

S.A.H Nursing Homes Limited

Rosalyn House

Inspection report

King Street
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Tel: 01582896600

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15 August 2022
30 August 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosalyn House is a residential care home registered to provide accommodation and personal care and/or nursing care for up to 46 people. Some people may be living with dementia, a physical disability or a sensory impairment. At the time of our inspection there were 38 people living at the service.

The home is built over three floors. All bedrooms have an ensuite shower and toilet. There are shared living areas on each floor. In addition, the care home has an enclosed garden and courtyard which is available to people, their relatives and visitors.

People's experience of using this service and what we found

Since the last inspection the provider had made improvements to the environment and decoration in the home.

Provider governance and oversight had improved at the home. New systems had been introduced to identify and address shortfalls in the service and were used to drive improvements.

Care plans and risk assessments had been reviewed and contained information to guide staff in the delivery of person-centred care.

Recruitment had taken place and the use of agency staff had been reduced. Staff treated people with dignity and respect. People were familiar with the staff and appeared to be comfortable speaking with them.

People had access to activities in the home and the local community. One relative told us, "The picture board on display in the home is lovely to see with all the activities which the people do and their smiling faces." Another relative said, "The activity team keeps everyone motivated."

Staff received training which supported them to provide safe care. Staff understood their role and the expectations of the registered manager. The registered manager completed ongoing checks of the staff practice to ensure this remained safe.

We received several positive comments from relatives about the staff. These included, "The staff are caring and attentive." And, "The staff are genuine and care about people and their needs." Another relative said, "The staff and registered manager are professional, friendly and caring."

The home was clean and had no unpleasant odour. Cleaning schedules were in place which included the cleaning of frequently touched areas.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 05 November 2019) and there were breaches in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this comprehensive inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rosalyn House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Rosalyn House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosalyn House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 August 2022 and ended on 30 August 2022. We visited the location's service

on 15 August 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time in the home to understand how people were treated. We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, director, nurses, care staff, staff from the activities department and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 14 people's care records and medication records. We looked at seven staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service including audits, policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection we found there were shortfalls in how people's safety was promoted in the home. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 12.

- Following the last inspection the provider had completed a review of care records and risk assessments. Additional information had been recorded for staff to follow to reduce risk of harm or injury. A system was in place to ensure these were reviewed regularly and updated with any necessary changes.
- At the previous inspection, risk assessments had not been completed for the safe storage of oxygen. At the time of this inspection, the registered manager confirmed there was nobody living at the home who used oxygen. However, they shared with us an updated risk assessment for the safe storage of oxygen at the home which had been reviewed in June 2022.
- The registered manager conducted a daily walk of the floor which included a check on people's well-being, staff practice and safety of the environment.
- Since the last inspection a large amount of decoration had taken place in the home. In addition to painting there had been new soft furnishings and furniture purchased. One relative told us, "There has been a lot of decoration over the last few years. [Family member] has had their room painted and some new furniture. The home always looks clean when we visit."
- On the day of inspection the home appeared to be visibly clean with no mal odour. Cleaning products and surplus of supplies were stored safely and accessed by staff when required. Cleaning schedules included cleaning of frequently touched points in the home.
- Staff were observed wearing personal protective equipment (PPE) correctly and disposing of this appropriately.

Visiting in care homes

- A visitor's policy was in place which was regularly reviewed to ensure it remained reflective of current government guidance.
- Relatives told us they were encouraged to visit the home and were made to feel welcome.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "The staff are good, they look after me. I know they are

here to help when I need it."

- One relative said, "[Family member's] body language tells us how they are feeling. Their face lights up when the staff enter the room which is reassuring to see."
- Staff had received safeguarding training and knew how to record and report concerns both internally and externally to organisations including the Care Quality Commission (CQC).

Staffing and recruitment

- People and their relatives felt there were adequate staffing levels at the service. One relative said, "There seems to be a consistent staff team. [Family member] seems happy with them and the staff know who people are. There are sometimes agency staff, but they seem to know what to do."
- A dependency tool was used to determine staff levels required. This was reviewed regularly to ensure people were supported by an appropriate number of staff to meet the needs of people living at the service.
- A process was in place to ensure people were recruited safely to the service. This included completion of checks of identity, exploring employment gaps and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff had received training in medicine management and had been assessed by the registered manager to ensure they demonstrated safe practice when administering medicines. One relative told us, "The staff manage [family members] medicines. [Family member] takes [medicine for their diabetes] and the staff are good at giving this to [family member] and checking their blood sugars."
- Protocols for 'as and when required' medicines were in place and were regularly reviewed to ensure they remained up to date.

Learning lessons when things go wrong

- A system was in place to record, review and monitor incidents and accidents.
- Staff told us regular staff meetings were held and provided an opportunity to reflect and discuss incidents and accidents in the home and actions to take to reduce these from re-occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were contacted prior to their move to the home to complete an assessment of their needs. This information was used to create a basic care plan which was reviewed and updated to ensure it met people's ongoing needs. Care plans contained details of people's medical history, likes, dislikes and hobbies.

Staff support: induction, training, skills and experience

- Staff told us the induction process prepared them for their role. Staff told us the induction process included a mixture of e-learning and face to face training, orientation of the home and shadowing of experienced staff. In addition, the registered manager completed checks of staff skill and knowledge to ensure they were competent and safe in their practice.
- Staff told us they received regular supervision which they found to be informative and supportive of their development.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records and risk assessments contained information advising of their dietary requirements. People were weighed monthly and professional advice had been sought where people had lost weight.
- Dietary information was shared with the kitchen to ensure appropriate meals were available.
- One person told us, "The food is good with lots of choices."

