

S.A.H Nursing Homes Limited

Rosalyn House

Inspection report

King Street
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Dunstable
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Tel: 01582896600

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rosalyn House provides accommodation and nursing care for up to 46 people with a wide range of care needs. At the time of our inspection there were 29 people living at the service, many of whom were living with dementia and other conditions.

Following our previous comprehensive inspection in November 2016, we gave this location an overall rating of 'Inadequate' and was therefore placed into 'special measures'.

At that inspection we found that people's risk assessments and management plans were in place for each person, however they were ineffective. We found assessments had not always been updated or reviewed and lacked information to guide staff in reducing levels of risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were ineffective systems in place to protect people from harm. Potential safeguarding incidents had not been reported to the local authority or the Care Quality Commission (CQC). This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not involved in decision making in relation to their care and support. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans did not accurately reflect people's current needs and lacked personalisation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not receive frequent supervision and no appraisals had been conducted in 2016. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes for governance and quality assurance were ineffective and failed to assess, monitor and improve the quality of care being provided or mitigate the risk of harm to people living at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read the report from this comprehensive inspection by selecting the 'all reports' link for Rosalyn House on our website at www.cqc.org.uk.

The provider submitted an action plan to tell us how they would meet these regulations and the timescale they intended to have them met by. We carried out this unannounced comprehensive inspection on 27 September 2017, to see if the provider had made the necessary improvements to meet these breaches of

regulations.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions and appraisals.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. Care plans reflected people's assessed needs.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities if they chose to.

People knew how to complain. There was a complaints procedure was in place and accessible to all. Complaint had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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 ●

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision and appraisals.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

The service was well led.

People knew who the registered manager was.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good ●

Rosalyn House

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 checked 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 unannounced comprehensive inspection took place on 27 September 2017 and was carried out to check that improvements to meet legal requirements had been made following our inspection in November 2016.

The inspection was carried out by two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked the information we held about this service and the service provider. We looked at their action plan following the last inspection. We also contacted the Local Authority for their feedback.

During our inspection we observed how staff interacted with people who used the service. We observed breakfast and lunch, medication administration, general observations and activities.

We spoke with four people who used the service and five relatives of people who used the service.

We also spoke with the registered manager, the provider, a clinical lead, three team leaders, one care assistant, a senior housekeeper and the chef.

We reviewed six people's care records, 12 medication records, six staff files and records relating to the management of the service, such as quality audits, safeguarding records and maintenance records.

Is the service safe?

Our findings

During our inspection in November 2016 we found that people's risk assessments and management plans were in place for each person, however they were ineffective. We found assessments had not always been updated or reviewed and lacked information to guide staff in reducing levels of risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people had risk assessments in place to enable them to be kept as safe as possible whilst encouraging independence. These included; a Malnutrition Universal Screening Tool (MUST); Waterlow assessments; falls; mobility; moving and handling; fire evacuation; choking; bedrails. These were personalised for each individual and they had been reviewed regularly. There were also environmental risk assessments in place.

At our inspection in November 2016 we found that medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that medicines were being managed safely. One person said, "I am on medication and they know I'm not keen on taking it (laughs) so they always make sure they stand and watch me take them." Each person had individual records which contained the Medicine Administration Record (MAR), photograph and pen profile of the person. We checked 12 MAR sheets which contained all of the information required and there were no gaps. Medicines were kept locked securely in a locked room on each floor. Room and fridge temperatures had been checked daily and recorded.

The clinical lead told us they had been working closely with the Clinical Commissioning Group (CCG) pharmacist to produce a policy on recording of PRN (when required) medicines. Staff now only signed when PRN medication was administered and this change was reflected in the MARS charts that were examined.

The registered manager told us that they had recently introduced a new role of auxiliary medicator. These would be experienced care staff who would receive additional training to enable them to assist the qualified nurses when administering medication. The registered manager and the provider were interviewing for the post at the time of the inspection.

At our inspection in November 2016 there were ineffective systems in place to protect people from harm. Potential safeguarding incidents had not been reported to the local authority or the Care Quality Commission (CQC). This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that there were systems in place to protect people from avoidable harm. Safeguarding referrals had been made to the local authority and reported to CQC when required. This was confirmed by the local authority. Records had been kept of all incidents and the subsequent investigations. The registered manager explained they had also introduced a record of all communication with the local authority safeguarding team. Safeguarding investigation meetings had been held and records kept.

