

M & C Taylforth Properties Ltd

Rossendale Nursing Home

Inspection report

96 Woodlands Road
Ansdell
Lytham St Annes
Lancashire
FY8 1DA

Tel: 01253737740

Website: www.rossendale-nursing.co.uk

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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

Rossendale Nursing Home provides personal and nursing care to 27 people aged 65 and over at the time of our inspection. The service can support up to 29 people. Rossendale Nursing Home provides single accommodation as well as four double rooms for those who wish to share facilities, which include privacy screening. Communal areas consist of three lounges and a separate dining room. Rossendale Nursing Home will be referred to as Rossendale within this report.

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

The management team did not have robust systems to assess people's safety and mitigate risks. They could not be assured control measures effectively reduced risks or if there were any lessons to learn from incidents to maximise care delivery. This did not optimise service scrutiny to address potential and identified issues, particularly because there were gaps in records. Staff were able to describe good practice in preventing abuse and harm and people said they felt safe at the home.

The management team recorded limited information about people's preferences and how staff should assist them to meet their needs. They did not always document clear strategies to manage each person's support or evidence they assessed if models of care worked.

The management team did not evidence they assessed the effectiveness of people's care and whether treatment outcomes were responsive to their changing needs. Their oversight systems did not always ensure the safe management of Rossendale. They could not be assured their actions were effective or if there were any lessons to learn to improve the service.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. The registered manager failed to develop care plans to guide staff to support people with behaviours that challenged the service in the least restrictive approach. They failed to document treatment outcomes and the impact these had on the individual's care and wellbeing.

The registered manager did not always organise people's medicines in ways that prevented the risk of errors. During the medication round, we saw the nurse was frequently interrupted, which increased the risk of mistakes. People said they received their medication when prescribed.

We have made a recommendation about medication systems.

The registered manager did not always effectively deploy staff to ensure people were monitored and safe. Those we spoke with confirmed staffing levels were sufficient to meet their needs. A relative commented, "There seems to be ample amounts of staff on duty." Staff said they had good levels of training to enable

them to be confident in the delivery of care.

We have made a recommendation about staff deployment.

The registered manager mitigated the risks to people associated with malnutrition. People confirmed they enjoyed their meals. One person stated, "Great meals and we have a good choice."

People said they felt staff and the management team were kind, caring and supported them well at Rossendale. A nurse told us, "If residents have their care and are happy, then I'm happy."

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

Rating at last inspection

The last rating for this service was good (published 01 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the safe management, care planning and oversight of behaviours that challenge the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

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

The provider responded immediately during and after the inspection to effectively mitigate the risks.

Enforcement

We have identified breaches in relation to good governance at this inspection. The registered manager failed to maintain good records of care planning, monitoring and evaluation; risk assessment and management; and service oversight.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Rossendale 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

This inspection was carried out by three inspectors.

Service and service type

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, 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This included the details of their concern about people's safety whilst living at Rossendale. The 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.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke about Rossendale with the registered manager and seven staff. We further discussed care with two people and a relative. Not all of those who lived at the home were able to communicate with us. Therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We walked around the building to carry out a visual check. We did this to ensure Rossendale was clean, hygienic and a safe place for people to live.

We looked at records related to the management of the service. We did this to ensure the provider had oversight of the home, could respond to any concerns highlighted and led Rossendale in ongoing improvements. We checked care records of six people and looked at staffing levels, recruitment procedures and training provision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, maintenance 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The management team did not have robust systems to assess people's safety and gain insight into and mitigate potential risks. They did not always include information in risk assessments to guide staff in maintaining each person's safety and there were gaps in documentation. For instance, senior staff recorded hazard levels, but did not then provide details about how staff should manage and reduce risks.
- Staff clearly documented accidents and incidents that affected people's safety. However, the management team did not complete oversight of events to check for patterns and themes. They could not be assured control measures effectively reduced risks or if there were any lessons to learn from to maximise care delivery.
- The registered manager maintained two separate systems to monitor environmental safety. This did not optimise service scrutiny to address potential and identified issues, particularly because there were gaps in records. The registered manager did not always report incidents of abuse and aggressive behaviour to CQC and the local authority.

