

Rosebery House Limited

Rosebery House

Inspection report

1 Rosebery Avenue
Harpenden
Hertfordshire
AL5 2QT
Tel: 01582 715600

Date of inspection visit: 9 October 2014
Date of publication: 30/03/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 9 October 2014 and was unannounced. The service was found to be meeting the required standards at their last inspection in August 2013.

Rosebery House is a residential care home which provides accommodation and personal care for up to 14 older people. At the time of our inspection there were 12 people living at the home. There is a 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 and associated Regulations about how the service is run. The registered manager and the provider for this service is the same person.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

Summary of findings

to protect themselves or others. At the time of the inspection no applications had been made to the local authority in relation to people who lived at Rosebery House.

People were supported by staff who knew them well, however, they did not always have the necessary skills to support them appropriately. Staff had not always received training in advance of providing care to people. In addition, specific training to meeting individual people's needs such as pressure care management was not provided. Staff had a good understanding of how to promote people's safety in regards to protecting people from the risk of abuse. Staff numbers were appropriate to meet the needs of the people they were supporting. The recruitment procedure was under review to ensure it was consistent.

People, and their relatives, told us that care was delivered in accordance with their preferences. People had regular access to health care professionals and had been involved in the development of their plan of care

People, their relatives and visiting professionals were positive about the staff. We were told that they were kind,

caring and responsive. Our observations and discussions with staff supported their comments. People enjoyed their food and there were opportunities to maintain hobbies and interests. Work was being done to ensure these met people's individual needs and preferences.

Staff were clear on what their roles were and shared the manager's view of the type of service they wanted people they supported to receive. There were systems in place to gain people's feedback and monitor the quality of the service, however, issues were not always addressed. We also found that other issues, in relation to training, supervision, and pressure care provision were not identified. We also identified shortfalls in relation to the management of medicines in relation to the recording and dispensing of medicines were not identified.

At this inspection we found the service to be in breach of Regulations 9, 10, 13, and 23 of the Health and Social care Act 2008 (Regulated activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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?

The service was not safe.

Staff knew how to recognise and report concerns of abuse.

Recruitment processes in place were in the process of being updated.

Medicines were not always managed safely.

Requires Improvement



Is the service effective?

The service was not effective.

Staff did not always receive training for their role. This impacted on the standard of care that people received.

People were supported to eat and drink sufficient amounts.

The manager understood their responsibility in relation to MCA or DoLS.

Requires Improvement



Is the service caring?

The service was caring.

Relationships between the people who used the service, staff and manager were positive. People spoke highly of the staff and the care they provided.

People's privacy and dignity was respected.

Most people were involved in planning their care.

Good



Is the service responsive?

The service was responsive.

People told us that their individual needs and preferences were acknowledged and met.

People were supported to maintain hobbies and interests. The service was in the process of updating activities available to people.

People told us that they hadn't needed to make a complaint but were confident that any concerns they raised would be dealt with.

Good



Is the service well-led?

The service was consistently not well-led.

The manager was highly regarded by staff and people who used the service.

There were systems in place for obtaining people's feedback and views, however, outcomes were not shared with people and staff.

Monitoring systems did not always identify issues and action plans were not always developed or completed.

Requires Improvement



Rosebery 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to look at the overall quality of the service.

This visit was carried out on 9 October 2015 and was unannounced. The inspection consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service or cares for someone with similar needs. The service was last inspected in August 2013 and at that time was found to be meeting the essential standards.

Before our inspection the provider completed a provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.. We also reviewed any information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we spoke with 11 people who used the service, two relatives and visitors, the registered manager and four staff members. We received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We viewed three people's support plans and three staff files. We carried out observations throughout the inspection.

Is the service safe?

Our findings

We saw that information to minimise the risks of falls, moving and handling, nutrition and pressure care was available to staff and were specific to the person to whom they related. These risk assessments were reviewed regularly, including acknowledging any changes in people's assessed needs. Staff we spoke with were aware of each person's individual risks. However, we saw records confirmed that people did not always receive the appropriate care to reduce the risk of developing a pressure sore. People were not regularly repositioned as required by their needs assessment which increased their risk of developing a pressure sore. Those people for whom the application of barrier cream was identified as a prevention technique had not had the cream applied regularly or correctly. We found that pressure relieving equipment was not always set correctly. Staff we spoke with were not aware of the specific risks associated with pressure area care or how to prevent a person developing a pressure ulcer. Staff confirmed that they had not provided effective pressure care to people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2010.

We looked at the arrangements in place for the management of medicines. The staff members who were responsible for administering people's medicines had received training. We viewed the Medication Administration Record (MAR) charts and saw that these were completed for each medicines round. The manager told us, and we saw, that they used information from the Department of Health and Royal Pharmaceutical Society as guidance on managing medicines at the service. However, we saw that handwritten entries to the MAR charts were not being countersigned as per the published guidance which meant that the service could not always be assured that medicines were being administered appropriately.

