

M & C Taylforth Properties Ltd

Rossendale Nursing Home

Inspection report

96 Woodlands Road
Ansdell
Lytham St Annes
Lancashire
FY8 1DA

Tel: 01253737740

Website: www.rossendalehome.co.uk

Date of inspection visit:
07 June 2018

Date of publication:
02 August 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit at Rossendale took place on 23 May 2018 and was unannounced.

Rossendale provides nursing care and support for a maximum of 27 older people who may be living with dementia. At the time of our inspection there were 25 people living at the home. Rossendale is situated in a residential area of Lytham St Annes close to local amenities and the promenade. There are four double rooms available for those who wish to share facilities, which include privacy screening. Communal areas consist of three lounges and a separate dining room.

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

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection of Rossendale on 18 and 19 January 2017, we rated the service as Requires Improvement. This was because the home was in the process of making ongoing improvements, which required time to embed, in service management, responsiveness, effective care delivery and people's safety. We additionally found a breach in legal requirements because the provider had failed to manage people's medicines with a consistently safe approach. The review, storage and auditing of medication was poor. We undertook a focused inspection on 13 September 2017 to follow-up on our findings and observed the registered manager had improved processes and procedures in relation to medication administration. They demonstrated they were meeting the requirements of the regulations.

During this inspection, we found the premises and environment were not always suitable for people who lived with dementia to best optimise their wellbeing. For example, there were no table items to promote a positive meal experience and environmental distraction and sensory equipment was limited. The management team assured us they were purchasing and replacing equipment to improve people's lives. We will review ongoing developments at our next inspection.

We have made a recommendation the provider seeks guidance about the provision of a dementia-friendly environment.

People we spoke with told us they received their medicines on time and as required. Care files we reviewed contained a medication care plan and risk assessment to guide staff about the individualised and safe approach to each person's administration.

We observed call bells were responded to in a timely way and people did not have to wait long for assistance. Those who lived at the home told us staffing levels had improved to better meet their requirements. The previous management team had not always confirmed staff were suitable and safe in their former employment. However, we noted the new registered manager was introducing a system to prevent this from happening again.

The local authority's safeguarding policy and procedures were on display in the lobby of Rossendale. This gave people who lived at the home, visitors and staff information about who to report concerns to.

The registered manager completed risk assessments to guide staff about the mitigation of risk to people who lived at Rossendale. We saw completed accident forms with clear documentation about any injuries and measures introduced to reduce their reoccurrence.

To enhance evidence-based practice, the management team provided staff with a training programme they were required to complete. One staff member commented, "Staff training and all policies are always available."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Records we reviewed included decision-specific agreement to different aspects of each person's support.

People told us they had sufficient meal portions and choice of meals. We noted where concerns arose, staff referred these to GPs and introduced special diets to manage weight loss.

Care planning followed a person-centred model and people confirmed they were involved in this process. We observed staff supported their human rights to good levels of family contact and supported them to meet their diverse needs. We found staff consistently engaged with people in a kind and supportive manner. One relative commented, "The staff really care."

Treatment plans were personalised to people's different strengths, needs and goals, which were aimed at promoting their independence. Those who lived at the home told us they felt staff were responsive to their expressed needs.

We reviewed the leadership of Rossendale and saw the registered manager was accessible and visible about the home. We found evidence where they acted to address identified issues from surveys, meetings and quality audit systems. A staff member said, "There has been a huge change in the last couple of years and that's down to [the registered manager] who has been a massive impact since she's come here. The culture and atmosphere is so much better."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

We found action had been taken to improve the safety of the home.

Nurses administered medication with a patient and safe approach.

We found adequate levels and skills mixes of staff were deployed at Rossendale.

Staff demonstrated good levels of awareness in the principles of protecting people from unsafe practices.

Care records included risk assessments to protect people from potential harm or poor care.

Is the service effective?

Requires Improvement 

The service was not always effective.

We found the premises and environment were not always suitable for people who lived with dementia to best optimise their wellbeing.

The service was effective in involving other healthcare professionals in the continuity of treatment.

Rossendale provided staff with training and supervision to support them in their roles.

We saw people were not deprived of their liberty throughout our inspection and staff assisted them to move about the home freely.

