

Rockley Dene Care Home Ltd

Rockley Dene Nursing Home

Inspection report

Park Road
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Barnsley
South Yorkshire
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Tel: 01226207916

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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 ●

Summary of findings

Overall summary

About the service: Rockley Dene Nursing Home provides care and support for people with residential needs. The home is registered to accommodate a maximum of 34 people. On both days of our inspection, 14 people were living in the home. Some people who used the service were living with dementia.

Rating at last inspection: Inadequate (report published November 2018). We placed the service in special measures as breaches of the regulation were found in relation to person-centred care, need for consent, safe care and treatment, good governance and staffing.

Following the last inspection, we met with the registered provider to discuss their action plan which showed what they would do and by when to improve the ratings in respect of our key questions. At this inspection we found improvements had been made in most areas. However, concerns remained regarding systems of governance to demonstrate clear management oversight.

People's experience of using this service: Action was needed in response to the January 2019 fire risk assessment as issues identified had not been followed up. These actions were completed during and following this inspection. All of the registered provider's policies and procedures had been reviewed on the same day which was not a robust check to ensure they were still valid. Actions from various audits had not demonstrated these tasks were always completed.

Legal requirements relating to the displaying of the last rating we allocated this home and reporting two notifiable events to the Care Quality Commission had not been fulfilled.

Staffing levels to meet people's needs were calculated, although records relating to staffing were not robust.

People's privacy and dignity was not always upheld as two people were weighed in the lounge in view of others in this area. People were satisfied living at this home and relatives we spoke with gave more positive feedback. Staff were seen to be kind and attentive.

People felt safe and staff were trained in how to identify abuse. Recruitment procedures were checked and found to be safe. The storage, administration and disposal of medicines was managed safely. Risks to individuals had been assessed and reviewed.

The home was clean, although some areas looked worn. We asked the management team to review storage of linen as there was an unpleasant smell in this cupboard. The registered provider was taking steps to make the living environment more dementia friendly.

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

promote people's equality, diversity and human rights had started.

Staff received regular formal support through training and ongoing supervision. People received access to healthcare and visiting professionals told us staff followed their guidance.

People were supported to maintain a healthy weight and largely had a positive mealtime experience. We discussed concerns with the management team about two people who needed additional support with their meals.

The procedures for making complaints was transparent and a single complaint received was dealt with appropriately. The activities programme met people's needs, although people told us there were no trips out.

Care plans were difficult to use due to the volume of information and key details about people's needs was not immediately obvious. The registered manager has since addressed this.

A system of audits was in place and the registered provider had oversight of the home. Regular meetings with people, relatives and staff were taking place. Satisfaction surveys captured their feedback.

Why we inspected: To follow up on enforcement action we took at our last inspection and to review whether the action plan the registered provider submitted to us had been acted on.

Enforcement: We have taken enforcement action in relation to the governance of the service. Whilst improvements were found, there were actions which had not been fulfilled.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor intelligence we receive about the service until we are scheduled to return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

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

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Rockley Dene Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

On day one the inspection team consisted of one adult social care inspector and an Expert by Experience with experience in dementia care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection continued on day two with two adult social care inspectors and a specialist advisor with a background in nursing care.

Service and service type:

Rockley Dene Nursing Home is a care home without nursing. This means it provides people with accommodation and personal care. The registered provider took the decision to no longer provide nursing care in October 2018. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

Our inspection was unannounced.

What we did:

Before the inspection we reviewed the information we had received from the service including notifications about incidents in the home that the registered manager is required to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what

the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals who have contact with the home for any information they could share about the service. We did not receive any information of concern.

During the inspection we spoke with the registered manager, registered provider, the registered provider's consultant, six members of staff, six people who lived at the home, three relatives, one visitor and four health professionals. We looked at three people's care plans and other records including those connected with recruitment and training, maintenance of premises, medicines administration and quality monitoring. We observed staff providing support to people in the communal areas of the service. By observing we could judge whether people were comfortable and happy with the support they received.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Following the last inspection on 29 August 2018, we asked the provider to take action to make improvements to the safe management of medicines, the management of risks to people and staffing levels and found these actions had been completed.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe living at this home. Comments included, "I was frightened of being alone at home, I feel safe now" and "I'm utterly and entirely safe."
- People were supported to understand how to keep safe and to raise concerns if abuse occurred.
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff told us they would report suspected abuse to the management team. One staff member said, "If they didn't (deal with concerns), I'd take it further, I can ring you guys (Care Quality Commission)."
- Information about whistleblowing was readily available to staff which meant they could report poor practice.

