MACC Care Limited

Church Rose Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This was an unannounced inspection, which took place 1 and 2 December 2014. We last inspected this service on 3 March 2014 there were no breaches of legal requirements at that inspection.

Church Rose is a privately owned care home situated in a residential area of Birmingham. Nursing care is provided for up to 42 older people who live at the home. The home is a two storey building, with suitable access for people with restricted mobility.

There was a registered manager in post at the time of our inspection. 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.

Summary of findings

People we spoke with had no concerns about their medication. However, we found that medication was not always managed in a safe way. We saw that people had received medication that was no longer prescribed to them. This was a breach of the requirements of the law.

A number of people told us that there were not enough staff to meet their needs and this had resulted in people's dignity being compromised. This was a breach of the requirements of the law.

You can see what action we told the provider to take to comply with the law at the back of the full version of the report.

People and relatives spoken with were happy with the food and felt they had a choice in what they ate and drank. We saw that drinks were not always within easy reach of people cared for in bed, so people potentially may not have access to sufficient fluids throughout the day. We saw some instances where people's religious and cultural dietary needs were not respected and maintained, in line with their wishes.

People and their relatives had no concerns about safety. There were procedures in place to keep people safe from abuse and staff spoken with knew how to reduce the risk of abuse and harm occurring. We saw that where incidents relating to people's safety had occurred, they had been managed well.

All the people and relatives we spoke with said they thought the staff group were trained and knowledgeable about people's needs. With the exception of one member of staff, all other staff spoken with had received the training and support needed to do their job and were suitably recruited into their role.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find. We found that people's rights were protected in line with the legislation.

People told us and we saw that people's health needs were being met and that a range of different social activities, which were designed to reflect the cultural, religious and age appropriate needs of people that lived at the home were available.

People said they felt that the staff were caring. However, we saw that staff did not interact with people and we saw instances where people were not respected in the way they should be.

People that had raised concerns told us they had been addressed, and we saw that there was an effective process in place to listen to and respond to complaints. This showed that people should be confident their concerns would be listened to and acted upon.

People said they were happy with the service they received. The management of the service was stable. However, monitoring processes were not sufficiently effective to ensure a quality 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?

Requires Improvement

The service was not safe. Medication was not always managed to ensure that people received their medicines safely, and this was a breach of the law. People and relatives were concerned that sufficient staff were not always available to meet their needs.

People said they felt safe, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm. The provider ensured that staff were suitably recruited to care for people.

Is the service effective?

Requires Improvement

The service was not effective. People's religious and cultural dietary needs and wishes were not always respected. We saw that people were at risk of not always receiving sufficient fluids to maintain their hydration. Inconsistency in practice meant that people could be at risk of not receiving the appropriate support to maintain a healthy weight. This was a breach of the law.

People's rights under the MCA and DoLS were protected and people's health care needs were met. The majority of staff received the necessary training and support to do their job and people said they were confident that staff had the skills to meet their needs.

Is the service caring?

Requires Improvement

The service was not consistently caring. People and relatives said they thought that the staff were caring. However, we observed that staff carried out their role in a functional way and did not demonstrate that they were caring and compassionate towards people.

People and relatives felt that people's dignity and privacy was maintained, however, we found that staff did not interact with people in a caring way and people's dignity was compromised at times. People were able to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Requires Improvement

The service was not always responsive. Not everyone spoken with felt that staff responded to their needs in a timely manner and we found that the lack of response compromised people's dignity and could potentially impact on their welfare. This was breach of the law.

Although some people felt they were not asked about their hobbies and interests, people told us that a range of activities took place in the home. We saw that social activities were designed to meet the different faiths and cultural needs of people, should they wish to participate.

Where people and relatives had raised concerns these had been addressed and acted upon.

Summary of findings

Is the service well-led?

The service was not consistently well led. People and relatives said they received a good service.

There was a registered manager in place. Monitoring procedures were not managed effectively to ensure a consistently good quality service.

Requires Improvement

Church Rose 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.

This inspection took place on 1 and 2 December 2014 and was unannounced. The inspection team consisted of two inspectors and an expert -by- experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and has experiences of services for people living with dementia.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, we requested a Provider 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 improvements they plan to make. The manager told us that they had not received this request. We contacted the local authority who purchased the care on behalf of people and we contacted the local Health Watch for information they hold about the service.

