

Rosecare Homes Limited

Andrin House Nursing Home

Inspection report

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Date of inspection visit: 14 October 2015
Date of publication: 24/12/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 14 October 2015 and was unannounced.

We last inspected this service in August 2014 and found some breaches of legal requirements. These were in respect of assessing and monitoring the quality of the provision, respecting and involving people who use services and obtaining and acting in accordance with, the consent of people living in the service. During this inspection we found that some improvements had been

made to meet these requirements. This included improvements in the process of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and also the assessing and reviewing of people's risks.

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.

Andrin House has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that people's safety was not fully supported as there were not always sufficient staff on duty. The provider did not have appropriate recruitment systems in place to check staff were suitable to work with people living at the service.

We found unsuitable arrangements in place to monitor the quality of the service and there was not always analysis of adverse incidents to prevent reoccurrence.

Where we have identified breaches of legal requirements and regulations associated with the Health and Social Care Act 2008, relating to good governance and fit and proper person's employed, you can see what action we told the provider to take at the back of the full version of the report.

People we spoke with said they felt safe at Andrin House and they felt confident to speak to staff if they had any concerns. Staff were knowledgeable as to whom they should report information to should they believe someone was at risk of abuse.

We saw risk assessments in place in people's plans of care to promote their safety. Staff were aware how to respond to emergencies.

We saw that people received their medication in a timely and safe manner, administered by staff who were trained in the administration of medication.

People were given choices with regard to food and drink preferences and appropriate support was given when needed.

The registered manager and senior staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before delivering care.

Referrals were made to other healthcare professionals in a timely manner to meet their health needs.

We saw staff positively engaging with people living at the service and staff encouraged people to participate in activities.

Our observations showed that people were treated in a caring manner, and with dignity and respect.

Care plans were individual to the person and reflected their care and support needs. Care plans included information about people's interests, likes and dislikes which provided staff with sufficient information to enable them to provide care effectively.

People knew how to make complaints and were confident these would be acted upon.

Staff did not always feel supported by the registered manager if they had any concerns about the running of the service.

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 consistently safe.

The recruitment process was not suitable to ensure staff were safe to work.

At times, there were insufficient staff to meet the needs of people living at the service.

People were protected from abuse because staff had a good awareness of abuse and how to report concerns.

Risks to people had been appropriately assessed and measures were in place to ensure staff supported people safely.

Medicines were administered safely. People received their medication as prescribed.

Requires improvement



Is the service effective?

The service was effective.

Staff received appropriate training to enable them to provide care and support people required. There were appropriate induction procedures in place for new members of staff.

Senior staff had a good understanding of mental capacity. People's choices were respected and consent to care and treatment was sought.

People's dietary requirements were met, their preferences, needs and risks were all taken into consideration.

Staff had a good understanding of people's health care needs and referred them to health care professionals in a timely manner.

Good



Is the service caring?

The service was caring.

There were positive relationships between the staff and people who were living at the service.

People were treated with dignity and respect.

People and their relatives were involved in planning for their own care.

Good



Is the service responsive?

The service was responsive.

Care was responsive to people's individual needs and preferences.

A wide variety of activities were available within the service suitable to the individual needs of the people living at the service.

Good



Summary of findings

Is the service well-led?

The service was not consistently well led.

Staff did not always find management to be supportive and approachable.

Notifications of DoLS authorisations had not been received by the Care Quality Commission.

There was no analysis of adverse incidents to prevent reoccurrence.

There were not suitable arrangements in place to monitor the quality of the service.

Requires improvement



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.

The inspection took place on 14 October 2015 and was unannounced.

The inspection was carried out by one inspector.

We contacted commissioners for social care, responsible for funding some of the people that use the service. We

also reviewed the information we held about the service which included notifications of significant events that affect the health and safety of people that use the service. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people living at the service. We spoke with nine members of staff and the registered manager, three relatives and two health and social care professionals. We looked at the records of three people, which included plans of care, risk assessments and medicine plans. We also looked at recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, feedback forms and minutes of meetings.

Is the service safe?

Our findings

When we last inspected this service on 19 August 2014 we found the recruitment process was not safe as files for newly recruited staff did not contain relevant information.

During this inspection we looked at two files for new members of staff and found minimal improvements. They 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. This meant that there was still not a suitable recruitment process in place to ensure people's safety as the provider could not be sure of any new members of staff suitability.

These are breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Since the inspection the registered manager has submitted an action plan identifying the actions they intend to take to address the areas of concern.

One relative told us, "At times there aren't enough staff, I would worry if one of the residents were unwell". Staff we spoke with told us that there often weren't enough staff. One staff member said, "sometimes there isn't enough staff so the staff that are working are put under a lot of pressure".