Staff assessed people against the risks of malnutrition and implemented care plans intended to mitigate risks.

Is the service caring?

Good 

The service was caring.

People were fully involved in developing their care plans.

The registered manager directly assessed staff understanding of how to meet people's diverse and cultural needs.

Staff showed a good awareness of the importance of treating people with respect and maintaining their dignity.

Is the service responsive?

Good ●

We found action had been taken to improve the responsiveness of the home.

The service assessed if they could meet people's requirements before admission to reduce the risk of failed placement.

Care planning focused on promoting each person's self-determination and independence.

Information was made available to people about how they could raise concerns and what to expect from the provider.

There was a programme of activities at Rossendale for people to enhance their social skills and participate in their hobbies.

Is the service well-led?

Good ●

We found action had been taken to improve the leadership of the home.

We found positive changes and good leadership since the new registered manager commenced in post.

The registered manager completed a range of quality audits to ensure a safe environment that maintained people's wellbeing.

The management team understood the importance of seeking everyone's views to improve the service.

Rossendale Nursing Home

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 was planned to check 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.

The inspection team consisted of two adult social care inspectors 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. The expert by experience for the inspection at Rossendale had experience of caring for people who lived in a care home setting.

Before our unannounced inspection, we checked the information we held about Rossendale. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Rossendale.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Additionally, we spoke with a range of individuals about this home. They included five people who lived at Rossendale, five relatives, five staff, the registered manager and the provider. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We examined care records of five people who lived at the home. This process is called pathway tracking and enables us to judge how well Rossendale understands and plans to meet people's care needs and manage any risks to people's health and wellbeing. We checked documents in relation to three staff members. We

also looked at records about staff recruitment, training and support. We further reviewed information related to the management and safety of Rossendale.

Is the service safe?

Our findings

People and relatives we spoke with told us Rossendale was a safe place to live and visit. One person said, "I do trust the girls." A relative added, "[My relative] is always safe." They also confirmed their medication was managed safely. A person who lived at the home commented, "I am very forgetful. I would never remember my pills, but the girls do."

We observed nurses administered medication with a patient and safe approach. They explained the purpose of each medicine and provided a drink. The nurse signed their medication chart afterwards to confirm they had taken their medication. People we spoke with told us they received their medicines on time and as required. Care files we reviewed contained a medication care plan and risk assessment to guide staff about the individualised approach to each person's administration. These provided information about their needs, support requirements and safe management of their medicines. We observed medication and associated records were stored securely to maintain people's safety and confidentiality.

The registered manager and nursing staff responsible for administering medication regularly completed a variety of audits to assess the safety of medicines procedures. These included spot checks, stock control and general review of related systems. We checked a sample of medication stock and found this was correct against quantities administered. Records we looked at evidenced staff had suitable training to ensure they were competent.

We found adequate levels and skills mixes of staff were deployed at Rossendale. This included ancillary staff, such as kitchen, administration and housekeeping personnel. This enabled care staff to solely focus on personal care and support. We observed call bells were responded to in a timely way and people did not have to wait long for assistance. Those who lived at the home confirmed staffing levels had improved to meet their requirements. Staff we spoke with commented staffing numbers were sufficient to ensure they could take their time when they supported people. One staff member said, "Yes, there's enough staff on, we have time to spend time with the residents, do their nails and chat."

Staff files we looked at held required documents, such as references and criminal record checks, before they commenced employment. The registered manager completed a risk assessment to maintain safe standards during the new employee's probationary period. They also checked each nurse's professional registration to ensure they were fit to practice. In the staff files we reviewed, there were inconsistent assessments of full employment history. The previous management team had not always confirmed staff were suitable and safe in their former employment. However, we noted the new registered manager was introducing a system to prevent this from happening again. They assured us they would review staff recruited since our last inspection.

The local authority's safeguarding policy and procedures were on display in the lobby of Rossendale. This gave people who lived at the home, visitors and staff information about who to report concerns to. The details also outlined how the management team intended to protect individuals from potential abuse. Staff demonstrated good levels of awareness in the principles of protecting people from unsafe practices. One

staff member said they would not hesitate to raise concerns and added, "If I don't feel it's properly dealt with I'd go straight to CQC and social services to whistleblow." To enhance good practice in the prevention of abuse, the registered manager regularly audited safeguarding events. This demonstrated they worked with the local authority to develop action plans from lessons learnt. This was good practice in evaluating and improving care delivery.