During our inspection we spoke with 11 people that lived at the home, five relatives, a visiting minister, the manager, a trained nurse, three care staff, the activities co-ordinator, the chef and assistant chef.

We looked at the care records of one person, three medication administration records, and controlled drugs records. Other records looked at included records of safety checks, audits, medication policy, safeguarding records, complaints records, staff training and supervision records and records of staff recruitment checks.

Requires Improvement

Is the service safe?

Our findings

All the people that we spoke with said they received their medicines as prescribed. Relatives spoken with had no concerns about people's medication. One person told us they received their medicines, "Once a day, morning and evening, always on time." Another person said, "I take medicine three times during the day. At night they have to wake me up sometimes to give me my pill, otherwise they are on time." A relative told us, "[Person] has their medication three times a day, always on time, no delays."

We saw that people's medication needs were reviewed by their GP regularly to ensure that people received medication that continued to meet their needs. Procedures were in place to ensure all medicines received into the service, were safely stored, administered, recorded and disposed of when they were no longer in use. However, we saw that staff did not always follow the correct procedure to dispose of medicines when they were no longer in use. For example, we saw unused stocks of control medication that was no longer in use and had not been destroyed. Records showed that one person had been discharged from hospital on a change of pain relieving medication. Records showed that staff continued to administer previously prescribed controlled pain relieving medicines after they had been discontinued. Although staff said and records showed that the GP later re-instated the medication that had been discontinued by the hospital, this was done four days after staff had administered the medication. This meant that the person received medication that was no longer prescribed for them and this could potentially have put their health at risk. This was a breach of Regulation 13 of the Health and Social Care Act 2008(Regulated Activities) Regulations.

Before our inspection relatives had raised concerns about a lack of staff presence in the upstairs lounge area and our observations confirmed this. During the inspection people and relatives told us: "They could have more staff." "I feel they are very tight for staff on Saturdays and Sundays." "There is not enough staff. I feel there should be a member of staff in this lounge. I have observed them when residents want to go to the toilet. Staff say, 'we will get back to you,' they don't always come back." "I would like to get up earlier. I have asked them but they are always busy. It's nice to get out of bed. They get me out after tea in the morning." "I ring my call bell to go to the toilet, you wait quite a while." "I sit on the wrong side of the lounge to the call bell. The carers are never around; they are busy looking after other people. I have to call out but they don't always answer. I have been wet a few times and they have to change me." Staff spoken with said they felt there were enough staff and the manager said that staffing numbers were calculated based on people's needs. However, we saw that given the layout of the home and the number of people that required staff to care for them in bed, people did not get the care and support they needed. This put people at risk of unsafe care and compromised their dignity. This was a breach of Regulation 22 of the Health and Social Care Act 2008(Regulated Activities) Regulations.

Everyone that lived at the home and their relatives spoken with told us they were safe living there. One person told us, "I feel safe, staff have been very good." Another person told us, "I feel safe, the carers are quite alright. It's good here." A relative told us, "My mother has been here for a month on respite care. I have no concerns about her safety." Everyone spoken with said they would speak with the manager or any member of staff if they had concerns about their safety.

All staff spoken with knew what action to take to keep people safe from abuse. Information on how to keep people safe from abuse was on display in the home for staff and visitors to see. Staff spoken with and training records looked at showed that staff had received training to help them to keep people safe from abuse. Where incidents pertaining to people's safety had occurred the manager kept us informed, and records looked at showed that staff followed the provider's procedure to keep people safe. This showed that there were procedures in place to reduce the risk of abuse and harm to people and staff knew what action to take to keep people safe from abuse.

People and their relatives spoken with felt that any risks to their care were identified and managed appropriately. All staff spoken with said that risk assessments were in place for all identified needs and these were updated as people's needs changed, or when new risks were identified. We saw one person who had bedrails as well as a crash mat. We checked their care record and we saw that the risk of them climbing over the bedrails had been identified and that the crash mat was in place to prevent injury to them, in addition to a high-low bed. This showed that the risk assessment for this person was unsafe, as whilst the person had a high low bed and crash mats, bedrails were still being used, which put the person at risk.

Requires Improvement

Is the service safe?

People and their relatives spoken with felt they were safe in the environment. Records looked at showed safety checks had been completed, such as gas and electrical safety. Staff spoken with said, they reported any safety issues within the home and the maintenance person ensured that the repairs were done. Staff spoken with knew the procedures for handling any emergencies in the service such as fire and medical emergencies. This meant that procedures were in place to ensure the home was maintained safely.