We found no evidence people had been harmed. However, the registered manager failed to have robust systems to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team responded immediately during and after the inspection. They had redeveloped care plans and risk assessments associated with people who displayed behaviours that placed others at risk. The registered manager had implemented a new protocol to enhance staff understanding of managing incidents. Additionally, they retrospectively completed statutory notifications to CQC and demonstrated an improved understanding of their reporting responsibility.

- People and relatives told us they felt safe at Rossendale. One person said, "There's plenty of staff around, so I do feel safe." A relative added, "I go home relaxed about [my relative's] safety because the staff know what they are doing."

Using medicines safely

- The registered manager did not always store and organise people's medicines in ways that prevented the risk of errors. During the medication round, we saw the nurse's focus was disrupted by answering the telephone and supporting a person to mobilise. These interruptions affected the staff member's concentration and increased the potential risk of mistakes.

We recommend the provider seeks guidance from a reputable source in relation to safe and focused medication administration and storage to reduce the risk of errors.

- The registered manager provided staff training to strengthen their skills and audited related procedures to ensure people continued to receive their medicines safely. Staff signed records afterwards to demonstrate people received their medication when prescribed. A relative confirmed, "Yes, [my relative] gets his medication straight away so that he is never suffering."

Staffing and recruitment

- The registered manager did not always effectively deploy staff to ensure people were monitored and safe. They told us staff continuously attended all communal areas to check everyone's needs were met. During breakfast, we observed this was not always evident, which did not optimise the prevention and management of potential incidents and accidents.

We recommend the provider seeks guidance from a reputable source about effective staff deployment to safely meet and monitor people's requirements.

- People stated staffing levels were sufficient to meet their needs. A relative commented, "I'm here sometimes twice a day and I always see the carers sitting down with people, just taking their time chatting and reassuring them." Staff told us they had time to support people safely. One employee said, "There's enough staff. We're not pressured if we spend time with people chatting."
- The registered manager had the same safe recruitment procedures as at our last inspection. This meant people were protected against the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- The registered manager provided staff with safeguarding training to guide them to protect people from abuse or harm. Staff were able to describe good practice in preventing unsafe care, including the various agencies to report concerns. One staff member explained, "If I saw abuse I would stay with the person and ring the local authority safeguarding team."

Preventing and controlling infection

- The registered manager ensured staff had enough personal protective equipment to reduce the risk of cross-infection and contamination. This included access to and the use of disposable gloves and aprons, as well as hand sanitising gel. The registered manager regularly audited the quality of cleanliness at Rossendale and ensured staff had related training to underpin their skills.

Is the service effective?

Our findings

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

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

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

- The management team did not record information to enable staff to understand how to support people with an authorised DoLS. Associated care plans did not reflect agreed deprivations or actions to assist the person with the least restrictive approach. There was no measure of the benefits and burdens of treatment to ensure this was effective.
- The registered manager did not develop effective care plans to guide staff to support people with behaviours that challenged the service. There was no information about potential triggers or de-escalation and distraction techniques. Staff recorded multiple incidents of aggression on one person's charts. However, the management team did not document treatment outcomes and the impact these had on the individual's care and wellbeing.
- Staff understood the importance of monitoring each person's progress as part of their continuity of care. However, the registered manager did not assess whether support continued to meet people's needs.

We found no evidence people had been restrained or harmed. However, records did not guide staff about the least restrictive approach and the management team did not have documented oversight of treatment outcomes. This placed people at risk of ineffective care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They had redeveloped care plans linked to the person's behaviours that challenged the service. This included other healthcare professionals

involved, triggers that could increase agitation and comprehensive methods of de-escalation.

- People and relatives stated staff were experienced and skilled at assisting people with behaviours that challenged the service. One relative said, "They know how to support people who become agitated." Additionally, care records contained people or their representative's consent to their care. One person told us, "We went through my care plan and signed to agree."
- Staff understood their role to protect people from the deprivation of their liberty. A staff member explained, "You've always got to think about using the least restrictive practice. You don't want to do something wrong or anything that will upset the residents even more."