We also saw that people did not have photographs on their MAR charts to help staff identify them which was in accordance with the service's medicines policy. We counted five boxed medicines against the number signed as dispensed and the quantity received in stock. Two of the five boxes contained the incorrect number of tablets. One

of these medicines could have a significant impact on a person's health if not administered in the correct dose. This meant that people may not have received their medicines in accordance with the prescriber's instructions.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (regulated activities) Regulations 2010.

People we spoke with told us that they felt safe living at Rosebery House. One person told us, "I feel safe and very cared for."

Staff we spoke with were able to recognise abuse and knew how to report any concerns about a person's safety or welfare. All of the staff we spoke with were confident that the manager would act appropriately but also knew how to report concerns to external agencies. Contact numbers for both were available to staff and they knew where to find them.

There was enough staff available to meet the needs of people living at Rosebery House. People told us that staff consistently provided them support as needed. One person told us, "There is always someone and they come quickly if I need them." During the inspection we saw that people had their needs met in a timely fashion. We noted that all call bells were answered promptly.

We viewed the rota and saw that all shifts were covered by permanent staff members. The manager and staff we spoke with all told us that they had never used agency staff as it had not been needed. The manager said, "I overstaff the shifts so that in sickness, holidays and training days the shifts are always covered." Staff we spoke with, and the rota we viewed, corroborated this.

The manager told us that most of the staff had been employed at the service for a number of years. We saw that application forms did not always cover their full employment history and there were gaps spanning a number of years. We spoke with the manager about this who told us that this was when staff members were not working and they had not documented it. The manager planned to add these comments onto the staff member's files. We saw that where written references had been obtained, these had not been verified by the manager. In addition, where prospective employees had listed previous experience in a care environment, references from this employment had not always been sought. The manager told us they were now implementing plans to ensure that all new employees had their references verified.

Is the service effective?

Our findings

People we spoke with were confident that staff were competent and felt that their needs were being met. One person told us, “All the staff are very good.”

However, staff did not have up to date and accurate knowledge or training to support the people living at the home. We saw, and we were told by the manager and the staff, that staff did not always receive training prior to commencing employment. Although there was a training plan in place, staff did not receive the training until it was due throughout the home. For example, one staff member who started work in August had not attended any training and would not do so until mid-October when training for MCA and DoLS was scheduled.

Staff were assisting people with moving and handling, providing personal care and support with nutrition without the appropriate training. This meant that people were at risk of receiving care and support from staff that did not have the knowledge and skills to provide it, therefore putting people at risk of receiving inappropriate care that did not meet their needs. The induction used within the home was not formalised and did not ensure that staff had covered all required subjects in a set time frame. We saw a log which had been started for some staff members which included a senior staff member showing care staff tasks such as using the hoist, or observed them dispensing medicines. However, this was not in place for all staff and the senior staff member providing the supervision or training was not a qualified trainer nor had they received training on providing supervision. This meant that staff may not have been receiving accurate and up to date information regarding the subjects therefore putting people at risk of not receiving the appropriate care or support.

This is a breach of Regulation 23 of the Health and Social care Act 2008 (Regulated Activities) regulations 2010.

Staff told us that they felt supported by the manager and received appropriate supervision to meet their needs. The manager told us that they did not have a formal staff supervision plan in place however in their role as a manager they were always moving around the home, observing and guiding staff and spoke with all staff on a regular basis. The manager also told us that new staff were on a ‘buddy’ system prior to receiving training so they were

always with another staff member. One staff member told us, “They’re there if you need them, watching.” We spoke with staff who all told us that they felt supported and that they could go to the manager if they needed to with any concerns. One staff member told us, “We get taken into the office every three or six months, [manager] is very good.” They went on to say, “It’s like one big happy family.” Another staff member told us, “We speak daily, we discuss everything.”

The manager had understood what their responsibilities were under the Mental Capacity Act (2005) (MCA) and told us that no-one living at Rosebery House required a Deprivation of Liberty Safeguards (DoLS) authorisation. They told us all except one person, who had become unwell over a number of years at the service, was able to make their own decisions. We viewed the care plan of the person deemed unable to make decisions by the manager and saw that there was a basic mental capacity assessment and best interest record. We also saw that the person’s next of kin had been involved in the planning and reviewing of the person’s care.