All staff spoken with said all the recruitment checks required by law were undertaken before they started working. Records looked at conformed this. This showed that the provider undertook all relevant checks to ensure that staff were suitably recruited to care for people and help to keep them safe.

Requires Improvement

Is the service effective?

Our findings

Everyone that lived at the home and relatives spoken with said they thought the staff were knowledgeable and skilled. One person that lived at the home told us, "I think they are quite knowledgeable." Another person said, "I think the staff are a very good quality. Oh yes, you can see that in the way they handle you." A relative told us, "Yes, they do support [person] very well. It takes special skills to use the sling and hoist, they have never hurt [person name]."

All staff spoken with knew the needs of the people we discussed with them. Staff spoken with said they received the necessary training to do their job and records looked at confirmed this. Although a member of staff said they had not yet received dementia training, and they were caring for people living with dementia. However, we saw that the provider had systems in place to ensure staff received the training they needed and this included dementia care. Staff said they received regular supervision and had team meetings to support them in their role. The manager said that staff had not yet received an appraisal, but plans were in place to undertake staff appraisals. This would ensure that staff had all the necessary support needed to do their job and to monitor their performance.

People told us that staff sought their consent before providing care and support. Records looked at showed that assessments were in place for those people that were not able to give consent to their care and support. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

All the staff that we spoke with had an understanding of the MCA and DoLS and told us they had received training in this area. The manager said that she had made applications for people who did not have the capacity to make informed decisions about living in the home, in line with the new guidance on the DoLS. Care records looked at showed that where a person did not have the capacity to make decision about receiving their medicines disguised in food, a best interest meeting had taken place involving the appropriate professionals. This showed that the provider took the appropriate action to ensure people's rights were protected.

One person told us they had not eaten pork, since childhood for choice and cultural reason, another person's record showed that they did not eat pork for religious reasons. We observed one of these people being served with faggots, which the chef confirmed were made with pork. The other person's food record showed they had been served faggots previously. The chef told us that they were aware of the dietary needs of the two people and menus showed that this was appropriately recorded. Neither of these people would have been aware that they were eating food that was against their wishes and religious beliefs; as one person had sight loss and the other person was unaware that faggots were made of pork. The chef told us that they were aware of the dietary needs of the two people and menus showed that this was appropriately recorded. We saw that foods were not labelled, so all staff may not be aware that some foods contained pork. We spoke with the chef who said they would address this and had started to introduce food labelling before the inspection ended. The lack of food labelling meant that staff had not adhered to the religious and specific dietary needs of these two people.

People told us that drink were available throughout the day, should they wish. We saw hot drinks being served during the day and fruit juices being served with people's lunch. We saw that drinks were not always within easy reach of people that were cared for in bed, so people were not always able to help themselves to fluids to keep them hydrated. This could potential lead to people not receiving enough fluids during the day.

Relatives and staff spoken with told us that, fortified foods and thickeners were provided to support people at risk of poor nutrition. Staff told us that where people were at risk of losing weight, they were weighed regularly so their weight was monitored. This indicated that people received the support they need to maintain their weight.

With the exception of one person that lived at the home, everyone that we spoke with said the food was good quality and two people felt that the choice of food was limited. All the other people felt that they had a choice of foods and enough to eat and drink. Positive comments included: "The food suits me; you get a choice of two

Is the service effective?

meals, cottage pie and turkey yesterday. I spoke to the chef and asked for a salmon sandwich with vinegar, no problem." "I can't moan about the food, the variety suites me." "The food is good and we get a choice." [Person's name] receives food and drink ok, there's always a drink by [person's] bed." One person said, "The food is average not very good. They come round to ask me what I want to eat. They give me a choice but it's not always available. They brought me cornflakes this morning, I don't like cornflakes." Another person told us, "The food is ok, we eat it. I'm not sure about getting a choice." A visitor told us, they visited the home three times per week and had lunch. They told us there was a good choice of food and that the food was tasty. We saw that the food was nutritious and people had enough to eat. This showed that on the whole people liked the food and felt they had a choice of meals.

