Rosehill Rest Home Ltd

Rosehill Rest Home

Inspection report

Rosehill Rest Home, Robins Hill
Raleigh Hill
Bideford
Devon
EX39 3PA

Date of inspection visit:
05 December 2016

Date of publication:
08 February 2017

Ratings

Overall rating for this service	Good
Is the service effective?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 13 June 2016. The service was judged to be overall good but required improvement in the effective section. A breach of regulation was found. This related to not adhering to the principles of the Mental Capacity Act 2005 (MCA), not ensuring staff were adequately trained in this area and depriving people of their liberty without lawful authority. A statutory requirement notice was issued. The provider did not send an action plan to the Care Quality Commission (CQC) as to how they would meet this requirement. CQC followed this up and an action plan was received on 12 December 2016.

After that inspection we received concerns in relation to poor care practice, people being restricted in the home and poor cleanliness of the home. The concerns were also reported to the local authority safeguarding team by the CQC. CQC undertook a focussed inspection. This report only covers our findings in relation to this. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Rosehill Rest Home on our website at www.cqc.org.uk.

We carried out this unannounced focussed inspection on 23 November at 8.10pm and 5 December 2016 at 11am. This was to observe practice at different times of the day.

Rosehill Rest Home is registered to provide accommodation and personal care for up to 17 older people, including those people living with dementia. There were 13 people living at the home at the time of our visits.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was also the provider. They planned to retire as registered manager in the near future. An application had been received by CQC from the deputy manager to become the registered manager.

On our first visit, two people were in the lounge watching television and the rest of the people were in their bedrooms. Two care staff were assisting people to go to bed. There was a calm and restful atmosphere at the service. People were reading, watching television or relaxing in their bedrooms. People we spoke with told us they could go to bed when they wanted but liked to retire to their bedrooms at certain times.

We looked at people's care records so see if the service was acting in accordance with the Mental Capacity Act 2005 (MCA). Some people had bedrails in place to reduce the risk of them falling out of bed. We looked at whether these were being properly used and recorded.

During this inspection we found people were not being restricted, care practice was satisfactory and the home was very clean. On our first visit we found gaps in record keeping in people's care files. These were in

relation to consent, mental capacity assessments and best interests decisions. On our second visit appropriate action had been taken and records updated.

The local authority safeguarding team carried out a full investigation into the concerns raised. No further action was taken.

The provider now met the breach of regulation. However, improvement is still required. The provider had not been proactive in ensuring records were kept up to date until our second visit when they were in place. These records need to be in place consistently in each person's care file in accordance with the Mental Capacity Act 2005.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Requires Improvement

The service was not fully effective.

Staff offered people choices and supported them with their day to day preferences. However, where people lacked capacity, their legal rights were not fully protected. Staff were not always acting consistently with the requirements of the Mental Capacity Act (MCA) 2005 and recording the necessary information.

Rosehill Rest 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 over two days on 23 November 2016 and 5 December 2016. This inspection was to follow up on concerns received. We inspected the service against one of the five questions we ask about services: is the service effective?

Prior to our visit, we reviewed the information we held about the service. This included previous inspection reports and other information held by the Care Quality Commission (CQC), such as statutory notifications. A notification is information about important events, which the provider is required to tell us by law.

The inspection was undertaken by two inspectors on the first visit and one inspector on the second visit. Both visits were unannounced.

We spoke with five people who lived at the service on our first visit and three people on our second visit. On both visits we spoke with the registered manager, deputy manager and six care staff. We also spoke with one relative.

We had a tour of the building, spoke with people in their bedrooms and looked at three people's care files.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in June 2016 we found the provider was not meeting all their legal requirements. This was with regards to not acting in accordance with the Mental Capacity Act 2005 (MCA). The provider required improvement and we issued a statutory requirement notice as a result. We requested an action plan as to how they would meet their legal requirements. The provider did not send us an action plan which we followed up.

At this inspection, we looked at whether people were restricted in their daily lives. For example, by the use of bedrails and having no choice of when they would like to go to bed. We also looked at whether the MCA had been followed correctly.

When we arrived at the service two out of the 13 people who lived there were fully dressed in the lounge area. Staff were in the process of assisting people to bed. Some people had retired to their rooms but were reading or watching television. We visited all the people on the ground floor and one person on the upper floor. They were all comfortable in their rooms. There was a restful and calm atmosphere at the home. Two care staff and the registered manager were on duty. We spoke with three people; they said they liked to go to their rooms but did not go to sleep until later. They told us they were able to go to bed when they wished but liked to go to their rooms at certain times. Staff were able to tell us who liked to go to bed early and who liked to stay up late.

The 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 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 Deprivation of Liberty Safeguards (DoLS).

Staff sought people's verbal consent for day to day care decisions, such as whether a person wanted a bath, shower or wash. However, where people lacked capacity to make an informed decision, or give consent, staff were not acting in full accordance with the MCA. As mental capacity assessments were not routinely carried out, it was not clearly recorded if people lacked capacity and about which decisions and when. Although there were records which confirmed staff had involved relatives in their family member's care and treatment, there was not always evidence of any 'best interest' decisions made. For example, one care file said, "(Person) has very little capacity to make reasonable daily decisions – written consent from daughter". It was also not recorded if the relative had the legal authority to make such decisions such as power of attorney. The registered manager confirmed the relative had this authority and they had requested a copy for the care records.

Some people used bedrails to reduce the risk of people falling out of bed. There were risk assessments in place for the use of bedrails, but these did not give detail about how and when they were to be used. For example, one person who was able to consent used bedrails intermittently. There was no guidance

recorded for staff to follow. This person showed us how they operated the bedrails and said they used them when they felt "poorly and wobbly" and liked them in place. Another person's care file said they did not use bed rails, but the registered and deputy manager confirmed they did. It was unclear whether this person had capacity to consent to these being in place as no records were available.

The registered manager said there were six people who were unable to give consent. We looked at the care files of three of these people. Care files did have some information relating to consent, best interest decisions and mental capacity. However, not all of the care files contained all of the information required.

The provider had completed appropriate DoLS applications to the local authority for those people who lacked capacity and were being restricted. None had yet been authorised.

Following our first visit, the provider confirmed they had requested the copies of those relatives who held power of attorney. They had also requested best interest meetings for those people that required it.

On our second visit, the care records contained all the information required. This included consent forms, risk assessments and mental capacity assessments. Requests had been made for copies of relative's power of attorney. Best interest decisions had also been requested to the appropriate people. Records advised staff which people required bed rails and when and how to use them. This meant people's rights were being protected. However, prior to our visit, the provider had not been proactive; they had not ensured all the necessary records had been completed consistently for each person who required it in accordance with MCA.

The local authority safeguarding team also carried out an investigation in to the concerns raised. . A strategy meeting was held and concerns were discussed by the multi-disciplinary team. The outcome from this meeting was that no further action was taken.