Care records included risk assessments to protect people from potential harm or poor care. These assessed, for instance, medication, choking, nutrition, continence, manual handling, fire and environmental safety, bedrails and falls. Staff recorded the level of risk and actions to maintain people's safety and welfare. We saw completed accident forms with clear documentation about any injuries and measures introduced to reduce their reoccurrence. The registered manager reviewed these and signed them off after the completion of any further action. Additionally, the registered manager undertook an analysis of falls to assess people's safety and service delivery. We saw this resulted in an increase in staffing levels to better mitigate environmental risk.

Environmental risk assessments in place at Rossendale were reinforced with regular health and safety checks. We noted the registered manager took action against identified concerns to ensure everyone's safety and wellbeing. For instance, when the call bell system failed they increased staffing levels and monitoring of people who lived at the home.

We found Rossendale had a clean environment and staff had infection control training to maintain good standards. The management team completed regular audits to ensure efficient procedures and provided sufficient personal protective equipment for staff, such as gloves and aprons. The home's fire, gas, electric and equipment safety certification were up-to-date to ensure a safe environment. We saw windows had restrictors to secure them in place and protect people against injury or harm from falling. The registered manager frequently audited them to check their continued efficiency. Hot running water at the home was delivered within safe temperatures.

Is the service effective?

Our findings

We found the premises and environment were not always suitable for people who lived with dementia to best optimise their wellbeing. For example, there were no dining cloths, condiments or other items placed on tables to promote a positive meal experience. Additionally, the availability of activities, environmental distraction and sensory equipment was limited. The registered manager told us equipment had been demolished by a person with behaviour that challenged the home. Whilst we recognised this issue, there is a duty to ensure people's welfare is constantly maintained through a suitable environment. The management team assured us they were in the process of purchasing and replacing equipment to improve the lives of those who lived with dementia. Will review the ongoing developments at our next inspection.

We recommend the provider seeks guidance from a reputable source in relation to good practices to maximise a dementia-friendly environment.

People and relatives we spoke with confirmed staff were effective in involving other healthcare professionals in the continuity of treatment. One relative said, "If [my relative] needs the doctor the manager calls them promptly." Another relative commented, "If the doctor needs to be called the staff will do this straight away."

The management team took a multidisciplinary approach to people's ongoing care and records contained contact details of those they engaged with. This included information related to, for example, GPs, community and hospital services, care co-ordinators and social workers. Staff completed records of appointments and visits and updated care plans to any changes in treatment. A relative said staff sought external professional help with a timely approach as part of their family member's holistic care. They told us, "The doctor and nurse came to see her."

We looked at evidence the registered manager was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes. This included, for example, National Institute for Clinical Excellence (NICE) guidelines on various topics and the British Institute of Learning Disabilities (BILD) guide to the MCA. To enhance evidence-based practice, the management team provided staff with a training programme they were required to complete. This covered, for example, infection control, medication, environmental and fire safety, person-centred care, movement and handling, safeguarding and nutrition. A person who lived at Rossendale told us staff were effective and well-trained in their roles. They added, "I love the girls here. They always help me." Staff told us they had regular supervision to support them in their roles, which they found helpful in their reflective practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in 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.

The registered manager identified people who benefited from a DoLS in order to safeguard them through effective mental capacity assessments. We found records and procedures followed the MCA Code of Practice, such as legal authorisation applications and best interest documentation. We saw people were not deprived of their liberty throughout our inspection and staff assisted them to move about the home freely.

We looked at how staff ensured people agreed to their care and evidenced their consent. Records we reviewed included decision-specific agreement to different aspects of each person's support. The registered manager further obtained additional consent when treatment had been updated. We observed staff explained tasks to people and checked their agreement before proceeding.

Staff assessed people against the risks of malnutrition and implemented care plans and monitoring systems intended to mitigate risks. Documentation included fluid and food charts, regular weight checks and screening assessments to review each person's health progress. We noted where concerns arose, staff referred these to GPs and introduced special diets to manage weight loss. We found the kitchen was clean and well maintained. The cook had appropriate, up-to-date records and systems to maintain good levels of food hygiene and safety.