People told us they felt safe. One person said, "I feel safe with two things, one the building is very secure, and two the staff make me feel that way." Another said, "Yes I do feel safe." Visitors also told us that they felt assured when leaving their loved ones behind that they were totally safe in the home.

Staff knew how to report suspected abuse. All staff had received training in safeguarding. One staff member said, "Oh God yes, people are definitely safe. If I have concerns about anything I will go straight to the manager and discuss it with her. [Name of registered manager] will definitely deal with issues."

We saw that the service had contingency planning in place in the case of total evacuation. They had a reciprocal agreement with another care home nearby where they could evacuate people who used the service if required.

All accidents and incidents were reported using an accident/incident form. A body map had been completed to show any bruising or marks. These had been reviewed by both the clinical lead and the registered manager. This was to ensure correct procedures had been followed and to see if there had been any trends.

People told us there was enough staff on duty. The registered manager and the provider told us they used a dependency rating tool to ensure staffing numbers reflected the amount of care and support people required. They went on to show us how it worked and what the national benchmark was for their dependency rating, the staffing level was above this. On the day of our inspection there was enough staff of varying skills to ensure people were able to get the support they required. We saw the rotas for the month and they reflected the number of staff on duty.

The provider had a robust recruitment process in place. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. Records we saw confirmed these checks had taken place before staff had started to work. On the day of our inspection the registered manager and provider carried out two interviews for a new post.

The registered manager said, "I am in the process of carrying out some staff disciplinary at the moment." They went on to explain the circumstances and where they were in the process. Correct procedures had been followed.

Is the service effective?

Our findings

During our inspection in November 2016, we found that people were not involved in decision making in relation to their care and support. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection within care records we saw that people had been involved in making decisions regarding their care and treatment where they were able. There was evidence that care plans were discussed with people who used the service or their relatives and relatives had attended annual reviews. We observed staff assisting people to make decisions during the day.

During our inspection on November 2016 we found staff did not receive frequent supervision and no appraisals had been conducted in 2016. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that all staff had received regular supervisions. One staff member said, "I have regular supervisions, I find them useful." Another said, "Supervisions and appraisals are now being done regularly. Competency checks are also done." The registered manager had devised a matrix which showed when supervisions were due and the date entered when it had been completed. A separate record had been introduced where each staff member had an individual page and they entered the date they had received their supervision and it was signed by them and the supervisor. This enabled individuals to check when they had been carried out without having to access the confidential record. We saw a number of records of supervisions and appraisals. All staff had received an annual appraisal during this calendar year.

Staff had received an induction when they started. Within staff files we saw completed induction paperwork which had been signed to say the staff member had completed their induction training.

The registered manager showed us the training matrix. This was used to ensure all training was up to date. One staff member said, "We have good training. We recently had fire extinguisher training which was really good as we got to use them." The registered manager told us they used the services of a trainer so face to face training could be accessed quickly if they had new staff who required the training. Within staff files we saw certificates for a variety of subjects including; moving and handling, first aid and MCA/DoLS. The registered nurses accessed specialist training including; wound management and venepuncture.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 being met. Some people had authorisations to deprive them of their liberty. Staff knew who had them and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people's capacity to consent to care.

We observed staff gaining consent before any aspects of care and support was offered. One person said, "I can't do anything for myself so the girls do all that with personal care, they always go through with me what they are doing (gaining consent) but they have been doing it that long they know what they are doing." Mental capacity assessments had been carried out to check if people could give consent for photographs; personal possessions and finances; medicines and voting.

Two people who used the service had been assessed as having behaviours that may challenge. These people were on one to one staffing to ensure they and others were kept safe. This was documented in their care plans.

Within care records we saw Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR's). These had been completed correctly with input from the appropriate people. Staff were aware of who had them in place.