The people and relatives spoken with told us that people saw health care professionals when they needed to. One person told us, "The doctor comes when you ask, he came last Tuesday. The chiropodist and optician come regularly." A relative told us, "I've asked for a doctor in the past, they are quite prompt…" Another relative told us, "They called the doctor straight away when [person] was ill." Records looked at showed that people saw the doctor when needed. This indicated that people's health needs were met.

Requires Improvement

Is the service caring?

Our findings

Everyone spoken with said that they thought the staff were caring. Comments included: "The staff are all good." "They treat me nicely, I think they do, the nurses are very good." A relative told us, "They all seem very kind, never seen anything to be perturbed about." "The staff are very professional and friendly."

Whilst people and relatives felt they were treated well by staff, we saw very little interaction between staff and people. We saw that staff carried out their role in a task based manner and did not spend any time talking to people or interacting with people in the lounge areas and for most of the time staff were not visible. In addition we observed that staff did not refer to people by their name in several instances. For example we saw a member of staff who came into the lounge to give someone a radio and a drink; the staff member did not speak to the person. Another member of staff walked through the lounge around the same time and did not speak to any of the people in the lounge. We also saw a member of staff go into someone's room and took an empty water jug and didn't say a word to the person. We later observed two instances where staff were sitting in the upstairs lounge talking to themselves and not engaging with the people that were in the lounge. On one occasion the manager walked passed and did not speak to people, or addressed the issue around staff not interacting with people. This demonstrated that people did not receive care and support from staff that showed a caring and compassionate attitude and showed a lack of respect for people.

People and relatives told us that staff listened to people and acted on their wishes. People commented: "Staff always listen to me, every day." "The majority of the staff listen to you, they asked me if I wanted to get up this morning, I said no". "I choose everything I wear and make all decisions about my care." A relative said, "I think they do listen to [person]." This showed that people were involved in decisions about their day to day care and support needs.

One person told us about their experience of how the home had supported them to regain their independence after their admission. This person was planning to move into supported living, with staff help. They told us they were unable to walk and was wheelchair bound when they moved into the home, they had now regained their mobility and was independent with all their care needs. On the first day of our inspection a member of staff was taking them shopping for furniture for their new home. They told us, "Staff promoted and helped me to regain my independence." This showed that where possible people were supported to return to independent lives in the community and this was good practice.

With the exception of one person, everyone that we spoke with said their privacy and dignity was maintained by staff. Everyone said they were able to see their visitors in the privacy of their own rooms. One person told us, "They are very good when I am on the commode, I don't feel embarrassed." A relative told us, "I would say they respect [person's name] dignity. [Person's name] has never said otherwise, I'm sure they would." Staff told us that they always knocked people's door and waited to be invited in, so as to maintain people's privacy. However, we saw that one member of staff did not knock a person's door before entering. We discussed this with the person who told us, that staff usually knock. This indicated that staff practice did not consistently ensure that people's privacy and dignity was always maintained.

People and relatives told us there were no restrictions on visiting. A relative told us, "There are no restrictions on seeing [person's name]." Another relative told us they visited every day, whenever they wished. During the time we spent at the home we saw that visitors were free to visit the home without restrictions and there were many people visiting friends and relatives. This showed that visitors were welcomed and free to visit, so that people were supported to maintain relationships that were important to them.

Requires Improvement

Is the service responsive?

Our findings

Not everyone spoken with felt that staff responded to people's needs in a timely manner. Several people and relatives talked about the fact that staff did not respond quickly when people needed the toilet. Comments included: "When I ring my call bell, they come within about seven minutes. The attention I get is quite good. If I want the commode they usually say can you wait because we are busy." "I have complained about them not taking [person's name] to the toilet. They agreed to put another call bell in the lounge at the last meeting in October, nothing yet**."** We saw that there was a lack of staff presence in the lounge areas and no call bells for people to call for help if they needed the toilet or if they were unwell. We saw that where people were cared for in bed, some call bells were not within easy reach, so people couldn't call for help if they needed to. This showed that people's needs were not responded to in a timely manner, which resulted in people being incontinent on occasion and there was potential for people not to receive help if they were unwell.

Five out of the 16 people and relatives spoken with said they did not feel involved in either their care or their relative's care. Although records looked at showed that people's needs were assessed and planned involving them or their significant other. People commented: "The social worker came to discuss my care; it was a long time ago. The manager doesn't mention my care." "They don't ask me anything about my care or interests." "No, I'm not involved, Not discussed my interests." "I haven't been involved with a care plan here." This showed that significant numbers of people and their relatives felt they had not been involved in agreeing how their care would be provided.

