

Rosecare Homes Limited

Andrin House Nursing Home

Inspection report

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21 December 2015

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 21 December 2015 and was unannounced.

We carried out an unannounced inspection of Andrin House in October and found two breaches in legal requirements. Those were in relation to Regulation 19 HSCA (Regulated Activities) Regulations 2014, fit and proper persons employed, and Regulation 17 HSCA (Regulated Activities) Regulations 2014, good governance.

Following the inspection the provider wrote to us to tell us what actions they would be taking to meet the breaches which had been identified.

We undertook this focused inspection on 21 December 2015 to check they had made improvements and to confirm that they now met the legal requirements in all the areas of concern that we identified. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Andrin House on our website at www.cqc.org.uk.

Andrin House is a care home with nursing for up to 37 people and specialises in care for older people. It is located in a residential area of Derby, close to the city centre.

There was no registered manager in post. An acting manager was covering this position. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the focused inspection on 21 December 2015 we found the provider had made improvements to the recruitment process to ensure that all staff were suitable to work at the service. We saw that staff files contained evidence that appropriate checks were completed prior to staff commencing work at the service.

We saw that improvements had been made in relation to staffing levels and that there were sufficient staff on each shift to meet the needs of the people living at the service.

At our last inspection we found that the provider had not put in place suitable arrangements to monitor the quality of the service and there was no analysis of adverse incidents and events to prevent a reoccurrence. At the focused inspection on 21 December 2015 we saw that improvements had been made and there was evidence of actions being taken as a result of quality monitoring audits. This included complaints, feedback forms and meetings. We also saw there was evidence of actions being taken as a result of incidents and accidents and these results were analysed in order to attempt to prevent reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

We found that actions had been taken to improve safety.

We saw that staff files contained evidence that appropriate checks were completed prior to staff commencing work at the service.

We saw that improvements had been made in relation to staffing levels and that there were sufficient staff on each shift to meet the needs of the people living at the service.

Is the service well-led?

Requires Improvement ●

We found that actions had been taken to improve well led.

We saw that evidence that actions had been taken as a result of quality monitoring audits, including complaints, feedback forms from people using the service and meetings.

We saw there was evidence of actions being taken as a result of incidents and accidents, which were analysed and plans put in place in order to prevent reoccurrences.

Andrin House 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.

We undertook an unannounced focused inspection of Andrin House on 21 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 14 October 2015 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe, and is the service well led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During our inspection we spoke with the acting deputy manager and one member of staff. We also looked at records including staff rotas, staff recruitment files, incident and accident forms, quality assurance audits, minutes of meetings and feedback forms used to gather people's views about the service.

Is the service safe?

Our findings

At our comprehensive inspection of Andrin House on 14 October 2015 we found that the recruitment process was not suitable to ensure staff were safe to work. Staff files did not contain evidence of references, interview notes or identity checks. There was no risk assessment in place to identify this as a possible risk to people using the service. That meant people's safety could not be assured by the provider because safe recruitment processes were not followed to ensure staff were suitable to work with people using the service.

This was a breach of Regulation 19 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) 2014.

At our focused inspection on 21 December 2015 we found that the provider had made improvements in relation to the requirements of Regulation 19 described above.

We looked six staff files and saw evidence that all appropriate checks were completed prior to staff commencing work at the service which was in accordance with the provider's recruitment process. This included evidence of references, application forms, interview questions, identification and disclosure barring service checks (criminal record checks).

We also saw evidence of a staff file audit and a checklist in each file which detailed the documentation each file should have and what, if any, was not yet completed. This showed that there were suitable arrangements now in place to reduce the risk of unsuitable staff being employed at the service.

At our comprehensive inspection of Andrin House on 14 October 2015 we found that at times there were insufficient staff to meet the needs of the people living at the service, particularly if staff were off due to ill health.

At our focused inspection on 21 December 2015 we found that the provider had made improvements in relation to the staffing levels. They had recruited additional staff and the staff worked together as a team to ensure that any absences were covered by themselves.

We looked at past, present and the planned staff rotas and saw that there were sufficient staff on each shift to safely meet the needs of the people living at the service. We saw that sickness levels had reduced and when a member of staff was off sick then appropriate cover was found. The provider used a dependency tool in order to determine staffing levels in relation to people's dependency needs.

Is the service well-led?

Our findings

At our comprehensive inspection on 14 October 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. These related to the lack of action taken by the registered manager as a result of quality monitoring audits and feedback received from people living at the service and their relatives. We also found a lack of action or investigation undertaken as a result of accidents or incidents.

We issued the provider with a warning notice to improve the governance of the service by 7 December 2015.

At our focused inspection on 21 December 2015 we found that the provider had followed the action plan they had written to meet the shortfalls in relation to the requirements of Regulation 17 described above and we found that improvements had been made.

We saw that actions had been taken as a result of incidents and accidents. For example, we saw that one person who had injured themselves were observed for three days after the event in an attempt to find out what the possible cause was. Once it had been established that the person was unstable and at risk of further falls then a falls assessment was completed and the measures put in place included the person being observed closely at all times when mobilising.

There was an incident and accident audit in place. This identified a summary of accidents and incidents and what actions could be taken to prevent a re-occurrence. For example, one identified risk area was falls. We saw that the actions to be taken was for a care plan to be put in place, an incident form and body map to be completed, the pattern of falls to be monitored and staffing levels to be reviewed, we also saw that a referral had been made to the Occupational Therapist for an assessment.

We found that actions were now in place for quality monitoring audits. For example, we saw that a relatives' meeting had been held, and as a result of concerns raised regarding the security of the garden area we saw that items, such as higher fencing had now been ordered.

We saw that as a result of a residents meeting where concerns were raised about the quality of the meals a new cook had now been employed.

There was a complaints audit in place and appropriate actions had been taken. For example, we saw that a relative had complained about there not being enough chairs in the lounge and dining area when they were visiting. Management had therefore ordered more chairs as a result of this complaint.

Feedback forms had been given to people living at the service to gather their views about the service and there was an action plan produced to address issues raised. For example, we saw that two people had said they would like more showers and therefore staff were now to ask everyone living at the service every day if they would like a shower.

Feedback forms had also been given to staff to gather their views about the service and any suggestions about how the service could be improved. It was evident that actions were taken as a result. For example, staff had felt they did not have enough time to deliver good care. The provider had ensured that staffing levels were now more consistent and that staff were now working effectively in groups to ensure there was enough time to deliver good care.

During this focused inspection we also saw evidence of a medication audit and care plan audits. These audits had not been in place at our previous inspection on 14 October 2015.

The registered manager had recently left the service and therefore there was no registered manager in post. The provider had appointed an acting manager who was in charge of the day to day management of the service and they were being supported by the provider and a registered manager from one of the providers other services.