

RCH Care Homes Limited

Romford Care Home

Inspection report

107 Neave Crescent
Harold Hill
Romford
Essex
RM3 8HW

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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 responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Romford Care Home is a residential care home providing personal and nursing care to 41 people at the time of the inspection. Most people living at the service were older people some of whom had dementia. The service can support up to 114 people in one adapted building over two floors. At the time of our inspection three units were in use, two of which were nursing units.

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

We received information raising concerns about staffing and how people using the service were not being kept safe. At the inspection, people and staff had mixed views on staffing, evidence initially provided by the service indicated at times units were not adequately staffed to ensure people's needs were met, but the provider later told us of they had a flexed approach to staffing where by staff would work across different units to make up shortfalls.

There were robust recruitment processes in place. Incidents and accidents were recorded appropriately, and the service sought to minimise risk to people where possible. Infection control procedures had been enhanced due to the risk of Covid 19 and we observed the service was clean. Personal protective equipment [PPE] was readily available. However, not all staff wore PPE correctly, we fed this back to the registered manager, told us staff were continuously reminded about PPE and how to wear it correctly, and told us they would continue to address this following our inspection.

People had mixed views about the quality and choice of food. The registered manager told us they would take steps to address people's concerns. People told us they had enough to drink. People's nutrition and hydration was recorded appropriately, and staff followed care plans and health professional's advice.

People told us activities were limited, they felt in part due to the recent departure of a wellbeing and activities coordinator. The registered manager told us care staff would cover these duties in the short term but that the provider was seeking to hire a wellbeing and activities coordinator. We have made a recommendation about activities. People had mixed views on whether their care was person centred. Care plans recorded people's needs and preferences and were reviewed regularly.

Quality assurance processes at the service monitored the safety and wellbeing of people at the service. These processes were completed regularly and when actions were identified to improve elements of care, these were followed up on. However, these processes did not identify people's concerns around staffing nor the shortfalls with staffing we identified.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 September 2019) and there were

multiple breaches of regulation. The provider was issued warning notices for regulation 12, safe care and treatment and also for Regulation 17, Good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns we had about staffing, people's welfare and how the service monitored, recorded and reported incidents and accidents. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on a Warning Notice or other 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.

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

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 continued breach in relation to staffing numbers at this inspection. We have also identified a breach with regards to meet people's nutrition and hydration needs. Please see the action we have told the provider to take at the end of this 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?

This key question has not been rated.

Details are in our safe findings below.

Inspected but not rated

Is the service effective?

This key question has not been rated.

Details are in our effective findings below.

Inspected but not rated

Is the service responsive?

This key question has not been rated.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

This key question has not been rated.

Details are in our well-led findings below.

Inspected but not rated

Romford 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 2014.

This was a targeted inspection to check specific concerns we had about staffing, how people using the service were kept safe, the recording of incidents and accidents at the service, how people were supported when presenting with behaviours that challenged, people's nutrition and the activities people were being supported to do.

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 one inspector, a specialist advisor and an expert by experience. 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

Romford Care Home 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 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

We gave the service one-hour notice on the day of the inspection. This was because we wanted to let the

service know we were coming and also find out whether there were Covid 19 cases present in the home that could place the inspection team at risk of infection.

What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including four care staff, the chef, two nurses, the clinical lead, the registered manager and a director for the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and information the provider sent us around staffing and safeguarding.

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. 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 specific concerns we had about staffing levels, how people using the service were kept safe, incidents and accidents and infection control.

Staffing and recruitment

At our last inspection, we recommended the provider seek guidance and advice from a reputable source about involving people and staff in resolving concerns about staffing. At this inspection, we found that this had not occurred.

- People and relatives had mixed views on staffing levels and staff turnover. One person said, "They change all the time. So often there are four instead of six staff. Sometimes we miss out on things. The food gets late, the tea is always cold. It takes ages to find someone when you need to." Another person said, "It all depends on the amount on duty. sometimes they have extreme shortages and only two on in an afternoon. It's just not enough, it could be half an hour waiting for the toilet."
- Staff also had mixed views about staffing levels. One staff member said, "I think at the moment the staffing level is ok. There are difficulties sometimes." However, another staff member said, "There isn't enough staff."
- Units at the service were not always staffed adequately. We analysed staffing levels on rotas in the different units and we compared them to the required care hours [staffing levels] stated by the provider's dependency tool. A dependency tool measures how many care hours need to be provided by staff as directed by the complexity of people using the service. We found numerous instances where the staffing level on individual units fell below what was required by the dependency tool.
- Our analysis also highlighted that at times there was no nurse rostered to work in one the service's two nursing units. This meant there was no immediate nursing support should it be required and whilst management team members were registered nurses, they would not always be available to provide nursing support.
- Similarly, we noted on two occasions there were only two care staff on shift in one unit. Whilst dependency scores were worked out for a 24-hour basis, staff told us when there were only two staff on shift it was problematic as it could lead to delays in meeting people's needs, particularly as some people require assistance from two carers at one time.