We observed breakfast and lunch time meals. People appeared to enjoy the food. One person said, "The food is very nice If I don't like what's on the menu they will change it for me." Another said, "The food is good but I don't always like what's made, but they will always make me an omelette or something else, they give you plenty of choices." Menus were on the notice board on each floor. These showed a number of choices for each meal. At lunch time one person did not want either of the options. A staff member sat with them and gave a variety of suggestions, which they declined; they decided they would prefer a cheese sandwich rather than a cooked meal. This was provided and it was enjoyed. The chef said, "I will make whatever anyone wants if I can and have the ingredients, and if not someone will go to the shop to get it." The chef told us they had devised the menu with the knowledge of people's likes and dislikes. She said, "I have a file which I keep up to date of individuals' likes and dislikes. The menu was devised by me with the input of our dietitian. We have two menus, one ordinary and a second with the same meals but it is high protein and calcium rich for people who need specific diets." They told us they baked all of the cakes, made biscuits and cooked fresh daily.

People we spoke with told us that if they were not well a doctor was called very quickly for them, and if they had any hospital appointments a member of staff would be made available to accompany them if needed. A relative said, "Yesterday my wife had something wrong with her eyes and I mentioned it to the senior carer, today I've turned up and the doctor has already been and seen her and prescribed something for her you can't get better than that can you." On the day of our inspection, we observed one person going to a hospital appointment accompanied by a member of staff and a doctor visited another person after being called. There was written evidence in people's care plans of a variety of health professional visits including; GP's, opticians, the dietitian and DoLS assessors.

Is the service caring?

Our findings

People and their relatives told us they were treated with kindness. One person said, "They (staff) care about us they look after us like family." A relative said, "The care here is second to none, I can go away from here with complete peace of mind and know my wife is being looked after." A staff member said, "We get to know the residents and feel close to them the staff that work here are very caring."

We observed positive interactions between staff and people who were using the service. For example; staff approached people in a gentle and un-hurried manner. One person was shouting out and a staff member sat with them reassuring them and chatting to them in a calm way about things they knew the person was interested in.

It was obvious from our observations that staff knew the people they were caring for well. They were able to chat with them about things of interest and able to tell us about each person. There was chatting and banter between staff and people. The registered manager knew each person and was observed chatting with them and their relatives.

People told us they felt they mattered and were well cared for. One person said "[Registered manager's name] will come and have a chat with us now and again she told me all about her holiday, she's been to Spain." Another said, "The girls are lovely and caring, my lady who looks after me takes me outside for fresh air she is genuinely lovely." A relative said, "My husband has progressed very well since he has wonderful care with his one to one carers." Another relative said, "My wife is comfortable, looked after, she is kept lovely and clean. In fact we had relatives turn up to see her and they were surprised at how everything was running here, how nice and clean she was, and the care she was receiving. The care here is brilliant I can't fault it, and I have seen other care homes this one is spotless and my wife's room is always lovely clean, and clean fresh bedding that's what you want for the people you care about I have no worries on leaving my wife here and going home although I visit three times a day."

The registered manager had produced a welcome pack. This was given to everyone who moved into the service. This contained a lot of information which people, or their relatives, would need to know. A copy was in the entrance hall.

Within staff files we saw documentation regarding confidentiality. It explained what it was and how to keep it. These had been signed by the individual staff member. Records were kept locked securely, only accessible by people who needed to access them.

People felt their privacy and dignity was being respected. One person said, "I am quite capable of washing myself but they help me, yes, they always wear gloves they say (name) can I help you, I'm going to do this for you (consent) they always knock on my door but they know I like to leave my door open." We saw that people were encouraged to personalise their own rooms and make them a comfortable space.

We observed visitors throughout the day. One visitor said, "We can visit at any time there are no restrictions."

They told us they were always made welcome and offered drinks and meals. Another relative said, "I can come and go as I please its very welcoming here and they will always ask you if you want a cup of tea."

Is the service responsive?

Our findings

At our inspection in November 2016 care plans did not accurately reflect people's current needs and lacked personalisation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found comprehensive care plans were now in place. They were written in a person centred way and were reflective of individual's needs. They included individual plans including; personal care; nutrition; skin integrity; continence care; falls and mobility; challenging behaviour; sleeping; lifestyle and activities; beliefs and end of life care; medicines management. All of the care plans had been reviewed and recently evaluated. Care plan entries were dated and signed.

