

East And West Healthcare Limited

Roche Abbey Care Home

Inspection report

Millard Lane
Maltby
Rotherham
South Yorkshire
S66 7LZ

Date of inspection visit:
17 January 2022

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16 February 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Roche Abbey Care Home is a residential nursing home providing accommodation, personal care and treatment of disease, disorder or injury for 31 people, at the time of the inspection. The service is a three-floor building. Each floor has separate adapted facilities.

Management oversight at the service was not always effective. We found audits were irregular and did not always identify issues at the service which required attention. People living at the service and staff had confidence in the manager, and the service worked well with other professionals to improve people's care.

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

Although some improvements had been made since our last inspection, continued improvement is required to the management of people's medicines and the management of the risks identified to some people. People told us they felt safe living at Roche Abbey. Staff were recruited safely and there were sufficient staff on duty to deliver person-centred care. The home was clean and had safe infection prevention and control practices and procedures in place.

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.

Staff working at the service received regular supervision. People we spoke to told us they enjoyed the food at Roche Abbey. People's needs had been assessed before they moved to Roche Abbey and people had access to healthcare professionals when required.

People spoke positively about living at Roche Abbey and liked the staff who supported them. People were treated kindly and had their privacy and dignity protected.

Care plans and other documents detailed people's care needs, and staff used these to provide people with the right care and support. People were able to do the things they enjoyed and were supported to have contact with people who were important to them.

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 3 February 2021) and there were multiple breaches 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 made/sustained and the provider was still in breach of regulations.

Why we inspected

We carried out this inspection following a routine review of information we held about this service.

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.

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 a breach in relation to good governance. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Roche Abbey Care 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. 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 Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 one inspector and an Expert by Experience who contacted relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed and was in the process of applying to be the registered manager. Throughout the report we refer to this person as the manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used all of this information to plan our inspection.

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.

During the inspection

Inspection activity commenced on 17 January 2022.

We spoke with four people who used the service and 13 relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, nurse, care, kitchen and domestic staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found including training data and quality assurance records.



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 Requires Improvement. At this inspection this key question has remained the same. This meant 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.

At our last inspection the provider had failed to ensure risks associated with people's care needs were reduced. The provider had failed to ensure the proper and safe management of medicines and had failed to ensure the proper and safe infection, prevention and control, which is a breach of regulation 12 (Safe Care and Treatment) (Medicines) (Infection Prevention and Control) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

Assessing risk, safety monitoring and management

- The manager had made some improvements following the previously rated inspection to support people's safety. At this inspection risks were documented appropriately, however, further improvements need to be made and sustained. For example, weighing people with the frequency determined in the assessment.
- Risks to people were identified with assessments and care plans in place. For example, specific risks associated with falls had been considered and guidance was available for staff to follow to mitigate those risks.
- Staff knew people's individual risks and understood how to maintain people's safety and independence. This included risks in relation to people's underlying health conditions.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

Using medicines safely

- The manager had made some improvements following the previously rated inspection to support the safe management of medicines. As and when (PRN) medicines had protocols in place to guide staff.
- Medicines checks and audits were in place to identify any discrepancies in recording on people's Medicine Administration Records (MARs), although they were not always audited at the frequency determined by the provider's policy. We identified some issues, which although did not place people at significant risk, had not been identified by the audit process. For example, some liquid and cream medicines did not have an opened-on date and not all handwritten entries were recorded following best practice. We have addressed this in the well led section of the report.
- Controlled drugs, which are drugs subjected to high levels of regulation were administered as prescribed and were also stored securely.
- Comments from relatives included, "The medication is fine and they are doing well on it," and, "No issues

with the medication. They have let me know if there is anything different."

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.
- The provider was facilitating visits for people living in the home in accordance with current government guidance.

Systems and processes to safeguard people from the risk of abuse;

- The provider had systems in place to safeguard people. People who used the service told us they felt safe. One person said, "I have no doubts about my safety here", another person said, "I feel very safe." A relative told us "It's safe yes. [person] was falling at home and getting infections, [person] wasn't safe at home, [person] is much safer now."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to external agencies and the expectations of staff.
- Staff and management we spoke with had a good understanding of their responsibilities to safeguard people. One member of staff said, "I would immediately let the manager know about any concerns I had and if I wasn't happy with the response, I would call the safeguarding team."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect. Records confirmed this.
- The manager was able to describe the actions they would take if incidents occurred, which included reporting to the Care Quality Commission and the local authority.