We looked at staff rotas and found that there were not always the number of staff on a shift that the registered manager had informed us there should be and this was often due to staff sickness. The registered manager did not use a dependency tool (a tool to work out the individual needs of the people living at the service and the appropriate level of staffing required) to determine how many staff were required to meet the needs of the people who lived at the service. This meant there were not always a suitable amount of staff on duty to safely meet the needs of the people living at the service. The manager informed us that they were in the process of recruiting for new staff. Since the inspection the registered manager has submitted an action plan identifying the actions they intend to take to address the areas of concern.

During the inspection call bells were answered promptly which showed that people living at the service were not kept waiting long for assistance. This demonstrated that people's safety was maintained

People living at the service told us they felt safe there. One person told us, "I feel safe here, there is someone around to help me". Another person said, "oh yes I feel safe, this is my home, it's lovely". A relative we spoke with told us, "I know dad is safe here, if I wasn't confident about that I would visit every day but I only come once a week as I know he is in safe hands". Another relative we spoke with said, "We have peace of mind, knowing mum is safe here".

Staff we spoke to told us they had received training in safeguarding people from abuse. All staff we spoke with also told us they knew where the whistle blowing policy was and would feel confident to use it if they had any concerns. One person told us, "I would not hesitate to use the whistleblowing policy if I needed to, we have to protect our residents". This meant that people who used the service could be confident that issues would be addressed and their safety and welfare promoted.

Staff had a good understanding of how to report incidents and accidents. There was an accident and incident file in place though follow up action was not always completed if the accident or incident had not been as a result of a fall. The registered manager informed us that they were aware this needed to be completed in order to identify how to prevent reoccurrence.

Falls were documented and analysed as part of a falls analysis and there was evidence to show that actions had been taken as a result. For example, it was documented that one person living at the service had falls when wearing a particular type of footwear. Staff were able to prevent reoccurrence by supplying alternative footwear for this person.

We saw evidence that people had personal evacuation plans in their plans of care to be acted upon in the event of a fire. This was to help ensure people received the appropriate level of support to help keep them safe.

Plans of care showed that people's needs were assessed and their identified risks were monitored and managed, including those related to falls, medication, moving and handling, pressure care and nutrition. For example, in one plan of care it identified that a person was at risk when in the shower. It went on to state actions that should be taken, in this instance for the person to use a shower chair and to be supervised at all times.

We saw that the risk assessments were reviewed regularly and therefore staff knew what the risks were to the

Is the service safe?

individual and how to manage them safely. For example, staff were able to inform us that they were aware when people's moving and handling needs had been reviewed and what equipment was to be used.

There were effective systems in place for the maintenance of the building and we saw records of services for equipment as well as testing of water, heating and gas.

People received their medicines safely, when they needed them. The registered manager informed us that the breakfast medicine round was very busy and therefore they had arranged to have two qualified nurses at each breakfast medicine round to ensure that people received their medicines safely and in a timely manner.

We saw that medicines were stored securely and safely and that people were supported by the staff to take their medicines in a safe way. All staff who administered medication had received appropriate training. This ensured people's health was supported by the safe administration of medicines.

We saw that there were directions for PRN medication in people's plans of care (medication which is to be taken as and when required). This meant that people were given their prescribed medication safely when they were prescribed them.

Is the service effective?

Our findings

One member of staff informed us, “I had a good induction, and I get good training”, Another member of staff said, “The training is good, but we could probably do with more as we don’t seem to have any for a long time and then do it all at once”. Training records showed that all staff were up to date with mandatory training. We were told that new staff have two trial days and then their first week they will shadow a senior member of staff for support. The registered manager informed us that they have recently introduced the Care Certificate for new members of staff. The Care Certificate is an identified set of standards that health and social care workers are expected to follow to provide quality care that meets people's needs.

The registered manager informed us that staff had supervisions every 6 months, or sooner if required. We saw that supervision records included a discussion of any incidents to identify if additional support or training was required. It also detailed the outcome of previous supervisions and actions to be taken for the staff member to provide quality support to people.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguard (DoLS) and to report on what we find. The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions.

We found that appropriate MCA assessments had been completed. The registered manager and senior members of staff demonstrated a good awareness and understanding of MCA and when these should be applied.

The registered manager had a good understanding of DoLS legislation. Some people living at the service were assessed as being deprived of their liberty. At the time of our inspection some people had DoLS authorisations that had been approved. A DoLS provides a process by which a provider must seek authorisation to restrict a person’s freedoms for the purposes of their care and treatment.

We saw staff gained consent from people living at the service prior to care and support being given. For example,

we saw one member of staff ask a person living at the service if it was ok to support them with their meal at lunch time. We saw staff gain consent for social activities. For example, a member of staff who was playing a group game was seen to be asking people if they would like to join in. We also saw that there were consent forms completed for people that used the service to go on trips.

