

Barchester Healthcare Homes Limited

Rothsay Grange

Inspection report

Weyhill Road
Weyhill
Andover
Hampshire
SP11 0PN

Tel: 01264772898

Website: www.barchester.com

Date of inspection visit:

31 March 2017

03 April 2017

Date of publication:

25 May 2017

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We previously inspected Rothsay Grange on the 18 and 19 July 2016. We had significant concerns about the quality of care people received. The provider was in breach of Regulation 18 Registration Regulations 2009: Notifications of other incidents, Regulation 11 of the HSCA: Consent, Regulation 16 of the HSCA: Receiving and acting on complaints, Regulation 17 of the HSCA: Good Governance, Regulation 19 of the HSCA: Fit and proper persons employed and Regulation 18 of the HSCA: Staffing. We also took enforcement action and issued a warning notice in relation to Regulation 12 of the HSCA: Safe care and treatment.

Staff were not always appropriately deployed, recruitment checks were not robust, arrangements for communicating risk were not effective, medicines were not managed safely, staff did not receive good support and supervision and good systems were not being applied to support people to make decisions. We also found care was not always personalised, end of life care was not effective and people were not supported to manage their pain. Safeguarding concerns were not always reported to the relevant professional organisations. Leadership was inconsistent and quality assurance systems were not effective.

Rothsay Grange provides accommodation and support for up to 60 people who may require nursing and dementia care. At the time of our inspection 35 people were living at the home. The home consisted of three floors. The middle floor, known as Memory Lane, cared for people living with dementia. The ground floor accommodated people with personal care needs. The top floor accommodated people requiring rehabilitation and respite care, some of whom had long term care needs.

At this inspection we found significant improvements had been made in many areas. The provider had met five of the six requirements we issued and had taken sufficient steps to meet the warning notice.

However the deployment of staff still requires improvement to ensure people's needs are met at all times and some relatives told us they were not always satisfied with how their complaints were dealt with. They told us they did not always receive updates when they requested feedback.

Robust recruitment procedures were in place and followed to assess the suitability of staff to work with people.

Good arrangements for the management of people's medicines were in place. The registered manager had good systems in place to identify any errors and appropriate action was taken when this happened.

Safeguarding concerns were reported appropriately to the local authority and CQC.

Communicating risk relating to particular conditions and behaviours was discussed through effective handover meetings and shared with relevant staff.

The provider had complied with the requirements of the Mental Capacity Act 2005.

Staff at all levels received appropriate support, supervision and competency assessments. Staff had completed training relevant to their role with input from external organisations where appropriate.

People who were at risk of dehydration or malnutrition were monitored effectively. Food and fluid intake records were reviewed daily by the nursing staff and management to check people's intake.

Guidance was in place to help people manage their pain. Records provided good detail for to use when assessing whether someone was in pain.

People who were at risk of skin damage were supported properly, in line with their care plan and investigations into why skin damage occurred were conducted.

Actions identified through internal quality assurance audits were followed up and closely monitored.

Leadership within the home was open, supportive and transparent.

Relatives, healthcare professionals and people consistently told us staff at all levels were caring.

Documentation detailed information about people's likes, dislikes, hobbies and interests. Records also provided detail about people's past including previous jobs, their religious views and different countries they visited.

People were supported with dignity and patience during meal times. Staff were accommodating, understanding and respectful when they helped people with their food and drinks.

We found one breaches 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 this 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?

The service was not always safe.

Staff were not appropriately deployed at all times to consistently meet people's needs.

Good arrangements were in place for the management of medicines.

Safe recruitment procedures were in place and followed.

Requires Improvement ●

Is the service effective?

The service was effective.

The provider had complied with the requirements of the Mental Capacity Act 2005.

Staff received effective support, supervision and appraisal.

People who were at risk of malnutrition or dehydration were supported appropriately.

Good ●

Is the service caring?

The service was caring. Relatives, healthcare professionals and people consistently told us people were treated with dignity and respect.

Staff demonstrated good values and interacted with people in a kind manner.

Good ●

Is the service responsive?

The service was not always responsive.

Complaints were not always monitored and feedback was not consistently provided when relatives had concerns.

People's end of life care needs were met and documentation provided useful and accurate guidance.

Requires Improvement ●

Good arrangements were in place to assess, monitor and treat people who were in pain.

Is the service well-led?

The service was not always well led.

The provider's quality assurance systems did not identify staff deployment issues.

The registered manger had provided good leadership and staff consistently told us they were able to raise positive and negative feedback which was taken seriously.

The provider had good arrangements in place to assess and monitor the quality of care provided.

Requires Improvement ●

Rothsay Grange

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 March and 3 April 2017 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, two regional directors, four nurses, nine care staff, seven relatives and three people. After the inspection visit we obtained feedback from four healthcare professionals and two relatives.

