

M & C Taylforth Properties Ltd

Rossendale Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service 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:

The provider was continuing to improve their risk assessment procedures, although they had not ensured all care records fully guided staff. Relatives told us they were reassured their family members were safe whilst living at Rossendale. A relative said, "I would not leave my [relative] here if she was not safe, but they take that seriously here." People received their medication on time and as prescribed. The provider revised staff deployment to ensure each person was safe. The registered manager trained staff to protect people from harm or abuse.

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. The provider was continuing to improve their mental capacity systems, but they had not ensured all care records fully guided staff. Relatives confirmed staff sought people's consent to treatment. A relative stated, "We spoke about his needs and preferences, which they respect." Relatives also told us staff provided healthy meals and choice about what to eat. However, records were not always detailed to guide staff about actions to support them and mitigate related risks. Staff completed a wide-ranging training programme to update their skills and underpin their knowledge. A relative commented, "Yes, the staff are well-trained, they know what they are doing."

The provider had implemented new systems to enhance oversight of everyone's safety and wellbeing. However, not all care records fully guided staff, incidents were not continuously reviewed and policies were not all updated to reflect newly implemented procedures. The provider engaged with external organisations and was keen to gain feedback from staff, people and visitors to enhance care delivery.

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

Rating at last inspection and update:

At the last inspection the service was rated requires improvement (published 10 September 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements were ongoing and the provider was still in breach of regulations.

Why we inspected:

The inspection was prompted by notification of a specific incident. Following which a person using the service died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of choking risks. We undertook a focused inspection to review the Key Questions of safe, effective and well-led only to examine those risks.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report. We have found evidence that the provider needs to continue to make improvements.

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

Enforcement

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

We have found evidence that improvements were ongoing and the provider needs to continue with their action plan.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 two 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. 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. We used all of this information to plan our inspection.

During the inspection

We spoke about Rossendale with three relatives, four staff and two members of the management team. 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, responded to any concerns and led Rossendale in ongoing improvements. We checked care records of three 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 records related to training, staffing levels and policies and procedures linked to the specific incident that prompted the inspection.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements were ongoing and the provider was still in breach of regulation 17.

- The management team was continuing to improve risk reduction, monitoring and management systems to maintain people's safety. They had started to create more detailed care planning and risk assessment records to better guide staff to meet each person's needs. The provider was developing new environmental safety monitoring procedures and reported incidents of abuse and aggressive behaviour to CQC and the local authority.
- However, the management team had contradicted their action plan because they had not ensured all care records fully guided staff. For example, staff documented in one person's daily logs an incident of behaviour that challenged the service. The nurses had not introduced any further monitoring to assess for triggers or measures to maintain everyone's safety. Not all care records were sufficiently detailed or fully completed to reduce potential risks.
- Staff documented an outline of accidents and incidents. Records included actions they took and the registered manager assessed the effectiveness of control measures. For instance, following an incident they introduced a choking risk assessment to better guide staff to mitigate associated risk.
- Relatives said they were reassured their family members were safe whilst living at Rossendale. One relative stated, "[My relative] wasn't safe at home, but here there were staff to check on him. After months of feeling on edge, I could go home relaxed. That's the measure of this place."

We found no evidence that people had been harmed. However, systems were still being improved and not always in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They updated relevant policies and procedures and were continuing to improve care planning and risk assessment.

Using medicines safely

At our last inspection we recommended the provider considered current guidance related to safe and focused medication administration and storage to reduce the risk of errors. The provider had made improvements.

- The registered manager introduced new measures to maintain the safe management of people's medicines. For example, they improved staff deployment to enable the nurse to focus solely on medication administration. Storage areas were better organised to reduce the risk of errors.
- Relatives confirmed people received their medication on time and as prescribed. They told us this was regularly monitored by GPs as part of their continued treatment. A relative stated, "They got his medication reviewed to help him get better."
- Staff followed national recordkeeping guidelines, such as signing medication records afterwards to evidence people had received them. The registered manager monitored associated procedures and provided staff training to strengthen the safe administration of each person's medicines.

Staffing and recruitment

At our last inspection we recommended the provider considered current guidance about effective staff deployment to safely meet and monitor people's requirements. The provider had made improvements.

- The provider revised staff deployment to ensure people were monitored and safe. Staff were consistently present in communal areas during the day to support each person with, for example, meals and activities. Consequently, nurses were enabled to fully focus on medication administration without distraction.
- Staff and relatives said the workforce was sufficient to assist people during the 24-hour period. There was a calm atmosphere and staff responded to call bells in a timely way. An employee told us, "Staffing levels are quite good. We have a lot of time to support residents with activities." A relative added, "Yes, there seems to be enough staff. They take their time and don't seem rushed."
- The provider had retained the same safe recruitment procedures we found at our last inspection. This ensured staff were suitable to work with vulnerable adults.

Preventing and controlling infection

- The management team provided staff with sufficient equipment to prevent the risk of infection. Staff made use of personal protective equipment, such as disposable gloves and hand sanitiser to wash their hands. The home was clean and clutter-free.