There was evidence in people's care plans that people or their relatives had contributed to assessment and planning. One relative said, "[Name of registered manager] has gone over my wife's care-plan with me about a couple of months ago, she's on the ball this one (meaning registered manager)". Another said, "I am coming on Tuesday for a review and to see her (wife's) care-plan."

The provider and registered manager told us that they had an activity coordinator who had recently left. There was an activity assistant in post who carried out some activities and one to one time with people. There was a notice displayed of outside entertainers booked to visit. These included; a sing along, furry animals and a visiting theatre group. We observed staff assisting one person with a jigsaw and another looking at and discussing old photographs. these appeared to be enjoyed by people. The provider told us they had contacted a specialist activity providers association to arrange for them to train all of the staff in meaningful activities. This would enable any staff member to carry out some activity at any time.

People had the time they needed to support them with their assessed needs. We observed staff interacting with people, they bent down to eye level and spoke slowly and clearly making sure the person understood what they were saying.

We saw that the service had a complaints policy and procedure. One person said, "I have no complaints in fact I cannot complain about anything, If I had any concerns or complaints I would tell my family, or [name of registered manager]." There had been two complaints in the last six months. These had both been responded to in writing and a meeting was held with one. Both had been resolved to the complainants' satisfaction.

The registered manager told us a quality survey had been sent out in May 2017 to residents and their relatives. We saw a copy of the results and the action plan devised following the survey. Actions had been completed. There were a lot of very positive comments including; 'The carers give first class caring.' 'I personally think the carers and nurses do not get enough praise for their endless work.' And 'Well trained staff.'

Is the service well-led?

Our findings

At our inspection in November 2016 we found that systems and processes for governance and quality assurance were ineffective and failed to assess, monitor and improve the quality of care being provided or mitigate the risk of harm to people living at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw a large number of quality audits and checks had been carried out. The registered manager had introduced a number of audits and when they should be carried out. These included; care plans, medication, room checks and maintenance. Records showed these had been carried out on a regular basis. Where issues had been found actions had been put into place and signed off when complete. The responsibility of some auditing had been passed to other staff members but all had been overseen by the registered manager.

Staff we spoke with told us that the registered manager was approachable. One said, "The manager is approachable and I feel able to speak to her." Another said, "I feel valued and listened to. I believe we have a good staffing team." When asked if they had seen any improvements in the quality of the service, one member of staff said, "It's getting there, but we still have a way to go. We need to build on the improvement we made and that's where training comes in." Another said, "The manager has a vision of where the service should go."

A number of different meetings had been held to keep everyone up to date and informed of any changes. These included; nurses, care staff, housekeeping and all staff. One staff member said, "We have brought things up at meetings and the manager is looking into it." Records we saw confirmed this. Within these records we saw that staff had been involved in the development of the service.

The registered manager told us she held bi-monthly relatives meetings. She had made them more relaxed by making them cheeses and wine evenings. A list of the dates was on the notice board. One relative said, "I'm coming to the wine and cheese night on Saturday where family members can have a chat to the manager and offer any feedback and to listen on whatever changes are going to be made, it gives me a chance to go over any concerns I may have."

There was a registered manager in post who was aware of their registration requirements. They had been in post for six months and had introduced a number of changes. A staff member said, "[Name of registered manager] has made a lot of changes but they are all positive. It is a much better place since she came." The registered manager was aware of the day to day activities in the service. We observed them speak with individuals and their family members by name. One visitor said, "The manager is very helpful, if you need anything you ask, and it's done." Another said, "Oh yes the manager is very good, very visible, I come here every day she is very approachable."

The registered manager told us the provider visited the service at least one or two days each week and they were very supportive. They were at the service on the day of the inspection to support the registered

manager. They told us they had worked very closely with the registered manager since her employment. The registered manager said, "She has been here until gone midnight sometimes working to make improvements."

Following the last inspection, the provider had employed the services of a consultant to work with them to make improvements to the service. They are now only visiting monthly. Since the registered manager had been employed they had made a lot of improvements, along with assistance from the provider.

Staff we spoke with were aware of their roles and responsibilities. One staff member said, "I love working here, it feels like a good home." They were quite complimentary about the improvements made to the quality of the service by the manager.