Roman Wharf Limited

Roman Wharf Nursing Home

Inspection report

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Lincoln
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28 March 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Roman Wharf Nursing Home on 28 March 2017. The inspection was unannounced.

Roman Wharf Nursing Home provides accommodation for up to 24 people who need personal or nursing care. There were 22 people living in the home at the time of our inspection, most of whom required nursing care.

The registered provider's area manager was acting as the home manager and had applied to be registered with the Care Quality Commission (CQC). Throughout this report we refer to this person as 'the manager'. A registered manager is a person who has registered with the CQC 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 comprehensive inspection on 26 and 28 November 2015 there were breaches of legal requirements related to staffing levels, the management of risk to people's health, safety and welfare, nutrition and hydration arrangements and the monitoring the quality of the services provided. At our focused inspection on 8 June 2016 we found that the registered provider had taken appropriate actions to ensure they met the legal requirements. At this inspection we found they had maintained the improvements they had made.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered
necessary to restrict their freedom in some way, usually to protect themselves.

In most cases the manager and staff were following the guidelines of the MCA and DoLS. However we noted that a small number of best interests decisions had not been recorded in the right way. In addition, we found that recent quality assurance checks had not identified these shortfalls. We also found that a small number of healthcare records were not up to date and again recent quality assurance checks had failed to identify this.

Other quality checks had been carried out regularly and had clearly recorded any shortfalls. They had also recorded the action taken to address any shortfalls identified.

Staff knew how to keep people safe. The registered provider had systems and policies in place to help people stay safe from the risk of abuse. Risk assessments were carried out and regularly reviewed in order to avoid preventable accidents.

Medicines were managed in a safe way. There were enough staff on duty to provide the assistance and care that people needed. Appropriate checks had been completed before new care staff had been appointed.

People were supported in the right way. They had enough to eat and drink and could access appropriate healthcare professionals when they had need. They had choice and control over the way they lived their lives and they were treated with respect and dignity.

People were encouraged to pursue their hobbies and interests and there were a range of social activities available for people. The manager agreed to act upon comments we received about access to the community and the amount of social activity available for people at busy times of the day.

People had opportunities to say how they would like the home to develop and were encouraged to say how they would like the home to be run.

People felt confident to raise any concerns they had and there was a system for resolving complaints in a timely and fair way. Staff were also supported to speak out if they had any concerns.

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

The service was safe.

The service was rated as 'requires improvement' at the last comprehensive
inspection. This was because there were breaches of legal requirements related to staffing levels and the management of risk to people's health, safety and welfare. At our focused inspection on 8 June 2016 we found that the registered provider had taken appropriate actions to ensure they met the legal requirements.

At this inspection we found they had maintained the improvements they had made.

Medicines were managed safely.

People were kept safe by staff who were trained to recognise and report situations in which people may be at risk of abuse.

Is the service effective?

Good

The service was effective.

The service was rated as 'requires improvement' at the last comprehensive
inspection. This was because there were breaches of legal requirements related to nutrition and hydration arrangements. At our focused inspection on 8 June 2016 we found that the registered provider had taken some action to ensure they met legal requirements. However further improvements were required.

At this inspection we found they had made further improvements to meet the legal requirements.

People were supported by staff who were trained to carry out their roles.

The registered provider acted in accordance with the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

People were supported to receive all of the healthcare they needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and encouraged to maintain relationships with family and friends.

People's privacy was maintained and they were supported in a positive way when they became anxious or distressed.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who understood how to promote equality and diversity and they had been consulted about their care.

People were supported to engage in hobbies and interests and a review of community access was to be undertaken.

There was a system in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service was rated as 'requires improvement' at the last comprehensive
inspection. This was because there were breaches of legal requirements related to the monitoring the quality of the services provided. At our focused inspection on 8 June 2016 we found that the registered provider had taken appropriate actions to ensure they met the legal requirements.

At this inspection we found that the quality assurance systems had not been consistently effective and improvements were required.

People were encouraged to be involved in how the home developed.

Leadership was provided to develop good team work practices and staff were encouraged to raise any concerns they had.

Notifications were submitted in line with legal requirements.