Adapting service, design, decoration to meet people's needs

- Since the last inspection a large amount of decoration had taken place in the home. In addition to painting there had been new soft furnishings and furniture purchased. One relative told us, "There has been a lot of decoration over the last few years. [Family member] has had their room painted and some new furniture."
- A professional told us, "There has been significant light added to the corridors which previously were narrow and dark. Overall, there has been significant improvement to the feel of the home." Another professional said, "I am impressed with the changes to the building, such as less locked doors and brighter corridors."
- Activity planners were displayed in a picture format and were updated regularly by the activity staff.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care records contained referrals which had been made to other health professionals including the dietician and GP.
- One relative told us, "[Family member's] needs have changed since moving to the home. They were referred promptly when their needs changed for additional equipment which is now in place."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had received MCA training and understood the importance of gaining consent and permission before providing care and treatment. We heard staff seek consent from people throughout the day and respecting decisions made by people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- At our last inspection in September 2019, we found staff did not always act in a respectful and dignified manner. At this inspection we found improvements had been made. Relatives told us they found the staff to be caring and respectful.
- One person said, "I am not one to go to bed early and like to stay up until late at night. This is fine as the staff don't wake me in the morning and allow me to get up when I wish."
- There was a friendly atmosphere in the home and people appeared to be relaxed and comfortable with staff. One relative told us, "The home always appears to be calm and people seem happy." Another relative said, "The staff are caring and attentive."
- A relative told us, "One staff member really works well with [family member] and takes the time to do their hair as they wish."
- People and relatives were involved in the reviews of their care. One relative told us, "[Family member] has a review meeting each month with the staff. We are always contacted afterwards and are able to discuss any changes which have been made to the care."

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of providing dignified and respectful care. One relative told us, "[Family member] has always taken pride in their appearance. The staff help [family member] shower when they wish and encourage and assist [family member] with a strip wash in between."
- Relatives were encouraged to visit the home. One relative told us, "The staff are very good at accommodating visits and work with us to make this happen."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us the care plans were informative and contained relevant information to support people in a manner which they preferred.
- Staff understood the importance of providing person centred care. One staff member said, "Person-centred care is working with the person and where necessary their family, to ensure care is provided in a manner which meets their needs as they wish."
- People had items of personal interest in their rooms including photographs and pictures. One relative told us, "[Family member's] room is well furnished, and we are encouraged to bring personal items in if we wish."
- The activity team held regular meetings with people to explore personal interests, life history and hobbies. Feedback from these meetings was used to support planning of activities. For example, one person who was cared for in their bed had expressed an interest in attending an organised boat trip. The registered manager had worked with the family and health professionals to enable this to take place.
- One relative told us, "There is always something for [family member] to do. They went to the zoo the other day which [family member] enjoyed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records contained detail of peoples preferred form of communication. Staff we spoke with were familiar with people's needs and how best to communicate with them.
- Pictorial aids were available to support people in making menu choices.

Improving care quality in response to complaints or concerns

- Systems were in place which recorded, reviewed and responded to complaints and concerns.
- Relatives felt confident in raising concerns if necessary. One relative told us, "If we were unhappy, I would speak to [registered manager] or the local authority. There is a complaints system, but I haven't had to use this." Another relative told us, "If [family member] was not happy they know they are able to speak to the registered manager."

End of life care and support

- Following the last inspection, end of life care plans had been reviewed and continued to be developed. One relative told us, "In the first week of being at the home somebody sat down with me and [family member] to discuss end of life care and [family member's] wishes and preferences. Although it was hard it helped us in preparing for the future.'

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection there was a lack of leadership in the home. There were also shortfalls in the how the leadership assessed the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- Following the last inspection the provider had reviewed the quality assurance process to ensure this identified and addressed the shortfalls of the service. A service improvement plan was in place which was updated with the progress of actions taken to improve the standard of care and the environment.
- The registered manager understood their responsibility in reporting notifiable events to the CQC when required.
- Staff were aware of the expectations of their role and those of the provider. The registered manager conducted a daily walk of the floor to monitor staff practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff told us they found the registered manager to be supportive and approachable. One staff member said, "[Registered manager] is amazing. They are very supportive and understanding. I feel able to take concerns to them and feel confident I will be listened to."
- One relative told us, "The [staff] and [registered manager] have been very supportive with [family member's] transition to the care home. [Family member] is more stable now than they have been over the last few years which is down to the care provided."
- Regular resident meetings were held in the home. These provided opportunity for people to share and put forward ideas and suggestions of activities. Photographs were displayed in the home of activities and events in the local community which people had attended. Reviews of care also gave people and relatives another opportunity to make suggestions or raise concerns about care delivery.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong;

- The registered manager understood the need to be open with people and apologise to them when things went wrong. They met with people to discuss the issues and how they would be resolved as well as following up with a letter to formally apologise for the event.
- People and relatives told us they felt comfortable to discuss concerns with the registered manager and trusted them to quickly resolve any issues.

Continuous learning and improving care

- The registered manager completed analysis of audits and complaints which were shared with staff and used to support making change and driving improvement in the home.
- Staff were supported to attend additional training to develop their knowledge and skills.

Working in partnership with others

- The registered manager had established links with health and social care teams to support provision of effective, person-centred care.