People told us they had sufficient meal portions and choice of meals. One relative said, "The food my [relative] has is good." Another relative commented staff were good at supporting their family member to maintain their nutritional needs and ensure an adequate dietary intake. The cook stated they had a good budget to get people whatever they wanted. They added, "I check each day if they want what's on the menu or if they would prefer something else."

Is the service caring?

Our findings

Those who lived at the home told us staff were kind and caring. One person said, "They really care for me." Another individual stated, "The staff are lovely." A third person added, "The staff are very kind to me." A relative commented, "The staff are lovely girls."

When we discussed care planning with those who lived at Rossendale and their relatives, we found they felt fully involved in developing their support. One relative told us, "The staff are always there to listen and advise." Staff documented each person's agreed goals and actions to support them to retain their independence. Care planning followed a person-centred model and recorded consent evidenced people or their representatives were involved in decisions made.

The registered manager directly assessed staff understanding of how to meet people's diverse and cultural needs through annual staff surveys. The questionnaires checked staff training and awareness of human rights, choice and equality. One response we looked at held the comment, 'Treating people with humanity and empathy is part of a person's (staff member's) aura and personality.' Care records included details about the person's preferences and religious needs. We found staff supported people on a one-to-one basis to meet their spiritual requirements by assisting them to attend their church. A staff member told us, "Nobody is the same, so you can't treat them the same."

Additionally, the registered manager discussed people's wishes with regard to their important relationships. Care records included details about their family members and friends, as well as their social needs. The registered manager told us, "We really encourage relatives to be involved in our activities. It is a good way of helping them to continue their relationships." We observed staff supported people's human rights to good levels of family contact. For example, they welcomed relatives on arrival, provided refreshments and offered a private space for visits to take place. Family members were offered a meal if they chose to eat with their relative to maximise the social aspect of mealtimes. A relative commented on a satisfaction survey, 'Over the last years I have come to regard you all as our extended family. Your dedication means so much and gives comfort to those in your care and to their families too.'

Information about advocacy services was made available to people who lived at Rossendale. This enabled them to access this if they required support to have an independent voice. We found their personal information was held confidentially and securely to maintain their privacy. For example, medication charts were locked securely in the clinical room when not in use.

We observed staff consistently engaged with people in a kind and supportive manner. They made appropriate use of humour and interacted in ways that demonstrated they knew the person and what interested them. Those we spoke with confirmed staff were caring and approachable. One relative told us, "The girls do look after [my relative] well."

Staff showed a good awareness of the importance of treating people with respect and maintaining their dignity. For example, they knocked on people's doors before entering and engaged with them in ways that

valued each person as individuals. Those we spoke with commented staff protected their privacy and assisted them to develop their self-esteem. One relative said, "[My family member] is treated with dignity."

Is the service responsive?

Our findings

We discussed staff responsiveness and support with those who lived at Rossendale. A relative told us, "When [my relative] came here she had very swollen legs but it was dealt with straight away." Another relative said, "My [relative] has dementia and is not always easy. I think they manage him well."

The service supported people with complex needs and assessed if they could meet their requirements before admission to reduce the risk of a failed placement. When they came into Rossendale, staff updated this information and used it to develop care plans, risk assessments and other documentation. They reviewed a variety of areas of each person's required assistance, such as personal care, lifestyle and wellbeing, medication, capacity and nutrition. Care plans included information to guide staff about how best to respond to people's needs.

Care planning focused on promoting each person's self-determination and independence. We found documentation was personalised to their individual requirements and clearly evidenced a collaborative approach with people and their relatives. For example, records included an outline of their involvement in the review and update of care plans and any decisions made.

Rossendale also provided support for people with life-limiting illnesses. End of life care plans covered the person's expressed wishes, comfort and safety. To underpin their skills, staff received relevant training and demonstrated a good awareness of the sensitive approach to the whole family's support. Thank-you cards we looked at contained highly positive comments about end of life care provision at Rossendale. Responses seen included, 'Thanks for all the help and care you and your team gave to my [relative] in his final months.' Another relative wrote, 'The tender loving care you all gave [my relative], especially in his final days and hours and the support for me, will remain in my memory.'