We found no evidence that people had been harmed however, the provider had not deployed sufficient number of suitably qualified, competent, skilled and experienced staff. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We shared our concerns with the registered manager. They told us they tested the responsiveness of staff

on a near daily basis with random testing of call bells. In regard to staff turnover the registered manager told us there had been turnover, but the provider has, "been recruiting the right individuals who have a positive mindset, showing mindfulness, emotional intelligence, care and compassion. Individuals who wants to make a difference."

- In respect to nursing, the registered manager told us they, the deputy manager and the clinical lead were all nurses and worked throughout the week including weekends. They also said that senior managers who worked on call for the provider were also nurses and could provide clinical direction and/or attend the service if required.

- Following the inspection, the provider wrote to us and provided different dependency figures than had initially been provided by the registered manager and informed us they felt they had a surplus of staff working. They told us there was a "flexed" approach to staffing where staff from different units worked across the service. They also cited it was provider policy to limit agency staffing due to risk of Covid 19 transmission.

- There were robust recruitment processes. We looked at six staff files and saw the provider had made checks to ensure staff were suitable to work in the social care sector such as criminal record and identification checks and recorded people's employment histories. This meant the service sought to keep people safe through safe recruiting.

Learning lessons when things go wrong

- Our inspection was prompted in part due to concerns around how the provider recorded incidents and accidents. This encompassed how people were safeguarded against abuse. We found the service recorded incidents and accidents appropriately and sought to safeguard people from abuse.

- We looked at incidents that had occurred since our previous inspection and saw immediate actions were taken by staff to keep people safe and follow up action was directed by management to limit reoccurrence. For example, one incident report showed where a person stated to management they had received an injury when being moved by a staff member. However, they stated this some three weeks after receiving the injury and not at the time of the incident. Following their statement, changes were made to the person's care plan and risk assessment, they were seen by the GP, a safeguarding alert was raised and a internal investigation commenced.

- Similarly, the provider managed risks of falls appropriately. We looked at one person's care plan and saw an appropriate risk assessment was completed for them on admission to the service. Their care plan clearly identified the person was at high risk of falls and the specific actions to be taken to mitigate the risk, which included the use of specific shoes when mobilising and staff to observe the person when using their Zimmer frame.

- On the day of the inspection, we observed staff supporting the person when using Zimmer frame and their observations being recorded. Records showed that the person's risk assessment was reviewed monthly and when the person sustained a fall the care plan and the risk assessment were reviewed. The incident and the revised care plan were communicated to the staff at a 'Flash meeting'. This showed people were kept as safe as possible, as the service learned lessons when things went wrong to minimise risk of re-occurrence.

Infection Control

- We were assured that the provider was using PPE effectively and safely. All the staff conformed to the guidance and meeting minutes reflected staff were reminded about correct usage of PPE on a daily basis. However, we noted at times where staff wore masks incorrectly or were not wearing gloves when providing food. We shared our concerns with the registered manager who said they would address this with individuals and continue to reiterate this at handovers and other meetings.

- 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 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 clinical lead told us how good infection control procedures had contributed to the prevention of pressure ulcers and skin infection. We saw evidence how nursing staff had helped heal a grade 4 ulcer completely with advice from a community tissue viability nurse.

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. 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 people's nutrition and hydration. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People and relatives had mixed views about the food. One person said, "It's adequate, not brilliant. I get enough and I get a choice." Another person said, "I don't rate it at all. I have told them often and to the chef. They try to accommodate me but it's not good. The quality is very poor." We spoke with the registered manager about these comments as they were not aware of any issue with the quality and choice of food. They told us they had planned to meet with the head chef and people using the service to address these concerns.
- People were supported to eat and drink. We observed people having lunch and saw people were offered choices. However, we raised concerns with the registered manager as we saw a person who required thickener in their drinks, received their drink first and then staff come to the table later and added the thickener. This was not best practice as there was a risk this person could drink liquids without thickener and potentially choke.