We pathway tracked six people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, six staff recruitment files and feedback questionnaires from relatives

We last inspected the home on 18 and 19 July 2016 where we identified six breaches of the Health and Social Care Act 2014 and issued a warning notice.

Is the service safe?

Our findings

Relatives and people told us improvements had been made but felt staffing was still an issue. One person said: "I have to wait sometimes because they are too busy". A relative said: "I have seen my mother having to wait on her care, there seem to be staff about but they are all in different bit of the home".

During our last inspection we identified staff were not appropriately deployed at all times. Healthcare professionals and relatives told us there not always sufficient nursing or care staff in place to consistently meet people's needs. The provider used a dependency tool to assess the number of suitably skilled and qualified staff required to keep people safe and meet their needs. At the time of our inspection there were 35 receiving care and support. The registered manager told us their dependency tool showed "At present we are using almost double the staffing hours required per day on each floor".

At this inspection we still found the deployment of staff was not always effective. At 11am we observed one person asking a member of staff if they were allowed to have a walk around the garden. The member of staff said: "We will take you out later in the garden; we have to get two more people up. I will get back to you in 20 minutes and take you". The person said: "I have heard all this before. It's just a walk, it's the simple things. I can't just keep walking up and down the corridor all day". We returned to speak with the person at 11:25am and found they had not been supported to have a walk the garden area. Another person told us they did not always receive assistance with personal care in the evenings. They said: "When I asked for help the other night to use my bed pan one of the girls said 'It's pad round so you'll have to wait'. There are only a couple of staff around some nights so I feel sorry for them. I try to hold on but sometimes I can't and it's embarrassing". When we entered the home the registered manager was out collecting medicines. We therefore asked who the most senior member of staff was and if there were any nurses we could speak with. The member of staff said: "We do have our own nursing staff but they are not in today". A regional director told us the home still had difficulties in respect of recruitment. They said: "The biggest challenge is staffing and getting nurses employed". To promote continuity of care and treatment the registered manager employed specific nursing staff who worked at the home regularly.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

During our last inspection we identified the provider did not follow robust recruitment practices. At this inspection we found improvements had been made. Safe recruitment processes were in place and were followed. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery

Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

During our last inspection we identified arrangements for assessing and communicating risk were not effective. At this inspection we found improvements had been made. Meetings between care staff, nursing staff and management took place on a daily basis where information about people's health and care needs were discussed. We sat in on one of these meetings and found it to be informative, well organised and focused on the risk and needs associated with people's care requirements. Staff were knowledgeable about the various treatments people required in relation to skin damage, nutrition and medicine. A member of staff said "These meeting are helpful because they allow us to ask questions to make sure we are doing everything we should be doing".

During our last inspection we identified medicines were not always ordered in a timely way. We also identified people's records did not provide useful information on how people should take their medicine and some people did not receive their medicine at the times they required it. At this inspection we found improvements had been made. The provider had effective systems in place for the ordering and storing of medicines. Controlled drugs (CD) including medicines that were required to be kept in the refrigerator were stored appropriately and correctly recorded and signed for. The temperatures of the room and the fridge were recorded daily to ensure medicines were not affected. Medication administration records (MAR) showed people received their medicine at the correct time. On member of staff said: "There is more time to get the medication right now because we have less people in the home"

Some people required medicine to manage their pain. The administration of pain relief patches was recorded on a body chart (transdermal patch placement chart). The charts indicated the part of the body the patch should be placed on. New patches were placed on a different part of the body. The site of application of a patch should be rotated with each application in accordance with the manufacturer's instructions. This varies from patch to patch. Some patches can cause a thinning of the skin and if routinely applied to the same area, the rate of absorption into the bloodstream can be higher, potentially leading to overdose. Staff administered these medicines in accordance with the manufacturer's instructions.

During our last inspection we identified staff did not always follow policies and procedures to protect people from avoidable harm. At this inspection we found improvements had been made. Safeguarding concerns related to skin damage, medicines and possible abuse had been appropriately investigated and referred to the relevant professional bodies such as the local authority and the Care Quality Commission.

Is the service effective?

Our findings

Healthcare professionals and staff told us people received effective care. One healthcare professional said: "There has been great improvement in how they have been working with us" A member of staff said: "I have had lots of training and good supervision with my manager".

During our last inspection we identified staff had not received the appropriate support, supervision and training. The provider's quality assurance audits recognised significant shortfalls in relation to staff competency checks and formal supervision meetings. At this inspection we found improvements had been made. Staff at all levels benefitted from regular support, supervision and training opportunities. Minutes demonstrated competency checks and supervisions were carried out robustly and professionally. Any performance deficits were identified and discussed, with targets set. Positive feedback was given, to confirm good practice. Staff told us they felt they were well supported by the registered manager. All new staff employed by the service had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw staff cared for people in a competent way and their actions and approach to their job demonstrated they had the knowledge and skills to undertake their role. One staff member said: "I know this place has struggled and it was hard when our name was all over the paper but we have been given a lot of training and support and I really feel we are going in the right direction". The registered manager had a training schedule and was aware of who needed additional learning and further development.

