

Carecall Limited

Roman Wharf Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Roman Wharf Nursing Home is a residential care home that provides accommodation and personal care, including nursing for up to 50 people, some of whom were living with dementia. On the day of our visit there were 46 people living at the home.

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

Improvements were needed to ensure people received their medicines as required.

The way staff were deployed did not always ensure people's needs would be met or that people always received personalised care.

The arrangements for monitoring the safety of the environment and ensuring infection control practices were being maintained needed to be further strengthened.

Although staff were kind and caring this was based upon the approach of individual staff and not fully promoted by the culture of the organisation.

People felt safe and there were systems and processes in place to minimise the risk of abuse.

The registered provider and registered manager's oversight of the management of the home had not been effective in identifying where improvements were needed.

Safe staff recruitment practices were followed. Accidents and incidents were reviewed and analysed to try to prevent future incidents.

Staff received training and had the skills knowledge needed to perform their roles effectively.

People were enabled to have choice and control of their lives and staff supported people in the least restrictive way possible.

Rating at last inspection and update

The last rating for this service was good (published 29 November 2016).

Why we inspected

Since our previous rating was awarded the registered provider of the service has altered its legal entity but all of the facilities and arrangements for care remained the same as when we last inspected. We have therefore used the previous rating to inform our planning and decisions about the rating at this inspection. We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this report.

Enforcement

We identified breaches in relation to keeping people safe and good governance.

Follow up

Following our inspection visit the registered provider responded and sent us an initial action plan to address immediate concerns we identified. We will request a further formal action plan from the registered provider

to show how they will make changes to ensure they improve their rating to at least good.

We will work with the 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.

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Roman Wharf Nursing 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.

Inspection team

Two inspectors carried out this inspection.

Service and service type

The service 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

This inspection was unannounced on day one and we told the registered provider we would be visiting on day two.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about).

In addition, we considered our last Care Quality Commission (CQC) inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The registered provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, deputy manager, senior care workers, care workers, the cook and the registered providers nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with two service commissioners who visited the home on the second day of our inspection.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 good. At this inspection this key question has now deteriorated to requires improvement. 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. Regulatory requirements were not met.

Assessing risk, safety monitoring and management

- People's risk assessments and care plans designed to help guide staff in giving safe care did not give staff clear information to keep people safe. The information was sometimes contradictory; staff did not follow the care plans. For example, one person who had been assessed as at risk of choking and requiring staff to supervise them at all times, was observed to not be fully supervised during their meal.
- Two people needed access to regular supplies of oxygen to ensure their health was being maintained. Signage to inform staff of this need was not in place for one person. We raised this with the registered manager who took immediate action to ensure the signage was in place.
- We also noted people were at risk due to the lack of fire safety arrangements in place. For example, we observed one person who had chosen to smoke outside brought a lit cigarette into the homes communal lounge. We immediately raised this with staff and action was taken to ask the person to finish their cigarette outside. However, the person was then left without supervision, increasing the risk they may re-enter the home with the cigarette.
- Furthermore, we saw the person had a box of cigarettes in their room. Staff told us the person just needed to know their cigarettes were visible for assurance and so they did not get distressed. However, there was no risk assessment in place to support the rationale for the person needing to have access to the cigarettes in this way and how any subsequent risk were being managed.
- Risk assessments were in place to enable staff to know the support needs of people in the event of an emergency, such as a fire at the home. However, one care record we looked at did not state how many staff would be needed to support the person with safe evacuation from the home.
- People living with dementia were not always protected from leaving the home unsupervised. Fire doors were alarmed but we saw they could easily be opened. This increased the risk of people being able to leave the building unsupervised before staff could respond to the alarm.

Using medicines safely

- People received medicines from staff who had been trained in the safe handling of medicines. There were safe ordering and storage processes in place.
- However, shortfalls in these processes were not always identified in a timely manner and action put in place to mitigate risk of errors. We found there were discrepancies with the medicine stock count and actual medicines. For example, medicines were not booked in correctly and there was no carry forward which meant that the stock counts were incorrect.