We found no evidence that people had been harmed however, the provider had not always met people's nutrition and hydration needs. This placed people at risk of harm. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We informed the registered manager about this. They told us they would ensure this would not occur again and were able to evidence staff had received training in nutrition and hydration. The provider also showed us audits and resident meeting minutes that highlighted people had positive dining experiences.

- We reviewed records of one person with particular nutritional needs. This person had a Malnutritional Universal Screening Tool [MUST] and had been referred to a Speech and Language Therapist (SALT) due to risk associated with choking. Records showed that the person had a choking risk assessment which included how the person should be supported with nutrition such as ensuring a soft food diet and that the person was in a upright position before and after eating their food.
- Observation of the meal time confirmed that the care plan for this person was being implemented. Mealtime observations of others showed people being supported with eating and drinking.

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. 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 care plans not being followed and lack of activities available to people. We will assess all of the key question at the next comprehensive inspection of the service.

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

- People told us there was a lack of activities. One person said, "It can be very boring here. Sundays and weekends are the worst. There is nothing to do. I sit in a chair on my own, in my room. There's no-one to talk to. It's miserable." Another person said, "We had a new activities person who was pretty good. They were good at involving everyone. They suddenly left so they need someone to take their place."
- We spoke with the registered manager about these comments and they told us they were in the process of "recruiting the right person for the role [of wellbeing coordinator responsible for activities] as this is pivotal in enhancing the quality of life for each resident." They stated as a short-term contingency measure another member of staff would support with activities. They also told us they had provided staff with links to websites which supported people's interests. The registered manager stated they felt there had been "huge transformations in occupational therapies in June and July [within the service]." Citing there had been improvements to people's access to activities during this time.
- We saw photographic evidence of people participating in activities during this time frame, such as Father's Day and birthday celebrations, flower arranging, arts and crafts and playing games, though we did not see participation in activities during the inspection.

We recommend the provider follow best practice guidance around supporting people to access activities.

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

- People had mixed views on whether their care was person centred. One person said, "I'm not asked what I want, everything is just done. I'm in bed and they help me every day." Another person said, "It feels set, I don't think I really have a say. I can suggest small day-to-day things like which way to support me when I need the toilet, but not much more."
- Although people had mixed views on their care, care plans were personalised and provided details for staff to support their need. One staff member told us, "There is a plan of care in their black folder in their room, it states how they get up in the morning. What they like to eat." People's likes, dislikes and life histories were also recorded so staff had the opportunity to find out about people and their interests.
- People's care plans detailed specific health needs and risks associated to them. For example, we looked at one care plan, which identified the risk anti-coagulant medicine could pose to that person and how staff should respond. Similarly, other care plans we looked at contained observation and recording charts for

people's various health checks such as weight, nutrition, hydration and bowel movements and also subsequent notes about contact with supporting health professionals. Care plans were reviewed regularly and/or updated when people's needs changed.

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 inadequate. 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 a specific concern we had about quality assurance. We will assess all of the key question at the next comprehensive inspection of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; continuous learning and improving care

- The service did not always have sufficient staff working to meet people's needs, as identified by their own dependency tool requirements. Following the inspection, the provider sent us different dependency tool figures which contradicted original figures provided to us, for required number of staffing hours per unit. However, people and staff both told us there were not enough staff working at times.
- The provider told us they took these issues seriously and was working with people to ensure they were happy with the care and support they received.
- The provider completed quality assurance checks and audits to monitor the safety and wellbeing of people using the service. These included systems and processes which reviewed, but were not limited to, infection control, medicines, care plans and overall quality assurance. Where systems and processes identified shortfalls, actions were completed to support improvement.
- For example, one such check was the registered manager's walkaround, which was completed on a near daily basis. Where the registered manager had found issue, an improvement action was outlined. This was then reviewed at the next walkaround. Similar instances where improvement followed action could be seen in audits completed by the provider. This meant people were receiving care that was under constant review for improvement. However, these quality assurance processes had not picked up people's concerns with staffing or food.
- The registered manager understood and acted on the duty of candour. When things went wrong, they sought to make people safe and then informed relatives, local authorities and notified CQC as appropriate.
- We reviewed numerous documents in this regard, including accidents and incidents, safeguarding and investigations relating to all these areas. We also observed staff at the service completing duties in compliance with the outcomes of local authority action plans and safeguarding protection plans. This meant they understood their regulatory responsibilities.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs How the regulation was not being met: The provider had not always met people's nutrition and hydration needs. This placed people at risk of harm. Regulation 14 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: The provider had not deployed sufficient number of suitably qualified, competent, skilled and experienced staff. Regulation 18 (1)