

Rockley Dene Care Home Ltd

Rockley Dene Residential

Inspection report

Park Road
Worsbrough
Barnsley
South Yorkshire
S70 5AD

Tel: 01226245536

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Rockley Dene Residential is a residential care home providing accommodation for up to 35 people, including people living with dementia. At the time of the inspection there were 23 people living at the home.

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

We received information raising concerns about how people using the service were being kept safe, staffing levels, staff training, and whether people had consented to their care. At the last inspection we found statutory notifications were not submitted in a timely manner and manager oversight of the service was not fully evident.

We wrote to the manager before our inspection visit and asked for information around their systems and process. This included how environmental risks were managed, details of staff training, staffing rotas, and audits.

We found the provider had failed to ensure appropriate checks and audits took place. Risk assessments and care plans had not been reviewed. Not all equipment checks had been completed. Staff had not received training. This meant manager oversight remained not fully evident.

We found staff were recruited safely, however it was not always evident whether staff who had been re-deployed had the appropriate skills and experience for their new role.

We have made a recommendation about employing staff to new roles within the home.

People felt safe living at the home. People were protected from the risk of acquiring infections by robust infection prevention and controls. The home was clean and odour-free. Personal protective equipment and up-to-date guidance was readily available to staff and this was followed.

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 (13 January 2020) and there was one breach of 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 enough improvement had not been sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated

requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this targeted inspection to check whether the Requirement Notice we previously issued in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and because of concerns we had about risk assessments, staffing levels, staff training and consent. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to management oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Rockley Dene Residential

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Requirement Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The inspection was carried out by two inspectors.

Service and service type

Rockley Dene Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to confirm information with the home's manager to support the inspection.

What we did before the 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 including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the home manager, deputy manager, senior care worker, care workers and activity co-ordinator. We reviewed a range of records. This included three people's care records in full and aspects of another three people's records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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 the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about assessing risks and staffing levels. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and action to mitigate those risks had been identified. However, not all risks had been reviewed during the last 12 months. This meant people were placed at risk.
- A pre-assessment was completed for people which identified and recorded key areas of managing risks to people's safety. We found one person had not had this completed. We discussed this with the home manager who told us a programme of risk assessment reviews had commenced.
- External contractors undertook regular servicing of the premises and equipment, however we found not all slings had been included in one of the checks. Internal checks, for example hoist slings audits, had not always been completed. The new manager had implemented a robust system of ensuring all safety checks were now in place. We found no evidence people had been harmed as a result of these checks not taking place.

Staffing and recruitment

- Personnel files did not always contain all the necessary pre-employment checks. We discussed this with the manager who was able to provide us an explanation for the gaps we found in a staff member's previous employment. The manager recorded this on their records.

We recommended the service considers a full recruitment process when re-deploying staff to new roles within the home.

- People's needs were met in an unhurried manner and staff confirmed staffing levels were appropriate, with one staff member telling us staffing levels were "right".
- The manager used a dependency assessment tool to consider how many staff were deployed. Staffing rotas were produced based on staff's skills and experience.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about staff training and people's consent. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- The new manager had implemented a robust programme of planned training. Staff had already completed mandatory training and refresher training had started to take place. Staff were confident about the training and enthusiastic to receive this. One staff member commented, "Feels like we're being modernised." However, prior to this programme being implemented staff had not always received ongoing training.
- Staff had not been given opportunity to review their individual work and development needs. A staff member said "it had been a while" since they had received supervisions. This staff member confirmed they now received these. The manager explained all staff had received a supervision where their training needs were discussed and their competencies were checked.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure through management oversight that people were supported by appropriately trained staff.

- Staff told us they were very well-supported by colleagues and the new manager. They told us they had received regular telephone calls from the provider during the Covid-19 pandemic.
- Staff induction processes ensured staff understood the requirements of their role and the service. Each person had been allocated a key worker and the requirements of this role had been communicated to staff.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- There had been a lack of clarity in records since the last inspection about whether relevant applications under DoLS had been made and authorised. The new manager had checked these with the Local Authority and had updated records appropriately. These had been completed prior to our inspection.
- Staff were able to describe their understanding of the MCA and how they provided support in line with guidance. Staff told us how they provide choice to people in every aspect of their lives.
- People received individual routines. One staff member said, "we don't have a set routine".
- We observed and people told us how they had choice and control of their lives.

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 the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the requirement notice we issued. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection the provider had failed to ensure appropriate management oversight was in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider is still in breach of Regulation 17.

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

- The provider had not ensured good governance arrangements had been sustained since the previous registered manager had left.
- The provider had not ensured updates took place to risk assessments and care plans.
- The provider had not ensured appropriate checks had taken place for hoist slings.
- The provider had not ensured staff received appropriate training and support.

We found no evidence people had been harmed, however the provider had not sustained any management oversight of the service. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home did not have a registered manager in post at the time of the inspection visit and we had not received an application from the new manager. The new manager had been in post for two months before the inspection visit; they were clear about their responsibilities and those of their staff.
- The new manager had good oversight of the home. An electronic audit tracking system was used to ensure all aspects of the home were checked and analysed.
- The new manager did a daily walk around of the home and updated actions plans to track and improve the service. Staff told us the home had started to improve under the new manager's leadership.

Continuous learning and improving care

- The new manager had commenced regular team meetings with all staff. Minutes showed staff's input was a standard agenda item. Staff confirmed they were encouraged to make contributions and suggest improvements.
- People, relatives and staff had completed surveys, however there had been no analysis of these. The new manager had identified analysis was needed and had started a programme of improvements. They told us

the provider was supportive of their suggestions for improvements at the home.

- The new manager had started to designate staff champions in areas such as infection, prevention and control, dignity, and pressure care. These staff supported colleagues to improve the care of people and people's experience of living at the home.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensure good governance arrangements had been sustained. The provider had not ensured care plans and risk assessments were updated. The provider had not ensured appropriate checks of equipment had taken place. The provider had not ensured staff received appropriate training and support.