People told us that they received appropriate support with meals and that they enjoyed the food provided. One person told us, “We are encouraged to have breakfast and supper in our rooms.” One staff member told us that this was the only meal that was eaten in the communal area. Staff told us, “This is just how it’s always been.” The arrangements for dining require improvement to ensure that people have a choice of where to eat all of their meals. This was to encourage choice, independence and reduce the risk of isolation as it was not clear that all people had a choice of where to eat their meals. We saw that a person who needed assistance was given the appropriate support with eating and drinking and an intake chart was completed regularly.

People we spoke with told us that they were happy to discuss their needs with staff. One person told us, ‘Sometimes they know what I need before I know.’ Staff we spoke with knew people well. People received regular access to health and social care professionals. Two people told us that the GP came in to see some people or the manager took people to their own GPs. Everyone we spoke with said they only had to ask to see the doctor and it was arranged. People told us, and records showed, that a

Is the service effective?

chiropodist and hairdresser came into the home regularly. This was documented in people's care plans. This meant that people were supported to maintain their health and access to health care services.

Is the service caring?

Our findings

People we spoke with were positive about the relationships they had with the manager and staff at Rosebery House. One person told us, “There are lots of different girls [staff], but I know them all and I like them.” Another person said, “They are kind and pleasant and we have a lot of fun.”

Staff supported people with kindness and respect. They interacted well and the member of staff in each case understood and responded to the person’s needs and were caring. We noted a member of staff who was supporting a person to organise their day went straight to the person’s diary when there was a question about a visitor and found the information they needed. The staff member knew the person well and acted quickly to help them.

People told us that staff asked them how they liked things done. Staff told us information relating to people’s preferences and life histories was found in their care plans and updated by talking with people. We looked at care plans and saw, where possible, people were involved in planning their care and their decisions were recorded. In some cases, family members were involved.

We observed a staff member was assisting a person who had limited verbal communication to eat. The staff

member was communicating in a way that the person understood as they sat with the person and waited patiently, responding to them at their pace. Another was speaking with a person about their drink, reminding them to have some water and discussing their other choices and preferences.

The staff were aware and respectful of people’s privacy and dignity. We observed that they knocked on doors and gave patient responses to people such as “don’t worry if you are not quite ready I will come back in minute”. When we asked if we were able to go into a person’s room, one staff member asked us, “to wait a minute while I go and check.” This meant that staff respected people’s privacy and their personal space and put their needs ahead of tasks that needed completing.

People told us that visitors and going out were unrestricted. One person said, “I can do what I want when I want.” Another said, “If I go and visit my daughter I stay overnight with her.” During the inspection one person was having a birthday celebration in the garden room with their visitors. Relatives and visitors told us that they were able to visit freely. We observed many visitors on the day of inspection. Staff routinely checked with the person that they were happy to have a visitor before taking them through.

Is the service responsive?

Our findings

People told us that they felt their needs were being met in a way that reflected their preferences and abilities. One person told us, “I just tell them what I want to do.”

People told us that they received care which was focused on them as an individual and felt their independence was promoted. One person said, “I have complete freedom. I can do what I want when I want.” Another said, “I can do whatever I want to.” Care plans included life history, individual needs and were updated following any changes to needs or appointments. The care plans had included signatures from the people to whom they related and some included a relative’s signature where appropriate. This demonstrated people’s involvement. One family friend said that the person’s family lived abroad but that they were in, “Regular contact with the home and communication is good.” They went on to say, “They are very involved in how [they are] being cared for.”

We saw that two people had been identified by the night staff of displaying behaviour which could have been a trigger to indicate changes to their health. The night staff had provided this information in handover and requested that a further health assessment took place to support the people’s changing needs. We found that this had not been arranged. We spoke with staff and the manager about this and they were not aware of these issues and therefore had not arranged for a medical professional to review their health in an acceptable timescale. This meant the people were at risk of receiving inappropriate or unsafe care as their needs had not been reassessed in response to their changing health care needs.

People told us that they hadn’t had any reason to complain but all said that if they did they would go to the manager. They said they felt looked after physically and their needs were being met. One person told us, “I have no reason to complain, I tell staff and it gets sorted.” We looked at the complaints log and saw that there had been no complaints. There was a suggestion box which people could use to raise concerns. We noted that this had generally been used for compliments. One visitor said, “I think it is good here, I would probably chose to come here myself.”

People were supported to their maintain hobbies and interests and also have their spiritual needs met. There were activities displayed on the board which included film mornings, pamper sessions and armchair aerobics. We saw in people’s care plans that people were also offered trips to the local place of worship, most recently to attend the harvest festival. We spoke with people about the activities provided. One person told us, “I’d like to go to the film but they are at 11 in the morning and I have my [medicines] so I can’t go to them then.” A staff member who was with us said, “You can always watch it afterwards on the DVD.” However the person then said, “It’s not the same as being with everyone else though is it.” We told the manager that most of the activities were offered in the morning and this may not meet everyone’s individual needs.