Preventing and controlling infection

- People were at risk due to inappropriate infection control practices.
- During the inspection we observed staff followed IPC practices. However, we also observed the domestic staff were stretched as one of the staff was needed to cover the cook's role for both days we visited. This meant one domestic staff was working to cover the whole home.
- When we looked around the home we noted some food debris in people's rooms and on floors.
- Domestic staff fed back to us that on occasion they had found used pads in general waste bins and on the first day of our inspection, we found the bottom of a toilet brush holder was balanced on top of the waste bin in a communal toilet with coloured fluid in it. We raised the related risks with the deputy manager who took immediate action to remove it.
- Staff had access to personal protective equipment such as gloves and aprons to prevent cross infection.
- We discussed our concerns with the registered manager and registered provider during the inspection. They took immediate actions to follow up and ensure any immediate risks to people's safety were removed.

Learning lessons when things go wrong

- The registered manager failed to use systems they had in place to identify trends and potential risks from accidents, incidents and complaints. This meant they did not have information to share with staff to improve the service through learning from incidents.
- Following our inspection visit the registered provider took immediate action to produce an action plan detailing the actions they had taken and were taking in relation to the concerns we had identified in relation to people's safety and to strengthen their risk monitoring and review processes.

However, taken together, risk management arrangements were not robust enough to effectively manage risks related to people's health safety and welfare. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were systems in place to plan staffing levels according to individual's needs.
- However, people were at risk of not having their needs met because of the way staff were being deployed. One person told us, "There are too many people in bed who need help so it takes time to get anything here."
- Although staff responded quickly and positively when emergencies occurred we observed and some staff told us they were stretched when incidents happened. This meant other people were left for periods without the support or supervision they were assessed as needing.
- We raised this with the registered provider who told us they would undertake an immediate review of the way staff were being deployed.
- Recruitment systems continued to be effective and ensured only suitable care and nursing staff were employed to work at the home.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems in place to review incidents and accidents so that actions could be taken to minimise the risk of them happening again. However, these were not being used pro-actively to identify actual and potential risk, including those we had identified.
- Staff had received training and were supported to be able to identify safeguarding concerns. Staff were clear about how to escalate any issues they identified in regard to people's safety.
- We found that where safeguarding incidents had been referred to the local authority, the registered manager had provided information as requested.
- Information about safeguarding was displayed in the home and we saw this was, accessible to people, visitors and staff. □

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment was well decorated and people had been supported to furnish their rooms as they wished to. However, the communal environment had not been fully adapted to support everyone's needs.
- For example, A fire door leading into the homes main communal lounge opened outwards into the room, creating a risk people on the other side of the door might be injured.
- We saw one person was knocked off balance when a staff member opened the door. We raised this with the registered provider who told us they would undertake an immediate review of the arrangements in place for the door so anyone using it would be able to see who was on the other side before opening it.
- During both days of our inspection the doorbell at the entrance to the home was not working. Although there was signage on the door advising people to knock for assistance, we observed and were told by visitor's that this was frustrating.
- We discussed this with the registered manager and registered provider who showed us they were attempting to fix the bell. Following our inspection visits the registered provider confirmed the bell had been fully replaced and was now working.

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

- People had access to external health and social care professional support when it had been needed.
- However, we also noted there were insufficient records of base observations recorded for those people recently discharged from hospital back to the home who needed them. This meant assessments were not robust enough to ensure any advice from external healthcare professionals was followed up and consistently acted upon. The registered manager told us they would strengthen the arrangements in place for recording observations and any subsequent actions staff took.

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

- Most of the people we spoke with told us they liked the food and drinks they received. One person told us, "The meals are good and we have some choices." Another person said, "I like everything they [staff] make for us food and drinks wise."
- However, one person told us they preferred a particular cereal for breakfast but that they did not have access to it. We raised this with the registered manager who took action to ensure the cereal was added to the food order for the home.
- Catering staff were aware of people's dietary needs and preferences. The cook showed us they had access to information about the different consistency of foods some people required to minimise the risk of people

choking.

- The cook also described how staff regularly updated dietary information records to confirm people's changing needs and staff also spoke with people about the quality of meals on offer.
- Hot and cold drinks were readily available for people and we saw staff encouraged people to drink regularly.
- Staff recorded what people ate and drank so they could ensure they had enough food and fluids to maintain their health.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they had received an induction when they started to work at the home.

The registered manager and staff we spoke with told us induction training included the Care Certificate. This is a national set of common induction standards for social care staff.