People, relatives and staff told us about social activities that took place at the home. We did not see any social activity taking place during our inspection. This was due to the fact that the activity co-ordinator was involved in supporting one person to purchase items for moving into their own accommodation. Staff told us about the people from different religious faiths that visited the home to support people's religious needs. One person told us, "A man comes to pray with us three times a week, I like that." One relative told us, "They get entertainment regularly. I have seen bingo, family fortunes, and quiz. A choir comes once a week and a gentleman plays a guitar and a lady plays the keyboard." A member of staff told us, they had someone visiting to do massages and holistic therapy and members of a local community group came in to do Bollywood and African dancing. Staff told us that exercise sessions took place alternate weeks and children from the local schools and colleges came in to support various activities. No one spoken with said that the activities provided did not meet their needs. This showed that there were a range of activities available should people wish to participate.

We saw that people were dressed in individual style of clothes, suitable to their age gender and the weather. People told us that they chose the clothes they wore, so that they met their personal choice. One person said. "I dress myself and choose everything I wear." This indicated that people were able to maintain their individual style of dressing.

People told us they were able to raise concerns about their care. Comments included: "I have not needed to complain. Whenever I need anything done, I talk to the staff, they come straight away." "I complained about [person] commode not being emptied, they have since." "At the meeting I also complained about the small tables used for lunch. They have now got some bed tables which are better." All staff spoken with knew how to raise concerns on people's behalf. Records of complaints sampled showed that they were investigated and responded to appropriately. This showed that where people had raised concerns they were acted upon.

Requires Improvement

Is the service well-led?

Our findings

Whilst people and their relative said they thought they received a good service. One person said, “It’s very friendly here and professional.” Another person said, “I would recommend this home for long and short term care for all religions.” Our observation was that the atmosphere in the home was not open and friendly. We saw very little interaction between staff, the manager and the people that lived there and many interactions were task orientated.

People and their relatives felt that there was room for improvement in the home. Although we saw evidence of meetings with people and relatives, several people said they were not consulted about the service. People commented: “No they never ask about the service. I think I had a questionnaire ages ago. I don’t know if they have residents meetings, never been to one.” “Never been asked anything.” “Don’t know about residents meetings. This showed that people were not aware of how their views on the service would be sought.

All staff spoken with said the manager was approachable and would listen and act on any concerns they had about practice issues. We saw that the provider sent staff an annual questionnaire, so that they could comment on how the service was being managed. In addition staff told us they could put forward ideas for improvement in team meetings and individual supervision sessions. This indicated that the provider sought staff views about improvements to the service.

There was a registered manager in post who was registered with us in May 2014. There were no breaches in the conditions of registration. Before the inspection we asked the provider to send us provider information return, this is a report that gives us information about the service. This was not returned to us, as the manager said they did not receive our request. Where necessary the provider kept us informed about events that they are required to inform us of.

The service does have a history of breaching regulations, although would address them once they have been identified. This meant that the service did not maintain consistency in the quality of service provided.

We saw that some events that occurred were analysed, such as accidents, incidents and complaints, so that the provider had an overview of these occurrences. However, safeguarding incidents and deaths were not analysed for trends, so as to inform the improvement of the service.

We saw that some monitoring arrangements were in place; however, they did not always identify shortfalls in staff’s practices and was therefore ineffective. For example controlled drugs records looked at showed that accurate records were not being kept. This record showed gaps in recording, so it was difficult to know when people had received their medicines and made it difficult to determine the total amount of medication remaining. The provider’s medication policy stated that two people were required to sign for controlled medication and we saw records which showed that staff did not always follow the policy. We saw gaps in people’s care records. Such as, one person’s care records looked at showed inaccurate recording of the person’s weight and nutritional risk assessment and this was not identified by the care audits we saw. We saw instances where people’s religious and cultural needs were not met in respect of their diet, and no arrangements were in place to monitor this. This showed that the monitoring processes within the home were not as effective as they should be, so people could not be assured that robust systems were in place to provide a quality service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **Sufficient staff were not available at all times to safeguard the health safety and welfare of people that lived at the home.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People who use the service were not protected against the risks associated with unsafe medication practice. People received medication that had been discontinued and was no longer prescribed for them.**