Systems and processes to safeguard people from the risk of abuse

- The registered manager trained staff to protect people from harm or poor practice. They were able to describe good practice, including their duty to report incidents. One employee said, "I'd speak to the nurse-in-charge and [the registered manager], then call CQC and safeguarding."

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 the same. 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).

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.

At our last inspection the provider had failed to maintain effective records and documented evidence of treatment oversight. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements were ongoing and the provider was still in breach of regulation 17.

- The provider had relevant documentation to evidence where people were deprived of their liberty to protect them. They were continuing to improve associated care plans to better guide staff about supporting each person.
- However, the management team had contradicted their action plan because they had not ensured all care records fully guided staff. Recording of best interest discussion and decisions was not always completed. Formal assessment and review of capacity and decision-making was not always signed or updated to reflect any changes. The benefits and burdens of treatment was not measured to ensure the least restrictive approach. For example, care records detailed how people should be 'rewarded' when they had done

something well. Daily logs noted the person frequently became distressed and shouted for their 'reward.' This is derogatory, inappropriate language and is indicative of restrictive practice.

- Staff demonstrated a good awareness of the MCA and we observed they did not limit people's freedom of movement. One staff member told us, "We always ask what they want to wear, if they want breakfast and what do they want to do. Asking them what they want and not just assuming." The registered manager strengthened staff understanding with relevant training.
- People said staff consistently supported them in ways that promoted their independence. Staff offered options when supporting each person to assist them to make their day-to-day decisions. One person stated, "[The registered manager] talked about [my wife's] care with me and we signed our consent to it."

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

The provider responded immediately during and after the inspection. They were continuing to improve care planning and monitoring.

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

- At our last inspection we noted the provider had developed good practices to maximise a dementia-friendly environment. They were continuing to improve people's meal experiences and relatives commented enhanced activity provision had enriched their wellbeing.
- However, people were served drinks and meals in plastic crockery. There were no napkins or condiments for ease of use and choice. This was not conducive to maximising people's meal enjoyment and general wellbeing. The management team assured us they would address this.

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

- The provider completed an assessment of people's nutritional needs to reduce associated risks. Following a recent incident, they implemented choking risk assessments with instructions about steps to take to manage each person's nutritional health. However, records were not always detailed to guide staff clearly about people's needs and actions to support them. The management team identified one person as being at risk of choking, but different entries stated their diet should be 'soft,' 'softened' or 'blended.' These are dissimilar, specific terms and the conflicting information placed people at greater risk.
- People and relatives commented staff provided healthy meals and offered a choice of what to eat. One relative told us, "The food was very good. They kept an eye on his weight to make sure he was eating well." However, the use of plastic crockery was not suitable to optimising each person's appetite.

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

- The registered manager engaged with other health and social care agencies to maintain people's continuity of care. Staff documented professional visits and appointments and outlined any changes in treatment.
- Relatives said their family members were closely monitored and staff acted to manage any changes. One relative stated, "Any time he's been ill, they call the doctor straight away."

Staff support: induction, training, skills and experience

- Staff completed a wide-ranging training programme to update their skills and underpin their knowledge.

This covered, for instance, end of life care, fire and environmental safety, infection control, medication, person-centred care and dementia.

- Staff commented they had good access to training and regular supervision as part of their learning and development. A staff member told us, "I've had supervision, which has helped me to progress." People confirmed they were assisted by an experienced workforce.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the management team failed to maintain good standards in recordkeeping and quality assurance oversight. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements were ongoing and the provider was still in breach of regulation 17.

- The provider implemented new procedures and monitoring systems to enhance oversight of everyone's safety and wellbeing. This included new risk assessments, more detailed care plans and protocols to guide staff about risk management and reduction. They also introduced a new file to improve quality assurance monitoring. A relative said, "[The registered manager] is a good manager. She cares, you know?"
- However, the management team contradicted their action plan as not all care records fully guided staff and incidents were not continuously reviewed. For instance, they did not monitor one person who started to display behaviours that challenged the service. They also recorded conflicting details that left another individual at risk of choking.
- The registered manager was continuing to improve their quality assurance auditing systems although policies had not been updated to newly implemented procedures. For example, the nutritional policy had not been amended to reflect changes to risk management. The provider also purchased and installed medical equipment without developing a policy to guide staff. Strong leadership was not always evidenced because not all actions had been taken since our last inspection.

We found no evidence people had been harmed. However, records and systems were still being developed and they were not always detailed to fully guide staff. The management team did not have continuous oversight and management of incidents. This placed people at risk of care that was not always well-led. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They reviewed relevant policies and

procedures and were continuing to improve their quality monitoring systems.

Working in partnership with others

- The provider engaged with external organisations to enhance care delivery. For example, they worked with the local authority to develop their quality improvement plan following recent safeguarding incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 management team sought staff, people and visitors' feedback as part of their review of quality assurance. Relatives confirmed the registered manager was interested in their views and was open about where improvements were necessary. One relative told us, "Rossendale seems to have good management. They have relatives' meetings where we can raise any little niggles."
- Staff confirmed they felt comfortable about making suggestions or raising any concerns. One staff member commented, "You can put your opinions forward and we are listened to." Another employee added, "The managers are very supportive if you need them. I like them."