Assessing risk, safety monitoring and management

- In January 2019, a fire risk assessment was completed which identified several actions which required immediate attention. We checked and found these actions had not been carried out. The registered manager took action both during and after our inspection to remedy this.
- Staff showed a sound knowledge of what action they needed to take in the event of a fire.
- Two individual PEEPs and a summary sheet were not kept in the central fire file when we inspected. The registered manager told us this was addressed following our inspection.
- Weekly maintenance checks were routinely completed. Key building certificates were found to be up-to-date.
- Individual risks to people had been assessed and reviewed. For example, moving and handling, falls, bedrails and choking and how to reduce those risks.
- One relative told us, "[Name of person] hasn't had any falls while in here. [Person] did at home." We saw actions to reduce the number of falls for one person considered at high-risk had resulted in fewer falls since the beginning of 2019.
- Repositioning charts and fluid charts were fully completed. We looked at air mattress pressure settings and found these were correctly set.

Staffing and recruitment

- A dependency tool was regularly reviewed to ensure staffing levels met people's needs.
- On the day of the inspection we saw there were sufficient staff to meet people's needs. Communal areas were appropriately supervised, and people were responded to within an acceptable timescale.

- Staff said the usual staffing levels of one senior care and three care workers during the day and three at night were sufficient. However, they said there had been occasions when only two staff were on duty, which made their job difficult. We reviewed rota's and saw a number of days when only two staff were on duty during the day and night. • On 21 and 22 April 2019, rotas showed only one care worker and a senior were on duty during the day. We raised this with the deputy manager who said staff had covered from the neighbouring residential home, but this had not been recorded on the rota.
- The service could not evidence that consistent staffing levels were maintained from day to day.
- The recruitment records for the last two staff members employed showed the process was safe.

Using medicines safely

- The management of medication was safe, although the medication policy and competency checks required attention.
- The registered manager showed us annual competency checks they completed to ensure staff were safe to administer medicines. However, a final decision on the competency was not formally recorded. Two records referred to one staff member on the front sheet and contained another staff name within the document. The registered manager said they would review this record keeping.
- The medication policy was up-to-date, although we fed back to management that there were no instructions for managing the ordering and receipt of controlled drugs.
- We looked at the administration, storage and disposal of medicines and found this was satisfactory. Weekly checks and monthly medication audits were carried out and action was taken in response.
- Systems were in place to record topical medicines such as creams. We reviewed records and saw these were well completed. Protocols for 'as required' medicines provided staff with clear guidance about the use of these medicines.

Preventing and controlling infection

- An unpleasant odour was found in the linen store which we discussed with the registered manager. They told us they would look to determine the source of this. Some areas of the home looked worn, although were found to be clean.
- There were sufficient stocks of cleaning products available to staff. Infection control procedures were followed when staff undertook tasks such as administering medicines and whilst assisting with meals.
- An infection analysis was completed each month, looking at types of infection. Results from February 2019 showed two low level incidents and evidence of action taken.

Learning lessons when things go wrong

- Following our last inspection and our subsequent enforcement action, we found improvements had been made in response to things which had gone wrong. Whilst further action was still needed, there was evidence to show the management team had taken action to improve the service.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Following the last inspection on 29 August 2018, we asked the provider to take action to make improvements to consent to care, formal staff support and the recording of nutrition and hydration and found these actions had been completed.

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

- The service sought out best practice guidance and used it to help inform care practices. For example, guidance on Accessible Information, GDPR and dementia friendly environments had been sought and used to help improve staff practice, knowledge and the environment.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. This covered key areas of care and support. We looked at training records which showed this was kept up-to-date.
- Additional training was offered to staff to aid their further development. This included developing links with local professionals and staff signing up for more level 2 courses in subjects such as dementia. The service was planning to implement subject champions to help further improve the effectiveness of care.
- Induction procedures ensured staff were trained in the areas the registered provider identified as relevant to their roles. Although, we noted one staff member had completed the bulk of their induction training in a single day which was not satisfactory.
- Staff received regular supervision and appraisal. The staff we spoke with said they felt well supported. One staff member said, "They'll (deputy manager) ask you how you're feeling, getting on and anything that can be improved."
- Staff competency was regularly assessed in a range of areas including infection control and care planning. This helped ensure staff had the right skills to undertake their role.

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

- People said the food was good, although they said they were not given choices with their meals. We asked the registered manager to review this feedback. We observed people were offered meal choices throughout the inspection. People had a range of choices at breakfast time and a choice of two meals at lunchtime. People received both hot and cold breakfasts based on their preferences.
- Staff told us they thought the food was varied and tasty, although one staff member said more choice in the evenings would be beneficial.
- Food and fluid charts were maintained for people and evidenced choice was provided. We looked at a sample of these and saw they were well completed, evidencing the service was monitoring people's fluid intake well. We fed back to the management team that food and fluid charts were being completed for

everyone which was unnecessary. Following our inspection, the registered manager told us they were only completing these records for people who they were concerned about.

