

Roseberry Care Centres GB Limited

# Molescroft Court

## Inspection report

30 Molescroft Road  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

# Summary of findings

## Overall summary

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

We carried out an unannounced comprehensive inspection of this service on 10 and 11 May 2016. At this inspection we identified four breaches of regulation. This was because medication had not been administered or recorded safely, the laundry rooms posed an infection control risk, there were insufficient numbers of care staff on duty and the quality monitoring systems had not identified the shortfalls we identified at the inspection. We issued a requirement notice to the registered provider in respect of quality monitoring as this breach was assessed as having low service impact. The registered provider's compliance in respect of meeting this requirement will be inspected at our next comprehensive inspection.

Two of the three remaining breaches were in respect of Regulation 12 (2) (h) and 12 (2) (g) Safe care and treatment and the third breach was in respect of Regulation 18 (1) Staffing. These were assessed as having a major or moderate service impact and we dealt with these by issuing the registered provider with a written warning notice for improvement for each breach. We informed the registered provider in the warning notices that they had to become compliant in respect of medication, the prevention and control of infection and the numbers of staff employed by 24 June 2016.

We carried out a focused inspection on 7 July 2016 to check whether the registered provider had achieved compliance with three of the four shortfalls we identified. This report only covers our findings in relation to the warning notices. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Molescroft Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The home is registered to provide accommodation and care for up to 44 older people, some of whom may be living with dementia. On the day of the inspection there were 33 people living at the home. The home is situated in Beverley, a market town in the East Riding of Yorkshire. There are three units within the home; The House, The Annexe and The Haven. Each unit has lounge areas, dining areas, bedrooms and toilets. People living in The Annexe and The Haven have en-suite facilities and The House has communal bathrooms and shower rooms. Accommodation in The Annexe and The Haven is on the ground floor and there is a passenger lift in The House so people are able to access the first floor if they cannot manage the stairs. There are laundry facilities in The House and The Haven.

The registered provider is required to have a registered manager in post and on the day of the inspection the manager who was employed at the home was registered with the Care Quality Commission (CQC). 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.

We checked the administration, storage and recording of medication, and staff training on the administration of medication. At the previous inspection we were concerned that people who had been prescribed Warfarin and Alendronic Acid by their GP had not received their medication as prescribed, as records were confusing. This could have caused the person harm. At this inspection we noted that people had received this medication as prescribed.

Staff who had responsibility for the administration of medication had received appropriate training. However, we found that some people had not received their medication as prescribed, and there continued to be gaps in recording. We saw there were numerous errors in recording that had been corrected on medication administration record (MAR) charts. This meant that some MAR charts were confusing and not an accurate record of the medication administered. In addition to this, the recording on medication room temperature charts and medication fridge temperature charts was inconsistent.

This was a continued breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

During our focused inspection we found that new care staff had been employed and four more were due to commence work at the home when safety checks and induction training had been completed. This had reduced the number of hours that needed to be covered by agency staff. The registered manager told us, when all of the new staff were in post, this would leave no vacant hours on day shifts and only 48 vacant hours on night shifts. They were in the process of recruiting night staff. In addition to this, bank staff had been employed. This would further reduce the need for agency staff to be used.

We saw these changes resulted in the registered provider meeting the breach of Regulation in respect of the numbers of staff employed, previously identified in the Warning Notice for Regulation 18 (1) Staffing, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the laundry facilities at the home. We found that the main laundry room in The House had been refurbished and provided clean and hygienic facilities that reduced the risk of infection.

The second laundry room in The Haven had been upgraded but we saw that clean clothes were stored above soiled laundry, and mops and buckets were stored between the 'clean' and 'dirty' zones. A cupboard had been identified for the storage of mops and, following the inspection, the registered manager informed us that mops and buckets had been moved out of the laundry room in The Haven on the evening of our inspection. This meant the risk of infection had been reduced. The laundry room in The Haven was very small and it was acknowledged that it was difficult to have clearly defined 'clean' and 'dirty' zones. The registered manager told us that they were considering whether the safest option was to take this laundry room out of use and only use the main laundry room in The House.