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

At our last inspection we recommended the provider seeks guidance from a reputable source about good practices to maximise a dementia-friendly environment. The provider had made improvements.

- The registered manager had begun to implement ways to improve the lives of people who lived with dementia. For instance, they enhanced each person's dining experience by providing table cloths and condiments. People and their relatives stated the increased provision of activities had improved their wellbeing. A relative commented, "The activities are much better now. There's all sorts going on and they take the residents out."
- Not all areas of the décor at Rossendale had been updated and environmental distraction and sensory equipment was limited. However, the registered manager assured us they had an ongoing action plan and we will review this at our next inspection.

Staff support: induction, training, skills and experience

- The registered manager provided a range of training sessions to underpin staff skills in the delivery of care. This included fire and environmental safety, wound care, movement and handling, basic life support and person-centred care. People and their relatives told us they found staff were skilled and knowledgeable. A relative said, "The staff are really experienced."
- Staff confirmed they had training to assist them in their roles. One employee stated, "We get good training." The registered manager strengthened staff learning through supervision, which reviewed the employee's progress and any identified training needs. Another staff member explained, "We get good support from [the registered manager] and have regular supervision."

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

- The registered manager mitigated the risks to people associated with malnutrition. Staff completed risk assessments and monitoring charts to assess each person's requirements. They had training to enhance their skills in safe food handling.
- People and relatives confirmed meals were of a good standard and they had a variety of options to choose from. A relative commented, "It's good food. My [relative] has put weight on because the staff have been really encouraging and he enjoys what they make for him."

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

- The management team worked in a multidisciplinary approach with healthcare professionals as part of people's ongoing support. This included social workers, GPs and mental health teams. Staff recorded changes in treatment in people's care records.
- Relatives confirmed staff made timely referrals to appropriate health and social care agencies to maintain

people's continuity of care. They said nurses kept them informed of any changes.

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.

Respecting and promoting people's privacy, dignity and independence

- The registered manager did not develop records for all care plan areas to guide staff about meeting people's needs. There were gaps in documentation and not all support mechanisms detailed how each person should be specifically supported to optimise their independence. For instance, the management team recorded limited information about people's preferences and how staff should assist them to retain their dignity.
- Staff were respectful of people's privacy, such as knocking on their doors before entering. A relative told us, "Here they really do get how to care for people in a kind and dignified way." Staff assisted people in communal areas with a caring and dignified approach.

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

- Staff did not receive formal equality and diversity training to strengthen their understanding of people's cultural differences and protecting their human rights. However, their approach was person-centred and they respected people as individuals. A relative told us, "They treat my [relative] as a person on their level. They recognise his needs are different to other residents."
- People said they felt staff and the management team were kind, caring and supported them well at Rossendale. One person stated, "All the carers are lovely and always around if needed." Relatives commented they were consistently made to feel welcomed when visiting.

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

- People and their relatives confirmed they were involved in care planning and assisted to make decisions about their support. A relative explained, "[The registered manager] talked to me about what [my relative] is like and how to look after him. It helps the staff to get to know [my relative] better."

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 ensure people have choice and control and to meet their needs and preferences

- The management team did not evidence they had reviewed the responsiveness of treatment or assessed if outcomes had a positive impact. For example, staff recorded multiple incidents of aggression between people or against employees of Rossendale. The registered manager did not always document clear strategies to manage this. They did not have any data to show how they assessed if models of care worked.
- There were gaps in records and conflicting information that did not ensure staff were guided to people's requirements. For instance, the management team created two medication care plans for one person on the same date. They recorded in one document the individual was compliant with medication administration, but the second plan informed staff they were non-compliant.

We found no evidence staff had been unresponsive to people's needs. However, the registered manager did not have complete, consistent and comprehensive records to guide staff about each person's support. There was no documentary evidence to demonstrate they assessed treatment was responsive to people's changing requirements. This placed people at risk of care that was not planned sufficiently or properly overseen. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They had commenced a review and overhaul of each person's care plan, which they planned to complete by the end of August 2019.