Roman Wharf 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 was 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 28 March 2017 and was unannounced. The inspection team consisted of one inspector and an inspection manager.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made our judgements in this report.

We looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with six people who lived in the home and two relatives who were visiting. We looked at seven people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

We spoke with the manager, the deputy manager, a registered nurse and two members of the care staff. We also spoke with the activity co-ordinator, the housekeeper and the cook. We looked at three staff personnel files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People told us they felt safe living in Roman Wharf Nursing Home. One person who told us that they felt safe living at the home said that they "don't worry about things. They're all [staff] very nice." Another person told us that they knew about and understood safeguarding and would be happy to raise any concerns about care. A relative told us that they felt their loved one was safe living at the home.

Staff we spoke with knew how to recognise and report any situations in which people may be at risk of abuse. They told us and records showed that they had received training about how to report and manage situations of this nature. They were also aware of how to contact external agencies such as the Care Quality Commission (CQC) and the local authority if any concerns remained unresolved. Our records and information received from other agencies showed that the manager and registered provider had responded appropriately when safety concerns had been raised.

Care files we looked at showed that a range of risk assessments had been carried out. These included assessments for issues such as skin integrity, choking and oral hygiene. There were also risk assessments and management plans in place to ensure people could be evacuated from the building in the case of an emergency such as a fire or flood. We saw that accidents and incidents had been reported in line with the registered provider's policy and actions had been taken to reduce the risk of them happening again.

The registered provider had a system in place to ensure that only suitable people were employed to work in the home. The system involved obtaining references from previous employers, checking prospective employee's identity and carrying out Disclosure and Barring Service checks. When all of the checks had been carried out prospective staff then attended an interview prior to the registered provider making a decision as to whether to employ them. Staff confirmed that they had been subject to this recruitment procedure before they had been offered employment.

Staff we spoke with told us that there were sufficient staff on duty to meet people's needs. They told us that agency staff were used to cover vacant shifts where necessary. Duty rotas confirmed that the number of staff the provider had assessed as being necessary on each shift were available during the two weeks prior to the inspection. Duty rotas also showed there was always a registered nurse on duty within the home.

There were mixed opinions about staffing levels when we spoke with people who lived at the home. One person who was cared for in bed told us that they didn't have to wait long if they rang their call bell. Another person told us that "Staff are always too busy when you need them." On the day of the inspection we saw that staff responded to people promptly and were available to provide support to people when they required it. We observed call bells were answered promptly and there was always a member of staff in the communal area to promptly respond to people's needs. The manager told us that there was an on-going recruitment process in place as there were current vacancies within the staff team.

People told us that they received their medicines as they wished and as were prescribed for them. We saw staff administered people's medicines at the time and in the way they were prescribed. Information was

available in care files about how people liked to take their medicines, for example, with certain drinks. We looked at six people's medicines charts which indicated that in the week preceding the inspection people had received all of the medicines that had been prescribed for them.

Suitable arrangements were in place for the ordering, storage and disposal of medicines. Where necessary, protocols were in place to ensure that people received medicines prescribed only when needed (known as prn) in a consistent manner. However, we noted that a protocol for one medicine was not in place for one person who had recently been admitted to the home. The deputy manager took immediate action to resolve the issue. Medicines that required special storage and recording arrangements (known as controlled medicines) were managed appropriately.

Good

Is the service effective?

Our findings

The people and relatives we spoke with told us that staff knew what they were doing and had their best interests at heart. One relative told us their loved one was "Safe and well looked after." A person living at the home said, "They know what they're doing, the boss sorted my GP out when I had a problem."

Records showed and staff told us that they received the training and guidance they needed to carry out their roles. We saw that the registered provider organised face to face and computer based training packages to deliver the required training. The manager told us that staff were also being supported to undertake training courses which would lead to nationally recognised qualifications in care. New staff were provided with induction training to ensure they had the skills necessary to care for people in the right way. When we spoke with staff they were able to describe the ways in which people were supported with their needs such as continence, moving and handling and pressure relief which were in line with good practice guidance.

Staff told us that they received regular guidance and support from senior staff, which included supervision and appraisal sessions. Care staff told us that nurses and managers were available on a daily basis to discuss any issues they had.

