

East And West Healthcare Limited

Roche Abbey Care Home

Inspection report

Millard Lane
Maltby
Rotherham
South Yorkshire
S66 7LZ

Date of inspection visit:
07 January 2021
15 January 2021

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15 February 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Roche Abbey is a care home providing personal care and nursing. It can accommodate up to 67 people. Some people using the service were living with dementia. There were 22 people using the service at the time of the inspection.

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

The service had recently had a change in management. There was no registered manager however, the provider had appointed a new manager who was registering with the Care Quality Commission (CQC). We found systems and processes used to ensure the service was running safely had not been followed so were not robust or effective. The information in audits was inconsistent and, in some cases, not completed, therefore they were not able to be effectively reviewed to drive improvements.

People were not always safe. Risks were not managed to ensure people's needs were met and safety maintained. Medication procedures were not always followed to ensure people received their medicines as prescribed. We identified shortfalls in the way people's medicines were managed. People were not always protected by the risk and spread of infection. The environment was not clean, we found areas of the home had malodours and were not thoroughly cleaned. We were not assured by the infection control systems in place. However, the manager has actioned this following our inspection.

There were predominantly adequate staff on duty on the day of our inspection and staff said there was mostly enough staff to meet people's needs. However, there was no effective dependency tool in place to ensure staff were deployed effectively to ensure people's needs were met. Staff had not consistently received specific training to meet people's needs.

People were supported to have maximum choice and control of their lives and we observed staff supported them in the least restrictive way possible and in their best interests. However, this was not reflected in people's care plans. Care plans were not personalised, difficult to follow and did not detail people's current needs. People's preferences were not always recorded, this included people who were receiving end of life care.

The provider had a recruitment process in place which showed staff were recruited safely. However, we found not all checks required were carried out. Safety checks were carried out. However, we found not all checks were carried out in line with the policy.

The staff team worked together with external agencies to deliver effective care and treatment and support people's access to healthcare services. However, this was not always clearly documented to show actions taken.

Staff felt supported and spoke highly of the clinical lead. However, they were not formally supervised. Staff felt there had been lack of leadership and direction but felt more confident the home was now in a better place to move forward.

There were systems in place to safeguard people from abuse.

Staff supported people appropriately. Their approach was kind, caring and person-centred. Staff respected people's privacy and dignity. People and relatives, we spoke with, praised the care staff and could not fault the care they provided.

The new manager had identified many of the shortfalls since their appointment and told us improved quality monitoring was being devised to ensure issues were resolved and to drive improvements.

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

Rating at last inspection

This service was registered with us on 11/03/2020 and this is the first inspection.

The last rating for the service under the previous provider was Inadequate, published on 19 July 2018.

Why we inspected

The inspection was prompted due to concerns received from the local authority commissioners. These were regarding, staffing and lack of robust infection prevention and control. There had also been an outbreak of COVID-19 in the home. As a result, we undertook an inspection looking at all five key questions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service is requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see all sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cambron House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and leadership and oversight at this inspection.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Roche Abbey Care 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.

As part of CQC's response to care homes with outbreaks of coronavirus, we as part of this inspection conducted a review to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures.

Inspection team

The inspection was carried out by two inspectors

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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. Inspection activity started on 7 January 2021 and ended on 15 January 2021. We visited the home on 7 January 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

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

During the inspection

We spoke with three people who used the service and five relatives via the telephone about their experience of the care provided. We spoke with 11 members of staff including the manager, clinical lead, head chef, nurses, care workers and ancillary staff. 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 reviewed a range of records. This included four people's care records, medication records and weight records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff understood people's needs and risks associated with their care. However, we found risks were not always documented appropriately or managed to ensure people's needs were met and safety maintained. For example, one person's weight was only recorded twice between July 2020 and November 2020, yet the care plan stated this should be monthly.
- Care plans did not detail people's current needs, and some did not contain appropriate risk assessments. For example, one person was supported to move using a hoist their care plan did not detail how to move and handle them, there was no detail of type of sling or loop configuration.
- People's records were not up to date. We identified food and fluid charts were not properly completed and did not accurately reflect what people had eaten or drunk. This meant they could not be effectively reviewed.
- Accidents and incidents were not effectively analysed; therefore, any themes or trends were not identified to mitigate risk and ensure lessons learned.
- Environmental safety checks were being carried out. However, we found some checks were not carried out in line with policy. These were addressed immediately by the manager.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medication systems were in place to ensure safe management of medicines. However, these were not always followed. There was no clear guidance for staff on when to administer medicines that were prescribed for as and when required, (PRN.) There were no PRN protocols in place and when they were administered, they were not always recorded properly.
- We also found many hand-written entries that were not recorded following best practice, no amounts received recorded, no date of receipt and not signed by staff. Therefore, it was not possible to determine that medicines were given as prescribed.