During our last inspection we identified staff had not always applied the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found improvements had been made. Progress had been made about the decisions to implement bed rails for some people who were unsafe whilst in bed. Some people who were living with dementia were unable to express their views effectively and may need support to make decisions. 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. The application procedures for care homes and hospitals are 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 were being met. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out with the support of relatives and healthcare professionals. DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. The registered manager told us 17 people living at Rothsay Grange were subject to DoLS whilst others had been referred to the local authority for assessment. Staff were knowledgeable about the requirements of the MCA and decisions made in people's best interest were consistently and appropriately assessed.

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. Nutritional risk assessments were carried out and where appropriate food and fluid intake was monitored and recorded. A member of staff told us a malnutrition universal screening tool (MUST) was used to identify people who may be underweight or at risk of malnutrition. Any risks identified such as weight loss were shared with relevant professionals such as their GP or a dietician. People were provided with choice about what they wanted to eat and people told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. The registered manager had conducted regular nutritional audits, resident meetings and clinical meetings to ensure people received food and drink that was safe for each person's individual circumstances. Quality assurance systems were in place and were effective in monitoring people's intake. Clinical supervisions and hydration teaching sessions had been completed and were ongoing.

Is the service caring?

Our findings

Relatives and healthcare professionals told us they felt staff cared for people. One relative said: "The staff here are good, I was very disappointed at the result of the last CQC report but I do feel the girls (Staff) put in 100%. They are kind and they do their best". A healthcare professional said: "I have never doubted the staff care, each time I visit they are welcoming and they seem to know about people's needs".

Feedback from relatives included, "We will never be able to thank you enough. It's very hard when a family member has to give up their home, but that transition is made much easier when the care they receive is good" and "There really are no words that will thank you all so much for the kind and loving care you gave my mother in her last years. She was very happy at Rothsay Grange". Another relative said: "We would like to thank (Staff) for her constant thoughtfulness and compassion towards mum in all of her stages" and "We know (Staff) would sit with mum and do her nails and more importantly keep her company" Another relative commented, "All calm, organised, room is tidy. Plenty of things left to occupy my mother. Staff relaxed and mother had a shower, all good".

To recognise dedication to their role and to celebrate success the provider had implemented an employee of the month award scheme. Pictures of staff who had received this recognition were placed in the communal area of the home. The registered manager was mindful about the importance of improving morale since the last inspection and said they hoped more frequent support and continuity had helped. An audit stated: "Employee of the month forms are in reception and are clearly visible for feedback and nomination, this is to be mentioned in the meet the manager for cake and coffee afternoons with residents".

Staff interacted with people in a positive and caring manner. For example, one person was distressed during lunch time. The member of staff was able to answer the person's questions in good detail and supported them to become calm. We observed another member of staff speaking with someone about their previous home, the member of staff was patient, reassuring and displayed good listening skills. They smiled and sat at eye level with the person. A relative said: I came in here last night and I saw someone was crying, the staff member asked the person what was wrong, held their hand and off they went to get a cup of tea and a biscuit. I seen them before I left that evening and she was fine".

Is the service responsive?

Our findings

Healthcare professionals and relatives felt improvements had taken place in relation to end of life care and pain management. One healthcare professional said: "We have been in a couple of times and it seems pretty good". A relative said "They can't do anymore than what they are doing, mum is pain free and comfortable".

During our previous inspection we identified complaints were not always acted upon. At this inspection we found some improvements had been made. Since our last inspection the registered manager had held meeting with relatives to discuss the issues raised in our report. Minutes from these meeting demonstrated they were well attended and gave relatives the opportunity to provide feedback and ask questions about the report. Records showed complaints were recorded and investigated. However two relatives we spoke with told us they had not received a satisfactory response despite raising concerns on several occasions. One relative said: "When I come here to take (Person) out they are never ready. I have raised it with staff before but it's not got much better". Another relative told us they had not received some information regarding an incident where someone had a fall. Upon receiving this feedback we asked the registered manager to investigate the concerns and to discuss the issues raised with the relatives. We later received an email from them telling us they had made contact with one relative and were investigating the concerns.