The registered provider, manager and staff followed the Mental Capacity Act 2005 (MCA) by supporting people to make their decisions wherever they were able to. People told us they had been consulted, that information had been explained to them and their informed consent had been sought.

A relative told us that where their loved one was unable to make decisions and consent to their care and treatment, the staff always asked for their views so decisions would be made in their best interests. However, in two people's care files we saw bed rails in place without a best interests assessment having been recorded. Another care file we looked at showed a best interests assessment had been carried out to support a person with their care but there was no indication that the views of people who knew the person well had been sought. The manager said that they would review and update all records relating to the implementation of the MCA. We saw that they had commenced this work during the inspection.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the manager had made the necessary applications for DoLS authorisations so that people who lived in the home only received lawful care.

People told us that they enjoyed their meals and had access to snacks and drinks when they wanted them. Records showed that there was a choice of dish at each meal time. One person said, "You've got a choice". Another person told us, "They know I can't eat spicy food. Yesterday I wanted chips and had them." We saw that there were plenty of drinks available when we walked around the home. One person told us, "I like milk; I can have a much as I want." We observed that there was information available within the kitchen area to show the types of diet and drinks people required and preferred. Kitchen staff told us that this information

was updated regularly by care staff.

Records showed that people had the opportunity to have their weight and dietary intake recorded regularly when this was necessary. In one person's care records we saw they had been supported to take meal supplements following weight loss and liaise with other health professionals. However, the records did not clearly show that continued weight loss had been explored further with health professionals. When we spoke with staff they told us that liaison with the person's GP was on-going but the person's records had not been updated. The manager took action during the inspection to update the records.

People and their relatives told us that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dieticians. Notwithstanding the example above and one other example of a chiropody appointment not being recorded in a timely manner, we saw other records clearly detailed the support people received from external health professionals. The deputy manager told us that they were currently in the process of working with GPs to review all of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents that were in place for people who required them.

Good

Is the service caring?

Our findings

People were positive about their relationships with staff and about the support they received. One person told us that they chose to live at the home because "It had the best atmosphere." They added, "The staff are great, you'd be pushed to find better staff."

People were supported to maintain relationships with their family members. One person told us that their relative visited every evening and "stops for a couple of hours". We spoke with a relative who told us how they were welcome to spend as much time at the home as they wished with their loved one. They told us they were able to share mealtimes with their family member and said they had "a full roast meal on Sunday."

We saw that people's bedrooms were personalised with many personal objects and pictures that were special to them. People told us they were comfortable in their bedrooms and could use the space in the ways they wished to.

People were able to maintain their privacy and we saw care staff promoted this for people who were not able to do so for themselves. There were locks on bedroom and communal bathroom and toilet doors and we saw staff encouraged people to use them. One person described how their privacy and dignity was respected by telling us, "They ask if they can come in, if they can sit down, if they can wash their hands."

We observed staff promoting people's dignity throughout the inspection. Examples of this were staff ensuring people had their clothing adjusted appropriately, ensuring tissues were readily available for people to clean themselves and that private spaces were used for personal care tasks. Records showed that assessments had been carried out to ensure people's personal wishes for their privacy and dignity were recorded and adhered to.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

We observed staff engaging with people in a positive way when they became distressed or upset. One example we saw was a person who had become anxious because they did not know which way they wanted to go when walking around. Staff gently reassured the person and walked with them until they found an area of the home the person felt comfortable in. Another example was when a person was attempting to use a tissue. A staff member recognised that the person often became distressed if they found the task difficult and offered gentle support to avoid any distress occurring.

The manager told us that no-one living in the home currently used the support offered by advocacy services. However, they showed us the arrangements that were in place to direct people to this type of service and told us how advocacy services had been effectively used in the past.

Good

Is the service responsive?

Our findings

People and their relatives had been consulted about the care they needed and wanted to receive. This had been recorded in care plans which were regularly reviewed to make sure that they reflected people's changing wishes and needs. Care records showed that people were receiving the assistance they needed as described in their individual care plan for requirements such as washing, dressing, toilet needs and pressure area care.