We saw these changes resulted in the registered provider meeting the breach of Regulation in respect of the prevention and control of infection, previously identified in the Warning Notice for Regulation 12 (2) (h) Safe care and treatment, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had not intended to review staff training during this inspection. However, whilst checking the recruitment records for three new members of staff, we identified that they had not undertaken induction training or shadowed an experienced care worker before they worked unsupervised. This was confirmed by

care staff that we spoke with and acknowledged by the registered manager.

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not always safe.

People had not always received their prescribed medication and, even though staff had received appropriate training, the recording on medication administration record (MAR) charts was not robust and was sometimes confusing.

Staffing levels had improved and more staff were in the process of being employed. This meant fewer agency staff were being used, which provided a more consistent service for people who lived at the home.

Facilities in one laundry room had improved and the room was being maintained in a clean and hygienic condition. The second laundry room had been improved and further improvements were planned.

This meant that the provider was now meeting legal requirements in respect of staffing levels and infection control, but not in respect of the administration of medication.

### Is the service effective?

**Requires Improvement** ●

The service was not effective.

We did not intend to review the effectiveness of the service during this inspection.

However, whilst checking recruitment records we noted that new staff had not received induction training. This meant that no assessment had taken place to check they had the skills needed to carry out their tasks safely and effectively.

# Molescroft Court

## **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 was meeting the breaches of regulation identified at the comprehensive inspection on 10 and 11 May 2016.

We undertook a focused inspection of Molescroft Court on 6 July 2016. We inspected the service against one of the five questions we ask about services: Is the service Safe? This is because the service was not meeting legal requirements in relation to that question when we carried out the comprehensive inspection in May 2016.

The inspection was undertaken by one Adult Social Care (ASC) inspector.

Before our inspection we reviewed the information we held about the home, including information we had received from the local authority that commissioned services from Molescroft Court. We did not request a provider information return (PIR) in preparation for this inspection as one had been submitted prior to the inspection in May 2016. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this visit to the home we spoke with the registered manager, the deputy manager and three members of care staff. We also chatted with people who lived at the home over lunch.

We looked around communal areas of the home and both laundry rooms. We also spent time looking at records, which included medication administration record (MAR) charts, staff rotas, the recruitment records for three new members of staff and other records relating to the management of the home.

# Is the service safe?

## Our findings

At our comprehensive inspection of Molescroft Court on 10 and 11 May 2016 we found that people had not received their medication as prescribed and that medication administration record (MAR) charts were not an accurate record of the medication that had been administered.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 6 July 2016 we checked the storage, administration and recording of medication in all three units. We found that there was a senior member of staff in each unit who was trained to administer medication. At the inspection in May 2016 we had been concerned that the records for Warfarin and Alendronic acid (which have specific administration requirements) were inaccurate. At this inspection we saw that these records and dates of administration were correct.

We checked the medication administration record (MAR) charts in The Annexe. MAR charts are forms that are used to record the day to day administration of medication by care staff. MAR charts recorded any known allergies the person had so that this information was available as a reminder to staff. There were two signatures on handwritten entries; this reduces the risk of errors occurring when transcribing information from the label adhered to packaging by the pharmacist to a MAR chart. There were a small number of gaps in recording the administration of medication and the recording of creams was inconsistent. When medication had been discontinued by the person's GP, this information was not clearly recorded on their MAR chart.

People's pain relief patches were recorded on a separate sheet that identified the area of the body where the patch had been applied. This was to make sure the patch was not always applied on the same area of the body, causing skin irritation. These records indicated that staff were making sure the patch was applied on a different area of the body at each application. One person's records were confusing as the entries on the separate sheet did not coincide with the records on the MAR chart. Another person was prescribed a Transdermal pain relief patch to be applied every three days. We found some occasions when these instructions had not been followed. For example, the patch had been applied on 14 May 2016 and not again until 18 May 2016, and on 10 June 2016 and not again until 16 June 2016. One person's eye drops had only been administered on two days; they were not prescribed as 'as and when required' (PRN) medication and there was no code recorded to indicate why the eye drops had not been administered.

We checked MAR charts in The Haven. When tablets had been prescribed as 'take one or two' the MAR chart recorded how many tablets had been administered. The MAR chart recorded when the medication had been prescribed for administration by a district nurse. We saw that two handwritten entries on MAR charts did not include a signature. Two staff checking and signing medication records reduces the risk of errors occurring.