- Staff demonstrated a good awareness about documenting changes in people's health and completing relevant charts. A staff member explained, "Yes, we are constantly being told about the importance of recording everything, so any concerns or incidents I log and tell the nurse."
- People and their relatives told us staff were responsive and caring when they supported those who displayed behaviours that challenged the home. A relative said, "It's a calm, relaxed atmosphere. There's lots going on, but the staff manage it with patience and a calm manner."
- The registered manager provided activities to suit people's different needs and improve their social wellbeing. This included music and dance, skittles, crafts, games and exercise. Additionally, the management team implemented an activity session from 9pm-10pm for people who tended to be more active in the evenings. One person stated, "The activities are great."

End of life care and support

- The registered manager provided end of life training to enhance staff skills and knowledge when supporting people with life-limiting illnesses. They planned care with the person and their family at the heart

of their support. For instance, the management team discussed people's preferred place of stay, pain management and nutritional requirements. They involved other healthcare professionals, such as their GP, to ensure a multi-disciplinary approach to treatment.

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.

- The registered manager checked people's communication needs to support those with a disability, impairment or sensory loss. For example, pictorial signs were placed on the doors of communal and bathing facilities to identify their purpose. Staff also displayed a clock and date in large print for people with sensory impairment.

Improving care quality in response to complaints or concerns

- The registered manager made available their complaints procedure to people and their relatives to inform them how complaints would be managed. A relative told us, "I have been told how to make a complaint, but everything is good here." The registered manager had not received any complaints over the last 12 months.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team did not evidence they assessed the effectiveness of people's care and whether treatment outcomes were responsive to their changing needs. Care records contained conflicting and missing information that lacked detail to guide staff about meeting people's needs. There was no follow-up review to show whether treatment was safe and successful.
- The provider's oversight systems did not always ensure the safe, effective and responsive management of Rossendale. Audits and service checks were disorganised and not readily to hand for the registered manager's scrutiny of care delivery. For example, there were two different systems for monitoring accidents and incidents, which did not enable a clear, focused approach to reducing risk. The provider could not be assured their actions were effective or if there were any lessons to learn to improve the service.

We found no evidence people had been harmed. However, systems were either not in place or robust enough to demonstrate a safe, effective and well-organised service. This placed people at risk of care that was not always well-led. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They were redeveloping care records and implemented a protocol to improve the management of incidents. Furthermore, they were setting up a new file to enhance quality assurance monitoring. The provider was also the registered manager and since our inspection they had decided to recruit a new manager to register with CQC. This would enable the provider to better focus on service oversight.

- Staff had a good awareness of their roles and responsibilities. They said the management team was visible about the home and assisted them in the delivery of care. An employee told us, "We get good support from [the registered manager], she is easy to approach." A person added, "The manager is always around."

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;

- The registered manager instilled an open working culture in its workforce. They encouraged staff, people and visitors to raise concerns and make suggestions about service improvements. A staff member

commented, "We can voice our opinions and have staff meetings to sort out any issues quickly." Everyone we spoke with confirmed there was good communication at the home and a desire to address identified issues.

Working in partnership with others

- The management team worked with other services to improve the quality of people's lives. For example, they engaged with mental health services in the assessment and review of treatment plans for those who lived with dementia.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us Rossendale was well-led and the management team was keen to improve care delivery. A relative stated, "Yes [the registered manager] is a good manager. Even though she is the owner, she cares and isn't in it just for the money."
- The management team sought staff and people's views about quality assurance and their experiences of living and working at the home. We sampled recent surveys and noted responses were positive about care delivery and work satisfaction. Comments seen included, 'I feel I am looked after working here. The team are well led' and, 'Very happy with the home. Staff are friendly, helpful, trained. Management keep me informed and involved.'

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance
Treatment of disease, disorder or injury	The provider failed to maintain good records of care planning, monitoring and evaluation; risk assessment and management; and service oversight. People were not protected against the risks associated with poor governance.
	Regulation 17 1, 2 (a, b, c, d [ii], f).