One person living at the service told us, “The food is lovely, we get a choice of two or three meals each day”. Another person told us, “The food is so nice, Sunday dinner is my favourite, the meat just melts in your mouth”. Other comments included, “the food is very good, we can’t grumble at all”, and “the cook always makes our favourite food”.

We saw that people were offered a choice of food and drink at meal times and we observed that people were able to sit where they chose to eat their meals which included the dining area, the lounge or their bedrooms.

People were appropriately supported by staff, for example, we saw staff asking people if they would like to wear an apron to protect their clothing and also ensuring they had appropriate cutlery to be able to eat their food.

Dietary requirements were detailed in people’s plans of care. For example, in one person’s plan of care it was written that they needed to have a pureed diet and it also had details of the ideal consistency of food for that person to prevent choking.

People who lived at the service had access to drinks and snacks when they wanted and some people had kettles and fridges in their bedrooms (risk assessments were in place for this to keep people safe). One person living at the service told us, “I get up at 4am, make me and [friends name] a cup of tea then we go back to sleep”.

Information in people’s plans of care showed that referrals were made to healthcare professionals in a prompt and timely manner. We saw documented evidence of visits from GPs, the memory nurse, the speech and language therapist, the audiologist, and the continence advisor. One healthcare professional we spoke with informed us that the staff always followed advice given by them.

Is the service caring?

Our findings

One person who lived at the service told us, “The staff are very loving and caring, we call one carer mum because she looks after us so well, they are wonderful carers”. Another person told us, “The care is fantastic, we have absolutely nothing to grumble about”.

A relative told us, “The care is great, and they treat dad with dignity and respect at all times”.

One relative had written in the compliments book “Thank you for all the care and help you give our mum”, another had written “It’s a warm and friendly home, feels like a family”. Another relative had written on a service user feedback form “We are so grateful for all the care and help you give mum, you treat her with kindness and we know she is being well cared for, she couldn’t be in a better place”. This told us that relatives were happy with the care and support that was given by staff at the service.

We observed staff to be sitting talking with people who lived at the service, they spoke in a kind and reassuring manner. We saw staff being caring and affectionate towards people, such as holding their hands. We also saw one member of staff sat with a person who had difficulties with verbal communication. The staff spent time talking to the person and stroking their hand.

We saw staff observing people living at the service throughout the day and if they appeared tired or

uncomfortable they would ask if they required assistance to sit in a more comfortable chair, or to go to their bedroom. These incidents were examples of caring practice followed by staff.

We saw evidence in people’s plans of care that the people living at the service as well as their relatives were involved in the planning and reviewing of care. This was particularly apparent in detailed plans for end of life care. The service had achieved the end of life quality award. This is awarded in recognition to those providing end of life care to ensure better lives for people and recognised standards of care.

We saw staff treat people living at the service with dignity and respect. One healthcare professional informed us “They always treat people with dignity, and respect people’s privacy”. A relative told us “My dad is a difficult man to care for but the staff always treat him with dignity and respect”.

We observed staff to respond promptly when a person who lived at the service appeared in the lounge in a state of undress and encouraged them to return to the bathroom with themselves so that they could assist them in private.

We saw people received the support they needed to maintain their personal hygiene and appearance. Staff ensured people’s dignity and privacy was maintained by closing doors to bathrooms and toilets whenever personal care was delivered.

Is the service responsive?

Our findings

One person living at the service told us, “The staff know everything about me, they know that I don’t like Elvis Presley and they know that I used to go line dancing, that’s why they’ve booked line dancers to come here in a couple of weeks”.

A relative told us, “We are involved in the care planning and staff will always ring us if anything changes or they need to discuss something”.

People’s plans of care were individual to their care and support needs, they included information about people’s preferences in relation to how their care was delivered. Information also included details of what time people liked to go to bed in an evening and get up in a morning.

The activities co-ordinator had also formulated plans of care which included profiles of the person living at the service, maps of life including life histories, interests, activities and hobbies.

Plans of care were regularly reviewed and updated in order to reflect people’s change in needs. These changes were communicated daily during staff handovers.

We saw that activities and interests were organised to meet the individual’s needs. One person living at the service told us, “There are always things going on we can join in with but we also get to choose if there’s something in particular we would like to do. I like to go out shopping so staff will find the time to take me out to the shops”. Another person told us, “we’re always kept busy so that we don’t have time to feel fed up, we have lots of parties and we go out for pub meals which are lovely”.

During our inspection we observed people joining in crafts and games, there was music playing and people who lived in the service had the television remote control so they could turn it on and off as they pleased.

We saw a poster on the notice board to inform people what entertainment/activities were planned for the forthcoming month. This included parties, exercise groups, singers and entertainers coming to the service as well as a church service.