The provider had failed to ensure the proper and safe management of medicines which is a breach of regulation 12 (Medicines) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The environment was not clean, we found areas of the home had malodours and were not thoroughly

cleaned. For example, bath chairs, baths, lounge chairs and sluice rooms had not been appropriately cleaned. We also found many areas required improvements to ensure it could be cleaned effectively. For example, we noted areas of untreated wood that are porous and unable to be effectively cleaned and high touch points throughout the home were not cleaned regularly. We were not assured by the infection control systems in place.

- Staff were seen following the guidance regarding personal protective equipment (PPE) in relation to the Covid-19 pandemic. However, we were not fully assured by infection control practices. For example, on occasions we saw staff not washing their hands as frequently as required and not offering to wash people's hands frequently.
- No infection prevention and control audit had been completed, therefore the issues had not been identified. Following our site visit the manager introduced an audit tool which was completed and has completed an action plan to ensure improvements.

The provider had failed to ensure the proper and safe infection, prevention and control which is a breach of regulation 12 (Infection Prevention and Control) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were adequate staff on duty on the day of our inspection and staff said there was mostly enough staff to meet people's needs. However, there was no effective dependency tool in place, many assessments in the care plan tool had the incorrect dependency level for people. This was addressed by the manager immediately.
- The provider had a staff recruitment system in place. Pre-employment checks were obtained prior to staff commencing employment. Although, we found some files did not contain references from previous employers. The manager assured us these had been received.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse.
- Staff told if they had concerns that a person was being abused, they would report it to their line manager.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs, and choices were assessed. Staff we spoke with were knowledgeable on how to meet people's needs. However, their care, treatment and support detailed in their plans of care did not always reflect their current needs. For example, people's care plans we looked at did not include people's preferences and choices. The manager and provider had identified care plans required work and were actioning this.

Staff support: induction, training, skills and experience

- Staff receive mandatory training to be able to fulfil their roles and responsibilities. However, Staff had not consistently received specific training to meet people's needs. For example, staff did not fully understand how to meet the needs of people living with dementia who may present with behaviours that could challenge. The manager had identified this.
- Staff told us they felt supported and kept their professional practice and knowledge updated. We saw supervisions had been carried out however, these were not in line with the providers policy. This was being addressed by the manager.

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

- People were offered a varied and nutritional diet. Staff were able to tell us how they would support people to receive nutrition they needed while promoting choice. However, records did not always reflect this. This had been identified and was being addressed.
- People we spoke with told us the food was nice. The meal service that we observed was a positive experience for people. Staff provided appropriate support, asked people for their choices and it was a calm relaxed and inclusive atmosphere.

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

- Staff worked with health care services to ensure effective timely care. For example, staff explained to us how they had contacted dietitians and speech and language therapists to seek advice and guidance. The manager acknowledged this could be better documented in people's plans of care.

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

- The environment was not dementia friendly and did not always follow best practice guidance. For example, signage and activities were not always in line with guidance. The manager had identified this as

