected and there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection although we found some improvements had been made and there was no longer a breach of this regulation, however further improvements were required.

At our previous inspection we had found that people's bedroom doors were routinely left open and several people had been seen in bed or in their nightwear by passing visitors and building contractors. Since the last inspection most people had been asked their preference about having their bedroom doors left open and we saw it was recorded. However we saw one person who lacked the mental capacity to decide whether they wished to have their door open, was in their room in a state of undress and visitors and fellow residents would be able to see them. We discussed this with the registered manager who agreed this was not dignified for the person. This meant that this person's dignity was not being protected.

The service offered some people rehabilitation following a period of time when they had been unwell. Staff worked with other professionals to support people to either return home or to find a care package that met their needs. We spoke with one person who told us: "I am moving on Thursday to a residential home over the road". They told us that they had not been offered the opportunity to visit the home prior to them moving in two days' time. We spoke to the registered manager and clinical lead and they confirmed that people were not supported to visit the services that had been identified for them. It was not evident that this was this person's choice and they had not been offered the opportunity to view the new placement prior to agreeing to go there. This person had not been fully involved in the planning of their future care and had not been given an informed choice.

People we spoke with told us that the staff were kind and caring. One person told us: "'We have a chat when they are getting me dressed and they are interested in what I'm knitting". A visiting relative told us:" "Staff are all very kind and caring, they are very attentive. All the staff seem to have very good relationships with the people that live here, there always seems to be a lot of laughing and joking". We observed that staff spoke to people in a kindly manner and staff demonstrated a caring value base when we spoke with them. One staff member told us: "I really enjoy looking after people; I like having a laugh with them and knowing I'm doing a good thing. If I'm helping with personal care I always make sure the person is as covered up as much as possible, and I talk to them while I'm washing them so it isn't so embarrassing for them".

People were supported to be as independent as they were able to be. One person told us: "The staff do help

me and I have to say well. You can't rush me and I do most of my dressing myself but the staff are ever so good". Visiting occupational therapists and physiotherapists worked with staff on how to support people with their independence including their mobility. One person told us: "I'm going out with the occupational health therapist tomorrow, to my house to see what they can do with it for me to so I can go home".

People told us that their relatives and friends could visit at any time and we saw lots of visitors on the day of the inspection.

Requires Improvement

Our findings

At our previous inspection we had concerns that care was not always personalised and care plans were not always up to date and reflective of people's needs. At this inspection we found that improvements had been made in this area, however further improvements were required. We found that people's care was regularly reviewed and their care plans contained relevant information to aid staff to be able to support them effectively, however staff did not always respond when people's needs changed. For example, one person was refusing their medication and was uncomfortable due to the condition not being managed effectively. Staff at the service had not responded and sought external advice to ensure that their quality of life was pain free.

Since our last inspection a plan had been implemented to ensure that people who used the service for rehabilitation received consistent care. The clinical lead told us that a specific area of the home had now been identified as being for rehabilitation and this was being run separately with a consistent staff group to ensure continuity in their care. Weekly meetings took place with the other health professionals involved in people's care and their progress was discussed to ensure the care they were receiving was effective and responsive to their needs. A visiting health professional told us: "People here for rehabilitation are benefitting from their own staff and have their own equipment as I order it for them. The staff are really good they handover all the relevant information I need and take my advice when I give it".

We saw that there had been regular resident and relatives meetings for the permanent residents. Minutes of the last meeting showed that new ideas for winter menus had been discussed and we saw that these had been added to the menu at people's request. People's requests were dealt with in a timely manner. A visiting relative told us: "When I first came there was no toilet frame for my relative and when I asked for one it was straight there".

The provider had a complaints procedure and we saw that complaints were responded to and action taken to satisfy the complainant. One person who used the service told us: "I have had to raise a couple of things, it was a long time ago but the manager sorted it for me quickly". A visiting relative told us: "I've never seen anything that would cause me to complain, nor has [Person's name] ever mentioned anything, but I know if I went to a nurse or the manager they would sort it out".

We saw that people were offered a range of hobbies and people told us they could choose to join in or not. On the day of the inspection some people appeared to be enjoying a tea tasting session in the lounge. One person told us: "There's always something to do, we have tea tasting, bingo and music. I spend a lot of time

in bed but they always ask me if I want to go into the lounge".

People were asked how they wished to be cared for at the end of their life. Staff liaised with other health professionals when people were coming to the end of their life to ensure that the process was comfortable and pain free. The registered manager told us that one person was unwell and they had alerted the clinical commissioning group (CCG)who had assessed the person as not being at the end of their life, however they would be alerting the CCG again if the person's health declined further.There was no one receiving 'end of life' care at the time of our inspection.

Requires Improvement

Our findings

At our previous inspection we found that the systems the provider had in place to monitor and improve the service were not always effective and there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements were being made and they were no longer in breach of this regulation.

Since the last inspection the registered manager had implemented a DoLS audit to recognise and refer people for a DoLS if they had been assessed as lacking mental capacity and they were being restricted. We saw that the audit had been effective and referrals had been made and two people had an authorisation in place. However the registered manager had not notified us of these authorisations as they are required to do.

This was a breach of Regulation 18 (2) of Care Quality Commission (Registration) Regulations 2009.

At this inspection we found that one person was not receiving care that was safe or effective. The registered manager and staff had not recognised that the person required support with making decisions about their care due to their lack of mental capacity. We discussed this with the registered manager who immediately took action to rectify this and gain the support they needed to stay safe and pain free.

Most incidents and accidents were analysed to ensure that lessons were learned and there was a continual plan for improvement. However we saw that one person had been found in a situation which could have put them at risk of harm and the registered manager had not been made aware and no action had been taken to minimise the risk of this type of incident occurring again.

Since the last inspection there had been improvements in the way that people who were receiving rehabilitation were being cared for. Staff at the service worked with staff from the Clinical Commissioning Group (CCG) and other health professionals to ensure a holistic approach to people's care. A new clinical lead had been appointed who was responsible for the care of these people and they had implemented new systems of working to ensure continuity in their care. The registered manager told us that they were increasing the number of rehabilitation beds to meet the demands of the CCG.

We saw that improvements had been made in the quality audits that were being completed. A medication audit was ensuring that people were being administered the medicines and that they were signed for. Care plan audits were being completed and the care plans we looked at were reflective of people's current needs.

However further information on people's diverse needs was required to ensure that all of their needs were fully met.

People and their visitors told us that the registered manager was approachable and that there was a nice atmosphere within the service. One person told us: "The manager is very good actually and she's very approachable. She is visible unless she's out and I've seen her this morning". Another person told us: "It's very well managed here".

Staff told us that they were receiving regular supervision and staff meetings and that the registered manager was approachable. One staff member told us: "I love it here, the manager is so supportive, and she really is fantastic. I can't say enough good things about her. She's always willing to get her hands dirty". Another member of staff told us: "The manager is very supportive, I have supervisions and they're useful as I can raise any issues I might have and I know she'd sort them".

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents **The registered manager had not informed us of all significant incidents.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent **The registered manager and staff had not followed the principles of the MCA and support a person who lacked mental capacity to make decision in their best interests.**