At this inspection we found significant improvements had been made. People who live with dementia can often find expressing pain difficult. The provider had followed National Institute of Clinical Excellence Guidance (NICE) and implemented the use of an "Abbey pain scale" to ensure people's pain was recognised and managed appropriately. Records contained useful detail to help staff identify when someone may be in pain and what course of action to take. A member of staff said: "This (Abbey pain scale) is used properly now". We engaged with one person who had a diagnosis of Acquired Brain Injury (ABI) following a CVA and cerebral aneurysm. The person was non-verbal but staff had told us they could communicate / respond to simple questions with facial expression and simple hand gestures. The person was able to tell us staff treated them well and they were happy living at Rothsay Grange. They were immobile and spent much of their time either in bed or in their wheelchair. They told us staff helped her with all aspects of personal care and eating and did it in a kind and sensitive manner. Following our conversation we reviewed their care plan and notes regarding how staff would be aware she was in pain. A member of staff told us: "We do use the abbey pain scale bit for (Person) we know from her facial expression if she is in pain for example, she will stare at you, her face will contort, she will wave her hands".

During our previous inspection we identified staff did not consistently respond to people's end of life needs. Documentation about people's wishes were not always recorded and repositioning information in some people's care plans were not always present. At this inspection we found improvements had been made. We spoke with a relative of one person who had been diagnosed with vascular dementia and Acute Limb Ischemia. (ALI). Acute limb ischemia occurs due to a sudden decrease in the blood flow to a limb, resulting in a potential threat to the viability of the extremity which was diagnosed in August 2016. The relative was told us the GP was involved in monitoring the person's care needs and supported any said they were involved in making best interest decisions about future care. The relative told us care and pain management measures were in place and said the intervention of the tissue viability nurses (TVN) and (Company) had ensured that

eight months on although very frail (Person) is still alive and relatively pain free. They told us they visited the home daily for four to six hours and told us that they had witnessed the care provided. For example, they said "(Person) is repositioned every three to four hours, Glide sheets are used and pain medication is administered before the leg dressing is changed. We checked the person's end of life care records and found they provided effective and accurate detail which promoted the person's dignity, communication methods and preferences. Another relative said: "We are fully informed on the (Person's) condition" and told us they read the care plan regularly. They told us from what they read and observed the notes accurately reflect the care given. The provider had received support and learning opportunities with a local hospice, reviewed medication procedures in respect of end of life care and implemented a risk based system to determine the final stages of someone's life and what is expected by staff.

Is the service well-led?

Our findings

One relative said: "Much improved since your previous inspection" and told us staff morale has been rejuvenated. They told us the registered manager was approachable, transparent and was "Imposing her work ethics in the home". They also commented, "Of late there is improved consistency with staff and management". A relative commented: "Thank you for all your hard work to make Rothsay a safe and happy home". A relative commented: "After all the recent bad press regarding the Rothsay Grange care home, I would like to express our recent experience. The care she (Mother) experienced was excellent, the staff were so attentive and nothing was too much trouble. Nurses and carers on duty were so kind" and "We as a family have only the highest regard for all the staff".

Further improvements were required with regards to deployment of staffing. Whilst the provider had used a dependency tool to assess staffing levels we found a breach of the legal requirements regarding staffing. We have therefore rated this key question as requires improvement. Other aspects of how well led the service was good. The provider had good quality assurance systems in place to drive improvement in areas of end of life care, tissue viability, complaints, care planning, training and supervision. The provider audits assessed the safety, effectiveness and the responsiveness of the home. They also checked whether the home provided compassionate care and good leadership. Actions from one audit found that a root cause analysis was to be completed for all home acquired pressure ulcers of Grade 3+ and findings should be shared with teams at clinical meetings. Clinical governance system should be updated within maximum 48 hours of any skin damage being identified ensuring where required statutory notifications are completed. The improvement plan also detailed how repositioning charts should be completed accurately and in a timely manner by all staff and to continue monitoring the records on a daily basis. Completed actions included the recruitment of a deputy manager and a clinical lead, moving and handling assessment were taking place to ensure correct equipment was in place and staff were up to date with training. The registered manager conducted an unannounced night visit at Rothsay Grange on 2 April 2017 to check the quality of care being provided as well as health and safety. The report detailed positive findings and stated: "Great team work from the night team".

Staff consistently told us they found the registered manager to be approachable, open and supportive. One member of staff told us they considered leaving the organisation after our last inspection. They said: "This place has always had its problems but I decided to stay because I believed in (Registered manager) and I know I have made the right decision. It's not perfect and there are still some problems but we are slowly getting there". Another member of staff told us the registered manager regularly walks around the home speaking to people, observing care and taking part in handover meetings with staff. A relative said: "It's become a bit of a joke with all the managers that have come through this door but I am delighted (Registered manager) has stayed in post. I know who I need to talk to now"

During and after the inspection visit the registered manager continued to share information with us and sent us various reports which showed Rothsay Grange had made improvements and was continually working to develop the service.

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 Staff were not appropriately deployed to meet people's needs at all times.
Treatment of disease, disorder or injury	