We saw, and people told us, that visitors to the home and going out was promoted. Staffing levels allowed for people to go for walks, or into town. We were told by the manager, and the care plan corroborated, that until recently when ill health has prevented it, the home was the venue for a bridge club for one person and their visiting friends. A mobile library visited on the day of our inspection. People told us that they enjoyed the library visits. We also saw an armchair aerobics session in the morning.

Some people we spoke with told us that the activities provided were not especially interesting to them. One said, “It is very boring here.” Another person said, “It is very boring and the days are long.” We saw in people’s care plans that they had been given an activities form to suggest new activities. We also saw that the activities had been discussed at ‘Resident Meetings’. Suggestions seen on these forms had been added to the activity plan.. The manager told us, and we saw, that they and their office manager were currently putting together a new questionnaire which they hoped would ensure the activities were tailored to people’s preferences. This meant that the manager had recognised that this required improvement and was trying to implement activities to meet individual needs.

Is the service well-led?

Our findings

People told us that the home was well run. One person said, “The manager is [name] but the staff all talk to each other and they all know what is going on so you don’t have to keep explaining things.” Another person told us, “It is well organised.” A visitor we spoke with praised the communication throughout the home and to relatives. They told us that they felt that this was greatly encouraged by the manager.

One person told us that there were resident’s meetings every three months and, “Everyone goes and you can say what you want to.” We saw meeting notes that covered a range of subjects and actions that were developed from it. However, there wasn’t always a record of actions being completed. Another person told us that there were no relative’s meetings. We asked about this and the manager told us that they don’t hold relative’s meetings although they were welcome to participate in the resident’s meetings. We saw that one person had done so in the past on behalf of their relative who lived at the home.

We asked staff if the manager shared feedback from surveys, residents’ meetings or complaints with them. We were told that they did if it was relevant. Recent meeting notes and survey results had not been shared with people and staff.

There were formal checks and audits carried out to monitor and assess the quality of the service. Those that were completed were basic and did not always identify issues. This included issues in relation to medicines, gaps in personnel files and gaps in staff knowledge in regards to some areas of care provision. We also found that where issues had been identified, for example, no photographs on medicine records had not yet been addressed.

We also saw that the daily records which were being completed were basic and did not reflect the care and support that had been provided to people on a daily basis. The records included sweeping statements such as, ‘had a good day’, or ‘slept well’. There were no references to timings of care or, in most cases, additional support. We did see where night staff had highlighted issues for two people which could indicate ill health, this had not been communicated clearly and staff we spoke with, and the

manager, were not aware of it. This meant that the handover process and the records kept for people were not robust and may have impacted on the care that people received and this had not been identified through the monitoring process.

This is a breach of Regulation 10 of the Health and Social care Act 2008 (Regulated Activities) regulations 2010.

We spoke with members of staff, some of whom had been there for a number of years. One member of staff said that they felt they could say anything and if they were worried about anything they would tell the Manager. Another proudly showed us two new toilets that had been built this year to make it much easier for people with wheelchair access, handrails and raised toilet seats.

Our discussions with the manager and staff members demonstrated a positive, open culture amongst the whole team. One member of staff said, “It is the best place I have worked, everyone is happy.” All the staff we spoke with enjoyed working at the home. Staff were clear what was expected of them in regards to the standards of care they were to provide and of the support they received from the manager. We asked the manager what was the thing about the service they provided which they were most proud of. They answered, “I’m really proud of the staff, fantastic staff.” They went on to say how positive the team was and the relationship between them all and that this positivity impacted on people’s lives. Both the manager and staff we spoke with told us that the ‘residents’ come first and it was ‘their home’.

The manager ran a ‘policy awareness’ session each month. This was when they identified a policy for staff to read and sign to raise awareness. We saw that this had been on-going for a number of months and staff had consistently signed to say they had read it. There was a note attached stating if staff did not understand it, then they were to speak with the manager.

There had been a recent quality survey given to people and stakeholders. Overall we saw that there was an improvement in people’s responses compared to the previous year and the comments were generally positive. Comments made or issues highlighted were on the planned agenda for upcoming staff and resident meetings. We noted that the last staff meeting was in March 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The registered person had not taken the proper steps to ensure that each service user is protected against the risks of receiving treatment of care that is inappropriate or unsafe.</p> <p>Regulation 9 (1) (b) (i) (ii) (iii)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person does not operate effective systems to protect service users against the risks of inappropriate or unsafe care.</p> <p>Regulation 10 (1) (a) (b) (2) (c) (i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users against the risks associated with the unsafe use or management of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p>

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not have suitable arrangements in place in order to ensure that staff members received the appropriate training and supervision to enable them to deliver care safely and to an appropriate standard.

Regulation 23 (1) (a)