We checked MAR charts in The House. We saw that when medication had been discontinued by the

person's GP, this was clearly recorded on the corresponding MAR chart. There were protocols in place for PRN medication. One person had been prescribed Phenobarbital as 'take two at night'. We saw that none had been administered on 20 and 21 June 2016, and no code had been used to record the reason why.

The registered manager told us they checked the records for a different group of service users each month as part of their medication audit. We saw the most recent audit that had been carried out on 3 July 2016 in The House. The audits checked the amount of any medication carried forward from the previous month, the amount of medication received and administered and the actual amount of medication in stock. A check of controlled drugs (CDs) was included in the audit and records showed that there were two missing entries identified during the July audit. CDs are medicines that require specific storage and recording arrangements. The registered manager told us they had been able to identify which member of staff had made the errors and that they were going to address this with them. No medication audit had been carried out for the period of time covered by the records we checked on the day of the inspection, as the audit was not due. It was therefore not possible for us to assess whether the audit due to be completed by the registered manager would identify these gaps in administration or recording.

A senior member of staff told us that there was now a CD cabinet in each unit and that each CD book was checked weekly to monitor that the medication held in stock reconciled with records in the CD book. We discussed one person's controlled drugs with the registered manager as we found the entries in the CD book and the corresponding MAR chart to be confusing. It transpired that one record included the specific medication name and the other record included the generic medication name. We discussed this with the senior care worker responsible for administering medication in the relevant unit and they clearly understood this was the same medication. However, we were concerned that this could have created confusion and resulted in people not receiving their medication as prescribed. Another person's records did not correspond; the date that a pain relief patch was administered was different on the MAR chart to what had been recorded in the CD book. An entry we saw in the CD book had not been signed, although we saw that the corresponding MAR chart had been signed.

We saw that MAR charts included numerous recording mistakes that had been crossed out and amended, making them confusing and difficult to follow. Some creams were recorded on topical MAR charts; these are charts that are used specifically for the recording of creams. Some creams were recorded on the MAR chart. No-one was able to explain the reason for this anomaly. Since the last inspection the number of gaps on MAR charts had reduced. However, there continued to be gaps in recording for all types of medication, including eye drops and creams. There were forms in each medication cupboard / room to record the temperature of the room and the fridge to ensure that medication was stored at the correct temperature. Although we could see that temperatures were usually within recommended parameters, this information was not recorded consistently.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are addressing this continued breach with the registered provider.

Staff who administered medication had completed appropriate training. We asked the registered manager if she had carried out any medication competency checks with staff who administered medication. She said that senior staff who had already completed accredited training had been issued with a workbook to complete that was designed to check their competency and understanding. The process included observations of practice, and staff would be allocated a mentor to work alongside them. These competency checks were going to be carried out by a registered manager from another of the organisation's services.

We saw that there was a copy of the National Institute for Health and Care Excellence (NICE) guidance on the

administration of medication in care homes available for staff. This meant that staff had up to date guidance available for reference.

At our comprehensive inspection of Molescroft Court on 10 and 11 May 2016 we found that there were insufficient numbers of staff employed to provide safe and effective care for the people who lived at the home.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 6 July 2016 we saw there was a staff presence in each unit throughout the day. The registered manager told us that the standard staffing levels were eight care workers from 8.00 am until 8.00 pm (seven being the absolute minimum) and six care workers from 8.00 pm until 8.00 am. We checked the staff rotas for a two week period. For week commencing 27 June 2016 we saw that there were six staff on duty each night apart from one, when staffing levels reduced to five. There were some minor shortfalls during the day and most of these shifts had been covered by agency staff.

We found that new staff had been recruited and the registered manager told us that this meant the number of agency staff used had reduced. For week commencing 27 June 2016 this was 66 hours during the day and 55 hours during the night. It was anticipated that this would drop further for week commencing 4 July 2016 as more permanent staff had been recruited. The registered manager said that there were two care staff undertaking their induction training and two staff that could not start work until their employment references and Disclosure and Barring Service (DBS) had been received. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. The deputy manager told us that, when these staff started work, there would be no vacancies on day shifts and only 48 hours vacant on night shifts. They were in the process of recruiting new night staff to fill these vacant hours. The home had employed two permanent bank staff who in future would be covering for annual leave and sickness.

Staff told us that staffing levels at the home had improved and that the number of agency staff used had reduced. However, staff felt that the use of agency staff needed to fall even further, as people who lived at the home benefitted from being supported by a consistent group of staff.