part of the quality monitoring and assured us this would be addressed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The provider was not always working within the principles of the MCA.
- People were supported to have maximum choice and control of their lives and we observed staff supported them in the least restrictive way possible and in their best interests. However, this was not reflected in people's care plans. For example, where decisions had been made on behalf of people, they had not always been completed in the person's best interests. We saw relatives were consenting on some instances when they did not have the authority.
- Care plans we looked at did not detail if there were DoLS in place or information about capacity and consent. There was no evidence of capacity assessments or best interest decisions being made when people lacked capacity. Care plans did not give enough details on restrictions.
- Care plans did not detail people's choices and preferences. The manager had identified this and had contacted the Local Authority, they had submitted DoLS authorisation requests and were updating care plans to ensure best interests were recorded appropriately.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with respect, kindness, equality and dignity.
- People spoke positively about the staff and said the staff were kind and caring. Some of the comments included, "Staff are lovely." Also, "Staff are very kind." Relatives also praised the care staff, one relative said, "I have no concerns about the care my [relative] receives, they are always happy when I speak with them."
- Caring and respectful relationships had been developed between staff, people who lived at the home and their relatives. Although the COVID-19 pandemic had impacted on this, relatives still had positive comments about staff.
- Consideration had been given to people's cultural and spiritual backgrounds.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence were encouraged. Family relationships and friendships were respected and promoted. One relative said, "They always maintain my [Relatives] dignity and they are treated with respect."
- The service did not always ensure they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. We saw people's records were stored in communal areas, which meant confidentiality was not always maintained, this was addressed immediately.

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

- People were included as much as possible in their day to day decision making and choices around their care and support needs. Although documentation could be improved our observations confirmed staff included people in decision making.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- We observed staff providing person-centred care which met people's needs and preferences. However, care plans were not personalised, difficult to follow and did not detail people's current needs. People's preferences were not always recorded.
- The manager and provider had identified the care records required improvement and told us they would all be reviewed and updated, to ensure people's current needs were identified and they were person centred.
- People were able to take part in activities in the home. External activities were not possible at present during the COVID-19 pandemic. We observed activities and people told us they took part in activities. However, records did not reflect this.
- People and their relatives we spoke with praised the staff, they said the care was very good and was person centred.

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.

- We found these standards were mostly followed. Staff did communicate effectively with people and there was information in a format that people living with dementia could understand. One relative told us how the care staff facilitated telephone calls with his relative using assisted technology to aid their hearing. However, this was the individual care staff who took the initiative not the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure.
- We saw the manager kept a record of complaints.

End of life care and support

- Staff could tell us how they cared for people at end of life. However, the care plans did not reflect this, did not detail people's preferences or choices and were not person centred. The manager had identified this and was part of their action plan.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager. The provider had employed a manager, who had commenced at the end of November 2020, however, is now shielding and working remotely. The provider has put arrangements in place to cover the service.
- The new manager was clear about their roles and responsibilities and understood the regulatory requirements. Staff we spoke with told us they felt supported by the current management arrangements.
- The provider acknowledged the service needed to improve and was working with the manager to ensure the action plan was followed to drive improvements.

Continuous learning and improving care. 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

- Systems in place to monitor the service were not effective. Audits viewed, did not always contain consistent information, or had not been fully completed therefore could not be effectively reviewed to drive improvements. For example, there was no infection control audit carried out and the health and safety audit had not been completed, therefore issues we identified had not been picked up. The manager had identified this and was taking action.

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

- People who used the service and their relatives did not feel involved in the day to day running of the home. They felt communication was poor and they were not kept informed of issues or general welfare of their loved ones. Due to the current Covid-19 pandemic there were restrictions on visiting yet no other effective methods of communication had been put in place by the provider.
- The service did not always show honesty and transparency from all levels of staff and leadership. We identified issues that had not been reported. For example, we found a number of incidents recorded in care records that had not been reported to CQC. The provider hadn't fulfilled their duty to inform the relevant bodies. This was addressed immediately by the clinical lead.

The systems in place to monitor and improve the quality of the service were not effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people

- People received person centred care. Support we observed was individualised.
- Staff felt supported and spoke highly of the new management structure. However, they were not formally supervised. Staff felt there had been lack of leadership and direction but felt more confident the home was now in a better place to move forward.
- People's well-being was not always considered to achieve good outcomes. People had not seen relatives or friends. No arrangements had been put in place to facilitate any alternative arrangements in line with government guidance; Visiting care homes during COVID-19.

Working in partnership with others

- The provider engaged with healthcare professionals. We found that advice was sought when people's needs changed. This was not always formally documented in people's plans of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure people's risks were identified and managed to ensure their safety. Medicines were not effectively managed and infection control procedures did not ensure people were protected from the risk of infection. Regulation 12 (1) (a) (g) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure that there were systems and processes established and operated to assess and improve the quality and safety of the service provided. Regulation 17 (1) (2) (a) (b) (c)