- The registered provider had set out a programme of on-going training for staff to complete following their induction.
- Care and nursing staff had regular opportunities to discuss their work and development needs with senior staff and the registered manager.

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

- People's needs were assessed prior to them moving to the home and staff told us assessments helped to identify the skills they needed to care for each person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been assessed for their need for restrictions to their liberty. DoLS authorisations were in place for people who did not have the capacity to make a decision to live in the home. This ensured that their rights were protected. The registered manager was aware of conditions on those authorisations in place and how and when these would apply.
- Capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests.
- Records showed that staff had received training about the MCA and DoLS and they applied MCA principles when supporting people.
- We saw examples of people being supported to make decisions about what to eat or where to spend their time. Staff used ways of communicating people understood so wherever possible they could make an informed decision.
- When people could not make a decision, staff used their knowledge of the person to act in their best interests.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed some very caring and sensitive approaches were undertaken by some of the staff and some people we spoke with told us they were well supported and that their needs were met. One person told us "I'm certainly being looked after. Staff are making me stay in bed to rest."
- However, we also saw staff did not always notice when people needed additional assistance to promote their wellbeing.
- One person's teeth had not been cleaned for some time. Staff had indicated they had difficulty supporting the person in maintaining their oral health due to their behaviours. However, staff had not taken the time needed to consider and explore different ways of encouraging the person to accept the care they needed.
- During lunch we also observed some of the staff responses toward people were inconsistent and not always caring. For example, some staff spoke over people rather than with them and delayed responses for requests for help people made.
- We observed one staff member communicated with an unhappy facial expression when they were told a person was asking for them in their room. The staff member said, "I have only just been to [name of person]."
- During a musical activity in the afternoon of the first day of our inspection one person became anxious and started to bang their hand on a table because they didn't like the noise. Although staff members were in the room it took some time for them to intervene to reassure the person because they didn't notice they needed assistance.

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

- Care records did not always include evidence to show they had been consented to and who had been involved in the assessment undertaken before people moved into the home.
- We discussed this with the registered manager who told us they would strengthen their process for obtaining consent and ensure that if people were unable to consent they would show who had been involved the process, including any best interest decisions made on the person behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always respected. When we looked around the home we saw a number of the doors to people's private rooms did not have locks on them to enable people to lock them and have privacy if they chose to.
- We also observed one person entered a communal corridor wearing just their underwear. Staff were not immediately available to support the person to maintain their dignity. The deputy manager did respond and

sensitively helped the person back to their room but there was a period when the person was exposed to other people and visitors.

- People had been supported to maintain links with those people who were important to them.
- However, we found the involvement of relatives in creating and reviewing care records was inconsistent.
- If people needed any help in communicating their views, they could be supported to access information about lay advocacy services and how to contact these services if needed.
- Lay advocacy services are independent of the service and the local authority and can support people in their decision making and help to communicate their decisions and wishes. Information about these services was accessible to people and visitors in the home.
- Staff understood the importance of maintaining confidentiality regarding people's personal information. Care records were securely stored, and computers were password protected.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Each person who lived at the home had a care plan record. The plans in place set out people's needs and guided staff about how they should support those needs.
- However, some of the care information we looked at was incomplete.
- An example of this was a person who had recently moved into the home who had been identified as needing additional support to enable staff to understand what they were communicating. Information was available to guide staff but this was minimal and the rest of the assessment form had not been fully completed.
- Another example was where one person had slept in the clothes they had worn the previous day. Staff told us the person had chosen to do this. However, there was no information to confirm how the decision had been made and how any hygiene related risks would be managed.
- Although we saw evidence of regular care plan reviews, these did not always identify changes to people's support needs.
- Following our inspection visit the registered provider took immediate action to produce an action plan detailing the actions they had taken and were taking in relation to the concerns we had identified in relation to personalised care.

Improving care quality in response to complaints or concerns

People indicated through their preferred method of communication, that they would speak with the registered manager or staff if they had any concerns to raise or complaints to make.