Staff told us that, in The Haven, there were three people who were cared for in bed, one person who needed assistance from two members of staff for positional changes and one person who needed one to one support due to the risk of falls. They said that this created problems over mealtimes, when the senior care worker was helping with serving meals and administering medication. They felt that there always needed to be three care workers in The Haven and that sometimes three care workers were not sufficient to provide effective care. Rotas showed that prior to this inspection there had been only two staff working in The Haven on occasions, although we saw there were three staff in this unit on the day of our inspection. The registered manager assured us that there would always be three care staff working in The Haven in future, and that they would re-consider the dependency levels of the people living in The Haven following our feedback.

Ancillary staff were employed in addition to care staff and this enabled care staff to concentrate on supporting and caring for people who lived at the home.

The rotas evidenced that staff continued to be moved from one unit to another. This had been a concern at the previous inspection, as staff and relatives had commented that people living with dementia required

consistency. The registered manager assured us that, when the home was fully staffed, care staff would be based in one unit (although they would be required to work in other units to cover for annual leave and sickness). They also told us that they would be arranging the rotas so there was a mix of experienced and new staff working in each unit.

We saw these changes resulted in the registered provider meeting the breach of Regulation in respect of the numbers of staff employed, previously identified in the Warning Notice for Regulation 18 Staffing, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection of Molescroft Court on 10 and 11 May 2016 we found that, although communal areas of the home were clean and hygienic, the laundry rooms were not clean and hygienic and equipment such as buckets and mops were stored in the 'clean' zone of one of the laundry rooms.

This was a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 6 July 2016 we found that the refurbishment of the main laundry room in The House had been completed. Most pipework had been boxed in, the window frame had been painted and was therefore easier to keep clean, and the walls had been painted with washable paint. We saw that the laundry room was clean and hygienic on the day of the inspection. In addition to this, the 'clean' and 'dirty' areas of the laundry room were better defined. We discussed with the registered manager how it would be helpful to add signage to identify the 'clean' and 'dirty' areas to make sure this was clear for all staff, and they agreed this would be actioned promptly.

The small laundry room in The Haven was clean on the day of the inspection and a new wash basin had been fitted. The registered manager showed us a cupboard next to the laundry room that had been cleared so that mops and buckets could be stored there. This was waiting for final adjustments to be made by the home's handyman so that all of the cleaning equipment could fit into the cupboard. The registered manager told us that the mops and buckets were moved to the cupboard on the same day we carried out this inspection.

However, we saw that clean laundry was stored above the laundry bags containing soiled laundry. The registered manager acknowledged that it was difficult to have clearly defined 'clean' and 'dirty' area in the laundry room in The Haven as the room was very small. Because of this, discussions were taking place about all laundry being carried out in the main laundry room in The House, and the laundry room in The Haven being taken out of use.

We saw these changes resulted in the registered provider meeting the breach of Regulation in respect of the prevention and control of infection, previously identified in the Warning Notice for Regulation 12 Safe care and treatment, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

Whilst we were checking the recruitment records for three new members of staff, we noted that there were no induction training records in their personnel files. We asked the registered manager for these records and she acknowledged that these members of staff did not complete a thorough induction training programme. She said that this was because she had been on annual leave at the time the staff started work at the home and they were included on the staff rota without first completing induction training or any shadowing of experienced care workers.

We spoke with long-term staff and new staff and they all confirmed that some care workers who had recently started work at the home had not completed induction training (other than orientation to the home) or shadowed experienced care staff.

This meant that there had been no checks to evaluate the competency of these three new members of staff to ensure they were aware of safe moving and handling techniques, the principles of safeguarding vulnerable adults from abuse or emergency first aid, as well as the other topics considered to be essential training by the organisation.

On the day of the inspection we noted that some staff were recorded on the current staff rota as 'IND'. The registered manager told us that these staff were shadowing as part of their induction training and were in addition to the usual staffing levels. We confirmed this on the day of the inspection. This meant that staff who had been recruited following the registered manager's return to work were undertaking appropriate induction training. However, there had been a period of time when new staff had started work at the home without any checks of their competency.

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staff employed by the service provider had not received appropriate training to enable them to carry out the duties they were employed to perform.<br>Regulation 18 (2) (a). |