We found care records contained a detailed outline to assist staff to understand each person and their backgrounds. For example, the registered manager checked and documented the person's life history and preferences to care and treatment. They recorded their choice with regard to, for instance, term of address, religion, sleep patterns, meals and activities. This meant staff had a greater awareness of each person and how best to support them. A relative said, "Staff seem to respond to [my family member's] needs."

We observed staff acted on people's requests and preferences quickly. For example, those who lived at the home could eat their meals where they chose. A person who lived at Rossendale asked for a cushion to make them more comfortable and staff brought one immediately.

Information was made available to people who lived at the home about how they could raise concerns and what to expect from the provider. It detailed other organisations to report complaints to, such as the Local Government Ombudsman. We reviewed one complaint the registered manager had resolved. Information included associated records and details of meetings held with relatives. The outcome demonstrated good practice because the family were satisfied with the management team's response and action taken.

There was a programme of activities at Rossendale for people to enhance their social skills and participate in their hobbies. A relative commented, "My relative enjoys the rabbit, chatting with everyone and loves the music activity events. It's lovely seeing her enjoying herself." A staff member said they supported one person who did not have any relatives or friends. They helped the individual to understand and use information technology, such as computer equipment and interaction with social media forums. The staff member added, "We asked her if she wanted a tablet (computer equipment), which she really wanted. It's the best thing that's happened for her, she loves it and constantly uses it. It has given her real meaning to her life." We also saw there was good provision of one-to-one support for activities at Rossendale. This was arranged by the home for two people who lived there. For instance, one person was supported to go out on a regular basis to church, the local shops and cowboy-themed nights out. This showed the registered manager arranged activities around individualised preferences and interests.

Is the service well-led?

Our findings

People and relatives told us they had experienced positive changes and good leadership since the new registered manager commenced in post. One person said, "The new manager is very good. I can always ask for help." A relative talked about how much the home management had improved. They added, "I have seen the good and the bad. I do trust the staff now." A third relative commented, "As a family member I'm very happy with the care service."

The registered manager completed a range of quality audits to ensure a safe environment that maintained people's wellbeing. These covered, for example, falls management, medication, infection control, safeguarding, fire and environmental safety, window restrictors, care planning and DoLS processes. We saw evidence where the management team took action to address identified issues. For example, the service's falls audit showed a need to improve staffing levels in order to maintain people's safety. The registered manager followed this up with additional personnel.

We saw evidence of the provider working with other organisations in the ongoing improvement of people's lives. They were keen to ensure this assisted the service to follow current practice, provide a quality service and maintain everyone's safety and welfare. For instance, they engaged closely with medical services, the local authority and care co-ordinators.

When we reviewed the leadership and organisation of Rossendale, we found the registered manager was accessible and visible about the home. Staff we spoke with commented the management team was very supportive and experienced. We found they had a good awareness of each person's needs and engaged with a kind and caring approach. A staff member said, "The management are very approachable." Another staff member added, "The manager always tries to help us."

The management team understood the importance of seeking relatives and people's views to improve the service. For example, they completed an annual satisfaction survey. These forms checked, for instance, care delivery, accessibility and approach of management, staff attitude and involvement in service development. We saw responses from the last survey were complementary about Rossendale. Comments seen included, 'The staff have fantastic care towards my [relative] and others' and, 'I am very pleased with the care and attention my [relative] receives.' Quality assurance was underpinned by regular 'resident' and relatives' meetings. We saw the management team acted to address any issues raised from these systems. For example, a relative acknowledged the general home improvements and how pleased they were with the 'better atmosphere.'

The registered manager sought feedback from staff through regular meetings and an annual survey. We saw positive responses from a sample of returned questionnaires, including suggestions for improvements. This demonstrated the management team was keen to listen to its workforce. One staff member commented about the positive impact the new registered manager had on service delivery. They added as a consequence, 'We are a close-knit team and management.' Staff consistently spoke about the strength of the workforce and how they worked closely as a team on a day-to-day basis. One staff member commented,

"Staff work as a strong team and have a good understanding of the service user's needs."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.