- People were protected from the risk of weight loss and records supported this.

Staff working with other agencies to provide consistent, effective, timely care

- Since our last inspection, the registered manager and staff had engaged with professionals for training and advice regarding end of life care, epilepsy, falls and occupational therapy.

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

- Plans were in place to make the environment more dementia friendly. The service had assessed the quality of the environment against The Kings Fund environmental assessment tool and was putting in place a range of improvements to make the premises more dementia friendly.
- We asked the registered manager to review some of the lighting in the lounge as this was dim. The registered manager confirmed this had been addressed in the days following our inspection.

Supporting people to live healthier lives, access healthcare services and support

- We spoke with four health professional who told us staff contacted them when people needed assistance and showed an understanding of people's healthcare needs. They told us the service was pro-active at managing people's continence and other health needs and adhered to any advice they gave appropriately.
- Care records we looked at showed people's healthcare needs were met in a timely way.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments relating to living in the home were found in the records we saw. Where people lacked capacity a record of best interest's decision was in place which showed relevant individuals were involved.
- The registered manager had introduced a matrix to give them oversight regarding DoLS applications and approvals. This ensured they were able to monitor when they needed to take action.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the care they received was satisfactory. One person commented, "I'm lovely and clean and have lots of nice clothes." Two people described the care they received as, "Okay."
- Relatives comments included, "Caring? Extremely so, they are great with [my relative]. [My relative] has two showers a week and they handle [relative] carefully", "[My relative] was bedbound and didn't mix with people. Thanks to the staff here, [relative] interacts well", "I know that when I go home they're in good hands" and "There is a genuine bond between the carers and [relative]."
- At lunchtime, we saw assistance people needed with their meals was unhurried and staff engaged with people throughout. However, two people who stayed in their rooms were sleepy and one person's meal was later taken away from them before they had been able to eat it and staff did not offer a fresh meal. The consultant told us they had tried to support this person with their meal, but commented the person did not like staff watching them eat.
- We observed staff interacting positively with people during our inspection. Staff regularly checked on people's welfare and asked if they were okay. Staff chatted with people about their interests and looked at photographs with them.
- Staff treated people with kindness and we heard people having a laugh and a joke with staff.
- One relative told us staff had provided valuable support when they needed to pass on some difficult news to their family member. They told us staff provided a private space and were there to support both the person and their family member.
- People told us they were provided with assistance when they wanted a bath or a shower and they could have this when they wanted.
- A visiting health professional told us, "The staff seem to have a knowledge of the people they are caring for."
- The registered manager had started discussions with people living in the home with people and staff about equality, diversity and human rights. They were getting further support from the local authority to help with this.

Respecting and promoting people's privacy, dignity and independence

- In most cases we saw staff treated people with dignity and respect and upheld their privacy. However, we saw two people were weighed in the lounge area in full view of other residents. This involved hoisting the person out of their chair onto the seated scales which could have been done in a more private location.
- A staff member described how they supported people's privacy and dignity, "We always make sure the doors and curtains are shut when we're providing personal care in their room. We always make sure we cover ladies' laps when we're hoisting." We saw staff knocking on people's doors before entering rooms.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager had sent letters to family members inviting them to be part of their relatives' care plan reviews. We saw examples of three people being consulted about what they wanted from their reviews.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At the last inspection on 29 August 2018, we asked the provider to take action to make improvements to people's care plans and the recording of complaints and found these actions had been completed.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were found to be difficult to use as there were volumes of information in them. Key information about people's health needs was not evident at the front of the care plan, although this was recorded in individual care plans. Following our inspection, the registered manager confirmed they had introduced a front sheet with key information about people's needs.
- There was some inconsistency in the records as one person's waterlow score stated they were fully independent with their mobility, whilst staff said this person needed assistance to mobilise and needed equipment to move around.
- The monthly reviews of care plans showed the outcomes for people were routinely noted as 'unchanged'. Further detail was needed to show how people's needs had been effectively reviewed.
- A representative from the local authority was scheduled to provide training in writing care plans.
- People were provided with a basic range of activities. We saw staff assisted to meet people's social needs, although there were some extended periods when there was a lack of interaction and activities available for people. A staff member told us they would like to see a greater range of activities available to people particularly as the activities co-ordinator worked across two homes.
- We saw one person was supported to go into the community, although most people commented about a lack of trips and not getting out of the home. One person said, "They don't take me out, they don't take anyone out." We fed this back to the management team who said they would review this.
- The activities coordinator was introducing a newsletter for the home starting May 2019.
- The service identified people's information and communication needs by assessing them. The service had a policy on accessible information and we saw this had been communicated to staff to help ensure the standard was met. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. The registered manager said the service user guide was available in a large font and they were looking to obtain pictorial menus.
- The registered manager had given one person who stayed on respite access to the internet, so they could use their electronic devices. However, at the time of our inspection, this service was not available to other people unless they asked.
- The registered manager said they were looking to enable online communication for one person to stay connected with a family member who lived some distance away.
- Technology was used elsewhere in the home with items such as call bells and sensor mats which alert staff when people require assistance.

