

Roseville Care Homes (Melksham) Limited

The Old Parsonage

Inspection report

The Street
Broughton Gifford
Melksham
Wiltshire
SN12 8PR

Tel: 01225782167

Website: www.rosevillecarehomes.co.uk

Date of inspection visit:

26 March 2021

30 March 2021

Date of publication:

25 May 2021

Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Old Parsonage is a care home providing personal and nursing care to 20 older people at the time of the inspection. The service can support up to 22 people and specialises in providing care to people living with dementia.

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

The provider had not notified CQC of significant events in the home when they were legally required to. These were incidents in which people had sustained injuries or where there had been physical altercations between people living in the home.

The failure to notify us of significant events had not been identified by the quality assurance systems. We have made a recommendation about improving these systems so any shortfalls can be identified quickly and rectified.

Despite not notifying us of significant incidents, the provider had taken action to keep people safe and manage the risks they faced. Staff had a good understanding of the action they needed to take to keep people safe.

People were supported to take any medicines safely and staff sought advice from health and social care services when needed. Relatives were happy with the care people received and were confident that people were safe at The Old Parsonage.

The provider had made changes in response to the COVID-19 pandemic and there were good infection prevention and control measures in place.

The registered manager worked well with relatives to meet people's needs. They had developed good relationships with health and social care professionals.

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 27 June 2019)

Why we inspected

We received concerns in relation to staffing levels, support for people in the early morning and infection prevention and control measures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the well-led section 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 The Old Parsonage on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Old Parsonage

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 this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors.

Service and service type

The Old Parsonage 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. The first day of the inspection was completed early in the morning due to the concerns we had received.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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 of this information to plan our

inspection.

During the inspection

We spoke with a nurse and two care staff who were working at night and the registered manager. 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 and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We received feedback by telephone and email from four relatives, one care staff and three professionals who regularly visit the service.

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 now improved to good. This meant people were safe and protected from avoidable harm.

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

At the last inspection concerns were identified about the way some staff supported people to move and transfer. The provider had made improvements since the previous inspection, but further action was needed to ensure staff were consistent in following good practice. At this inspection the provider had maintained these improvements and staff practice was consistent.

- Care records contained assessments of people's mobility and plans to manage the risks of falls. The plans set out the support people needed to stay safe, including any equipment they needed, such as a hoist or handling belt. Staff had received training in the use of these techniques and equipment and were observed following them during the inspection.
- Staff demonstrated a good understanding of risk management plans and the actions they needed to take to keep people safe.
- The management team reviewed incident reports and recorded any actions that were necessary. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.
- Health and social care professionals praised the way the service managed risks, with one commenting, "They are proactive in managing risk and are quick to highlight any concerns to relevant professionals."

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff had received regular training in safeguarding issues.
- Staff were confident the manager would take action to keep people safe if they raised any concerns. Staff were also aware how to raise concerns directly with external agencies if they needed to.
- Relatives told us they were confident people were safe in the home.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Relatives told us staff were available to provide support when people needed it.
- Staff told us they were able to meet people's needs safely.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character.

Using medicines safely

- People were supported to safely take the medicines they were prescribed.
- Medicines administration records had been fully completed. These gave details of the medicines people had been supported to take and an accurate record of medicines held in the home.

- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not notified CQC of significant events when they were legally required to.
- The registered manager confirmed four incidents had not been notified to CQC. The incidents included two where a person had been hit by another person using the service, one where a person had sustained an injury whilst being supported to move on their bed and one where a person had an unexplained injury to their face.
- For each incident the provider had sought medical support where needed and reviewed and updated how risks to the person were managed. Action had been taken to minimise the risk of similar incidents re-occurring. However, CQC uses these notifications to monitor services and failure to complete them does not give an accurate picture of events in a service.

We found no evidence that people had been harmed however, the provider had failed to notify CQC of significant events in the service. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The provider had quality assurance systems in place. These included, reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. However, the audits had failed to identify the failure to submit notifications when needed.

We recommend the provider seeks guidance on their quality assurance systems to ensure they assess whether they are meeting all legal requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 had promoted a person-centred approach in the service. This was evidenced through the content of staff meetings, support sessions for staff and the training staff received. Staff reported the registered manager worked to ensure people received the best care and support.
- Health and social care professionals praised the management and told us the service was well run. Comments included, "The care home is excellently led, and I have confidence in its leadership" and "I have always found [the registered manager] to be very efficient. She has a good understanding of the residents needs and always appears to have their best interests in the forefront of decision making."

- The registered manager had a good understanding of their responsibilities under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised and let people know what action they had taken. One relative commented, "I'm confident [any concerns] would be sorted by the manager."
- Relatives said they had regular contact with the registered manager, which enabled them to work together to meet people's needs.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person had failed to notify the Care Quality Commission of significant events in the service. Regulation 18 2 (a) and (e).