We saw details of group activities in the home and there was an activities board in the dining area to inform people living at the service what was happening on which day. We also saw time spent with individual people on a one to one basis. There was documentation about people’s preferences, for example, one person living at the service preferred to sit in their room and knit rather than joining in group activities.

People knew how to complain and were confident it would be acted upon. One person who lived at the service said, “I reported a faulty toilet and it got sorted straight away” A relative informed us, “I did have an issue, I went to the registered manager and it got dealt with straight away”. Another relative told us, “I would speak to the manager if I had a complaint, however mum has been here over two years and we haven’t had to complain about anything so far”.

We saw that the service had a complaints file, and that individual complaints had been followed up appropriately. There was also a complaints/ideas book and a compliments book in the reception area where visitors could write in if they chose.

We saw that there were regular meetings held, with relatives and people that used the service. There were also questionnaires that had been given to people living at the service. However there was no evidence of action taken as a result of the meetings or the questionnaires, and therefore it did not show that effective systems were in place to respond and act upon people’s views. Since the inspection the registered manager has submitted an action plan identifying the actions they intend to take to address the areas of concern.

Is the service well-led?

Our findings

At our previous inspection in August 2014 we found that there was a breach in Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 assessing and monitoring the quality of service providers. During this inspection we found that little improvement had been made.

We saw evidence of meetings held with people living at the service as well as relatives and staff. However there was no evidence of actions taken by the registered manager in response to concerns raised. For example two people living at the service had requested they have more than one bath/shower each week, another person had complained about meals portions being too small, and another person had commented about staff being noisy, but there was no apparent action taken as a result of these requests. This was not an example of a well led service although the registered manager was able to inform us verbally of what actions had been taken in response to concerns raised. However, we were concerned there was no documented evidence to demonstrate how the concerns had been followed through or action taken.

Notifications of DoLS authorisations had not been received by the Care Quality Commission. The service is required to send us these notifications by law. This meant that we were unaware when a person had been authorised to have their liberty restricted by the service.

We saw that accidents and incidents were recorded appropriately, falls were investigated and patterns were analysed. However there were no actions or investigations under taken for other accidents and incidents. For example if a person using the service bumped their head, or when there had been an incident between people using the service, this meant that action to prevent incidents re-occurring had not been identified.

Quality Monitoring Audits were completed on a regular basis, these included audits for infection control, nutrition and the environment. Areas of concern were detailed in the audits, for example if there were minor repairs or faults, but although the registered manager was able to inform us of what action had been taken as a result of the audit there was no documented evidence to support this. There was a medication audit which was over a year old. The registered manager contacted the company who had conducted the most recent audit and they informed us over the telephone

that they had completed an audit in March 2015 but had not yet sent it to the provider. There was no evidence that the registered manager had followed this up in a timely way to see if any actions were needed as a result of this audit.

These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our previous inspection in August 2014 we found that the provider was not using a dependency tool to determine how many staff were required on a day to day basis and this meant that there was no planning to ensure there were sufficient staff available to meet people's needs. During this inspection we found that there was still no dependency tool being used and it was evident from looking at the rota that there were days when there were not enough staff on duty. This was mainly due to staff ringing in sick but the registered manager did not have a robust plan in place for ensuring that sufficient staff were on duty when this occurred.

Since this inspection the registered manager has submitted an action plan identifying the actions they intend to take to address the areas of concern. This plan includes completing actions on incident forms, devising an action plan following meetings and a dependency tool to audit staffing levels.

We found that there were inconsistencies with staff feedback on the support that was available, for example several staff informed us they felt able to approach the registered manager with questions and concerns and they were confident they would be supported. However, other staff informed us they were not confident to do this as they did not always believe the registered manager was approachable and supportive. This meant that there was a risk that some concerns would not be reported to the registered manager, and therefore would not be acted upon.

The registered manager informed us they would be arranging a staff meeting to discuss potential issues and to address these issues.

We saw that healthcare professionals had a good relationship with the registered manager and the service. One visiting professional informed us, "They involve the people who live here, one gentleman wanted his own wallpaper in his bedroom and so that was done for him.

Is the service well-led?

Staff are involved and the care is really good, there are always activities and good food. I would be happy for my own relative to come here". Another healthcare professional had written feedback in the compliments

book; "Extremely helpful and friendly staff. Calm and homely environment, residents appear well cared for. Impressive". Another healthcare professional we spoke with said, "they treat residents well, it's always clean".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The service did not have a suitable recruitment process in place to ensure that staff were safe to work.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective systems in place to monitor the quality of the provision. People who use services and others were not protected against the risks associated with good governance because of inadequate systems or processes to assess, monitor and improve the quality and safety of the services provided.. Regulation 17 (1) (2) (a) (b)

The enforcement action we took:

Warning notice served under Section 29 of the Health and Social Care Act 2008.

The service is required to be compliant with regulation 17 HSCA 2008 (Regulated Activities) by 07 December 2015