Staffing and recruitment

- Pre-employment checks such as criminal record checks, references and ID checks were carried out before employing staff.
- There were enough staff to support people safely. Staff had a positive approach to supporting people and we observed staff responded to people's needs in a timely manner when required. A staff member told us, "I have no concerns, there is enough care staff here too look after people safely."
- Relatives feedback was mixed regarding staffing levels. Comments included, " Definitely less staff at weekends," "I'm very happy with them, staffing is fine," "Some new staff lately I'm told. Staffing levels seemed ok when we were last there. They are always very busy" and, "I think they need more staff. Those there are wonderful."

Learning lessons when things go wrong

- Accidents and incidents that occurred in the home were reported to the relevant authorities.
- The management team investigated, analysed and reviewed incidents. Trends and patterns were identified to learn lessons and minimise the risk of re-occurrence.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's needs were assessed before the service began to provide support. People and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments. Care plans reflected people's current needs.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to personal care and medication.
- Equipment was available to enhance people's care and promote their independence. For example, walking aids and pressure relieving equipment.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to perform their roles and have the skills they needed to support people. Training covered topics such as infection prevention and control, safeguarding adults, the Mental Capacity Act (2005) and moving and handling.
- New staff received training and an induction to help them understand the requirements of their role and the homes policies and procedures. They completed the Care Certificate Course or NVQ's, which are standards for health and social care staff to work towards.
- Staff were supported with supervision from the management team to discuss their work and any concerns. Yearly appraisals of staff were carried out to review their performance and set objectives for the following year.
- Staff told us they felt supported by the management team. A staff member told us, "The managers are easy to talk to and I have found them to be very supportive."
- Relatives told us, "I think the staff are lovely, well skilled, really look after her, always popping their head round the door" and, "I would say yes, they have the skills."

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

- People were offered choices for their meals and liked the food. A person told us, "I think the dinners are lovely." Another person commented, "I have a cooked breakfast every morning, it's very nice indeed."
- Staff offered people choices and engaged with people during mealtimes. They were supporting people when needed and asking them if they enjoyed their meal.

- People were offered two meal choices and had choices if they did not prefer anything on the menu. A staff member told us, "People have choices during meals, we always ask them."
- The chef kept a record of people's dietary requirements and we observed the kitchen area was kept clean and tidy.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. We found corridors and communal areas were free of clutter and equipment.
- The provider had improved the environment to be more dementia friendly, for example, clear signage was placed around the home to direct and prompt people.
- Access to the building was suitable for people with reduced mobility and wheelchairs. The service was divided into various levels. There was access to the upper floor through a passenger lift.
- The service had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

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

- People were supported to live healthier lives. Staff worked alongside external health care professionals (such as GPs and district nurses) where required to ensure people's needs were met in a timely way.
- People's care records reflected their current care and support requirements. Any input from external professionals was recorded, in order to provide staff with the necessary guidance.

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.

- Consent to care and treatment was sought in line with legislation and guidance. People told us staff asked for their consent before any care was provided. One person said, "The staff always ask me before doing anything."
- Where people were unable to provide consent, appropriate applications for DoLS had been made in accordance with people's best interests.
- People's care records demonstrated that care and treatment had been provided with the consent of the relevant person.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they continued to receive kind and compassionate care. We observed warm interactions between people and staff. People and relatives told us staff were kind and caring. A relative told us, "The staff are excellent. One girl encourages him to do activities, she really tries." Another relative said, "I've seen nothing else but caring, friendly and approachable staff."
- Staff responded to people in a caring way and knew the level of support needed and how the person preferred their support to be given.
- Staff referred to people by their preferred name and spoke passionately about meeting people's needs.
- People's cultural and religious needs were detailed in their care plans. Staff had received training about equality and diversity and were able to explain what this meant for people.

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

- People were supported to be at the forefront of their care and support. People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One person told us, "I make my own decisions about what I want." A relative said, "They've asked me to have some discussions on planning, but I haven't. I leave it to them."
- People were involved in regular reviews of their care and shared feedback about things they would like to see changed.
- Records showed people and their relatives or representatives were consulted about their care and support although one relative told us, "No, I haven't been involved in planning at all."