Improving care quality in response to complaints or concerns

- People told us they would raise a complaint with a member of staff or a relative if they were dissatisfied. The complaints procedure was on display in the home.
- A system was in place to log, investigate and respond to complaints. One complaint had been received since the last inspection. We saw this had been investigated and responded to within an appropriate timescale.
- Laundry for people living in this home was being dealt with at the 'sister' home next door. Three people told us they had lost items of clothing. One person said, "I've had more clothes pinched or taken." The registered manager was aware of these concerns.

End of life care and support

- We saw end of life care plans which were focused on people's wishes at the point of death. Following our inspection, the registered manager told us they had contacted the Kirkwood Hospice regarding training for staff. They told us they would be offering people support with their wishes.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection on 29 August 2018, we asked the provider to take action to make improvements to the governance of the service. Although some significant improvements had been made, which impacted positively on the rating at this inspection, we still found some continuing areas of concern.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since our last inspection, a home manager had been recruited and had become registered with the Care Quality Commission (CQC) in March 2019.
- At this inspection we found the rating for the home was not on display. Two notifications concerning the approval of Deprivation of Liberty Safeguards had not been submitted. It is a legal requirement to ensure the rating is on display and to inform the CQC of notifiable events.
- At this inspection we identified key actions identified in the January 2019 fire risk assessment which were noted as needing immediate action had not been dealt with. A summary of personal emergency evacuation plans was not kept in the fire safety file.
- Policies and procedures were in place. However, we saw all 38 policies had been reviewed on the same day, which meant these were not meaningful reviews.
- A staff member was allowed to complete the bulk of their induction training in one day which demonstrated a lack of management oversight.
- We identified some action plans produced by an external consultant needed to be completed by the registered manager to evidence some of the improvements had been made.
- Some systems also needed better organising. For example, it was often difficult to locate key documents relating to people's safe care and treatment during the inspection.
- Details of care reviews and care audits undertaken needed putting onto a system to clearly show which people had received these. We saw plans were in place to address.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance as Legal requirements were not met and management oversight was not evident over key aspects of the service.

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

- At our last inspection, we identified a lack of oversight and presence from the registered provider. At this inspection, one staff member said, "We do see him a lot more. He has a quick walkaround, says hello to us and the residents." The registered provider completed their own visit reports with the consultant.

- The feedback about the new management team was positive. One relative said, "I believe in [registered manager] and [deputy manager]. You've got two first class managers." A staff member said, "I know if there's something bothering me, I know I can go and see [registered manager]." The same staff member talked about the present management team being more open about the running of the home than the previous manager. We did however note some negative comments in some documents we reviewed which suggested staff morale was not unanimously positive.
- It was evident that a number of new systems had been put in place since the last inspection and they had been effective in improving the service. A comprehensive system of audits and checks were in place. This included checks by the provider and consultant, registered manager and senior staff. We saw evidence these checks were effective in identifying areas for improvement and action taken to address findings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought through various mechanisms. This included surveys, care plan reviews and resident meetings.
- Staff feedback was sought. A range of staff meetings took place and we saw quality issues were discussed to help improve performance. Staff views were also obtained through surveys. For example, a recent survey had been conducted on the 'Caring' key question to help inform future developmental needs.
- Checks included night spot checks to provide assurance how the service operated when management were not present within the home.

Continuous learning and improving care

- Systems had been put in place to ensure the service was better organised. For example, 'pass the baton' meetings were held every day and the management team undertook a daily walkaround. These helped ensure staff were working effectively and efficiently and had clear roles and responsibilities.

Working in partnership with others

- Following our last inspection, we found the management team engaging with the local authority to access further training and guidance. We saw working relationship with other professionals in the community which had been used to improve outcomes for people.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Legal requirements regarding the displaying of rating and statutory notifications were not met.
Treatment of disease, disorder or injury	Management oversight was not evident over key aspects of the service. This demonstrated that systems to assess, monitor and improve the service were not sufficiently robust.

The enforcement action we took:

Warning notice served