The manager had ensured that staff understood how to promote equality and diversity for people who lived in the home. We saw examples of this when we looked at the arrangements in place to support people at the end of their lives. People's wishes had been recorded in their care plans about how they wished to be treated at this time and, for example, their wishes for their funeral. The manager also told showed the arrangements that were in place to support a person who may come to the home who had English and their second language. Translation service information was available to support these arrangements

Staff supported people in a person-centred way and helped to promote their independence. One person told us that staff had encouraged them to do things for themselves. They said that they had got better since arriving at the home as when they arrived they had not been able to do much for themselves at all. Another person told us how they were encouraged to clean their own bedroom and said, "I like to keep on top of the cleaning myself."

Most people told us that there were enough activities provided for them which they enjoyed. One person said they particularly liked playing bowls. Another person said they liked regular 'sing a long' sessions. Another person told us that they chose not to take part in activities with other residents as they preferred to occupy themselves with their computer. However, they said that they enjoyed gardening and we saw how the maintenance person had designed them an indoor garden complete with a miniature shed that would enable them to pursue their interest regardless of the season and from the comfort of their wheelchair.

We noted on the day of the inspection that the activity co-ordinator was required to undertake kitchen duties due to short notice staff absence. However, other care team members provided afternoon activities for people. We saw people were encouraged to join in with reading newspapers and use puzzles and games.

One person expressed their frustration that they were not able to access the community as they had done before moving into the home. They told us they had enjoyed shopping for their own toiletries but felt that there were not enough staff to support them to do this now. We spoke with the manager about this and they agreed to review these arrangements with the person. A relative we spoke with felt that staff were busy so there wasn't much social activity available. Again we fed this back to the manager who agreed to liaise with the activity co-ordinator.

Systems were in place to ensure that concerns and complaints were managed in a timely and fair manner. One person said that they "had not had any trouble" and felt that they could raise concerns if they needed to. Their relative also said they felt comfortable to raise any concerns should the needs arise. Another

relative told us that they had raised a few concerns very recently and they were satisfied that they had all been resolved. Records showed that when complaints had been received they had been managed in line with the registered provider's policy.

Requires Improvement

Is the service well-led?

Our findings

Records showed that the registered provider and the manager had systems in place to regularly check the quality of care people received. These checks included making sure people received their medicines in accordance with doctors' instructions, the home environment and equipment used was clean and in good working order and people's records were kept up to date. Where shortfalls were identified we saw that action had been taken to rectify the issues. However, recent checks had failed to identify shortfalls in the completion of people's care records which we identified earlier in this report. For example, some best interest decision making records were not accurate and some healthcare records were not up to date.

The manager of the home had not yet been registered with the Care Quality Commission (CQC). However, they had made their application and it was currently being processed. People told us that they knew who the manager was and felt able to discuss any issues they had with her. Although the manager covered other homes owned by the registered provider, staff felt that she was always there if there was a problem. One member of staff said, "We see the manager around the home most days; we can talk to her."

People who lived in the home, and their relatives, told us they thought that the service was well run. One person said, "She [the manager] keeps them in line." A relative said, "[My loved one] is happy here, things have improved with the new manager and deputy."

Notifications are events which have happened in the home that the registered provider is required to tell us about. Our records showed that the registered provider and the manager had informed us of relevant events such as people being admitted to hospital, accidents and if the home fell below their assessed staffing levels.

Staff were provided with the leadership they needed to develop good team working practices. Staff told us there were good levels of communication within the home. Staff had time at the beginning and end of each shift to communicate changes in people's needs and there was a communication book to record any information staff may need to know when they came on duty. At the beginning of their working day we saw the manager and the deputy manager had taken a tour of the building to carry out general checks with people who lived there, staff members and to identify any daily improvements that needed to be addressed.

Staff told us they would be confident to speak with the manager if they had any concerns such as poor care practices. We saw that the registered provider had a policy in place to manage situations of this type and staff were aware of the policy.

Documents showed that people had been regularly invited to attend residents' and relatives' meetings at which staff had supported them to suggest improvements to their home. We noted a number of examples of suggested improvements being put into effect. These included a new process for personal laundry collection and changes to the placement of the smoking area.

We also saw that the registered provider and the manager encouraged people to be involved in the running

of the home. An example of this was one person who told us that they had had the opportunity to be involved in interviewing for staff. They said, "The carers or nurses will look after me so I should have a say."