Respecting and promoting people's privacy, dignity and independence

- Staff were fully aware of respecting people's privacy and dignity in all their interactions. People and relatives told us staff spoke with them respectfully and were attentive to their wishes.
- Staff recognised and understood the importance of empowering people to be as independent as possible. One staff member told us, "We encourage people to do as much for themselves as possible. Independence is important."
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. A person commented, "I'm not rushed by staff." A relative said, "Even when we are there, they ask us to leave when they want to wash or change him."
- Care and support plans reflected people's preferences and choices and encouraged people's

independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

- Care records had improved and covered areas such as personal care, eating and drinking, skin care, memory and understanding and behaviours that can challenge. These were regularly updated, which meant staff could monitor people's changing needs, behaviours and skin condition.
- Care plans were person centred and detailed people's likes and dislikes and how they wanted to receive support. People's faith and any specific needs were documented, and guidance was given to staff on how to meet these needs.
- Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs including, support people needed to maintain their physical health and well-being, nutrition and personal hygiene.

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.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. Staff knew people well and communicated with them in a way that was respectful and met their communication needs.
- Information such as COVID-19 guidance and how to make a complaint was made available in easy read formats, such as posters and notices, to help them understand the information. This helped to meet people's communication needs.

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

- Within the limits of the pandemic, people were supported to maintain social contact and activities important to them. This had predominantly been done by care staff. One relative said, "You can tell they care. They do some activities with [person]. [Person] also helps set the tables."
- People were supported to maintain relationships that were important to them. Visitors and essential care givers told us they were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic. A relative said, "I got a call from the manager last

week regarding reopening. I visited yesterday for the first time since mid-December. I booked an hour slot in the visiting room."

Improving care quality in response to complaints or concerns

- Policies and procedures were in place to investigate and respond to complaints.
- People and their relatives told us they would feel confident in raising complaints with the management team. They said staff were approachable and listened to them. A person told us, "Nothing to complain about here." One relative said, "I've had no reason to raise any concerns or complaints."
- An up to date policy and procedure was in place for complaints, which the provider followed.

End of life care and support

- The service had an end of life policy and worked to support people to remain at the service for as long as possible with the support of community health professionals.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans also contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed with the person if possible, family and GP.

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. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure systems to monitor the quality of the service were effective. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we continued to identify shortfalls. Therefore, the provider remains in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was not an effective quality assurance system in place to identify shortfalls and act on them to ensure people were safe.
- Audits had been carried out on medicine management, infection control systems, health and safety and care plans. However, these audits had not always identified the shortfalls we found, for example, medicines and weighing people in accordance with care plans. Other audits were not carried out with the frequency intended. We found the last monthly mattress audit was completed in September 2021.
- This meant there was a risk people may not receive high quality care to ensure they were safe at all times.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Informal feedback on the service was carried out throughout the year however, people and their relatives were not always formally asked for their views of the service on a regular basis. Seven of the 13 relatives we spoke with told us they had not received a survey or questionnaire from the service. Five relatives confirmed they had received a survey. One said, "They did send me a questionnaire before Christmas, and I returned it. Nothing contentious," whilst another relative commented, "They sent us a questionnaire by email which we couldn't read. We had to get a paper copy from a friend. It was a couple of months ago. Suggestions were made, we asked to be kept updated. We heard nothing back."
- The reception area displayed days and times the manager was available to relatives. One relative told us,

"I can go in now on a Wednesday at 1.00pm if I have any grievances."

- Staff were asked for their views, feedback and suggestions regularly. This included surveys and team meetings, but staff also told us they were able to make comments or present ideas to the manager at any time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive and inclusive culture in the home. People told us they felt comfortable in their surroundings and enjoyed the company of other people and staff. One person said, "I like it here, it's very nice."
- Staff expressed confidence in the management team although the response from relatives was mixed. A staff member told us, "The manager is very supportive indeed, I can speak from personal experience." Feedback from relatives was predominantly good. Comments included, "It is well managed now with the new manager." "I think it's well managed" and, "The new manager is making a big effort." Although one relative said, "It's not managed as well as previously."
- People were treated as individuals and their personal choices and decisions were respected. Some people did not wish to spend time with others in the home and this was also understood and respected.

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 manager was fully aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- The service was open and honest if things went wrong and proactive about putting things right. They investigated accidents and incidents that happened and made sure people and relatives were kept involved and informed of the outcome.

Working in partnership with others

- The service worked in partnership with professionals to ensure people were in good health.
- The manager told us they would work in partnership with other agencies, such as health professionals and local authorities, if people were not well, to ensure people were in the best possible health. Records confirmed this.

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
Treatment of disease, disorder or injury	Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.