- However, a number of relatives we spoke with told us they were not confident in approaching the registered provider and manager regarding any concerns they had as they felt they would not be listened to. We also found the involvement of relatives in creating and reviewing care records was inconsistent.
- Concerns about care provision were raised with us by a person's relative during the inspection. One person's care plan had been created through the involvement of a relative but had not included another relative who had additional information which was important for staff to be aware of in caring for the person. They told us they had raised their concern with the deputy manager and registered manager but was not confident of the responses they received. With their permission we discussed this with the registered manager who met with the relative and commenced using the registered providers formal complaints process. On the second day of our inspection the relative told us how they had re-written the care plan together with the registered manager and that the outcome of their discussions had been more positive. □ □

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

- The registered provider employed staff to support people to engage in meaningful activities each week day, including for those who lived with dementia.
- An activity co-ordinator told us how they planned activities with people and said that plans often changed when people decided they wanted to do other things.
- Activity plans were displayed in the home, so that everyone could see what would be taking place.
- Some people preferred not to join in group activities or were cared for in their bedroom, so activity co-ordinators made time to support them individually. Group activities included indoor games and events and outdoor community activities.
- We observed activities to be varied and that people who chose to join in with them enjoyed them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the form of photographs, pictures and signage was displayed around the home. This helped inform people and visitors about the services and activities provided at the home and identify the staff team.
- Staff used objects of reference and verbal and non-verbal communications to convey information to people who may, for example, have hearing difficulties or were not able to access written or pictorial information.
- We also saw there was a range of information about the home, which the registered manager confirmed could be provided in alternative formats if required. Other information, for example, about health issues and support agencies which were also accessible to people and visitors.

End of life care and support

- Registered nurses were trained to provide oversight and support for staff so they were clear about how they would provide support for people as they neared the end of their lives.
- People's end of life choices were recorded as part of their care plan information if they had chosen to share this information.

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. Regulatory requirements were not met.

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

- Some of the people and relatives we spoke with were positive about the leadership at the home. One person told us, "The managers are nice." A relative commented, "When I come I like to find out who's in charge when I come in and to be honest when I come in I always see people." However, other feedback we received from people and relatives related to the lack of management oversight and leadership at the home.
- A relative told us, "I think the management sit in their office a lot. No leadership at weekends. If I complain they are attentive for a couple of days but then it does drift back."
- The registered manager managed two homes which were owned by the registered provider and which were located near to each other. Support was provided by a deputy manager. However, the deputy manager was also the clinical staff team lead for one of the weekdays.
- There was no on-site registered manager or deputy manager cover at weekends. The nurses covering each zone provided leadership and managers were contacted by telephone if needed as 'on call.' We observed the arrangements in place were insufficient to give management oversight and leadership consistently at the home.
- For example, the kitchen notice board contained a message stating, 'six loaves of bread were not enough.' When we spoke with the kitchen staff they were unsure about the process of food ordering. They told us the deputy manager was responsible for this. The deputy manager indicated the kitchen staff should monitor food stocks and order the food required.
- The registered managers audit and quality and risk monitoring processes had not identified some of the issues we raised and discussed as part of this inspection.
- We also noted that process for undertaking staff checks were not always recorded, for example spot checks at night. There had also been concerns raised with the management team by some staff in relation to handovers and communication between shifts and also staff deployment as highlighted in the safe section of this report.
- A new handover system had been introduced during August 2019 but staff feedback indicated the trial system wasn't working. The registered provider confirmed a new electronic system was being introduced following staff training in September 2019.

Taken together we found this was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider understood their role in terms of regulatory requirements. For example, they notified CQC of events, such as safeguarding allegations and serious incidents as required by law.
- The registered provider held regular meetings together with the registered managers of the homes they owned. However, we noted there were no formal records relating to the meetings to show the issues discussed, timescales for any actions they had identified as needed as part of their audit work or meeting outcomes. When we raised this with them, the registered provider and manager told us all future meetings would be recorded and records maintained so that they could evidence the topics discussed, review the actions from each meeting and what had been achieved or needed further work.

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

- Although the registered manager and records did not always promote a person-centred culture at the home, the registered manager and registered provider were very open to feedback and proceeded to put an action plan in to address the concerns we raised with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held with people, their relatives and staff to gain feedback. The home also worked with key organisations to support care provision, for example local health and social professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12. (1) (b) (d) Everything reasonably practicable was not carried out to mitigate risk.

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	Regulation 17 HSCA RA Regulations 2014 Good governance. 17(2)(a)(b) Systems or processes to assess, monitor and improve the quality and safety of the service provided to people, as well as mitigating risks to people had not been implemented effectively.