

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 is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

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

People's medicines were not always managed safely. Care plans we looked at did not always reflect the current needs of people at the home. Audits did not always highlight the concerns we found, and staff did not consistently inform the registered manager when processes in place to promote quality were not followed. We received mixed feedback on how the provider engaged with people, relatives and staff. We have made a recommendation about this.

Staff were able to tell us the signs of potential abuse and what they would do to raise concerns. Not all contracted staff who did not deliver direct care and support to people had received safeguarding training. We have made a recommendation about this. Relatives feedback included, "Yes, [family member] is safe there. I am quite happy, relieved she is being looked after." Agency staff were being employed to maintain safe staffing levels. Staff deployment was structured, with daily handover meetings guiding staff on people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Communal areas had been redecorated and as a result the décor of the home was significantly improved. Food, drink and snacks were available throughout the day and provided in a way that met people's needs.

The registered manager worked with healthcare professionals to ensure people's healthcare needs were met. The provider had been working with the local authority towards an improvement action plan. Improvements in care planning and the environment had been noted since the last inspection, but some improvements still needed to be made.

Staff protected people from the COVID 19 virus by following policies and guidelines for preventing the spread of this virus. Staff wore face masks and sought to ensure social distancing was maintained wherever possible. Hand sanitiser was made available around the home for staff and people to use. Visitors and staff were risk assessed and had their temperatures taken. Notices displaying infection prevention guidelines were seen around the home to remind staff of best practices to reduce the spread of the COVID 19 virus.

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

The last rating for this service was requires improvement (published 21 January 2020). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The last rating for this service was requires improvement (published 21 January 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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.

We carried out an unannounced inspection of this service on 25 November 2019. A breach of legal requirement was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

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 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 monitor the service 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 the management of medicines and the governance of some paperwork at this inspection.

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

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.

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 carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rossendale Nursing Home 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.

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 Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, care worker, administrator, a housekeeping staff member and the chef. 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. 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. We spoke with health and social care professionals as part of ongoing local authority quality improvement meetings.



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 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Risks to people's safety were assessed and shared with staff. Daily staff handovers were in place to share people's current needs. Staff we spoke to were aware of people's needs and knowledgeable about how to keep people safe.
- The registered manager had identified people at risk of choking and malnutrition and had liaised with appropriate health professionals. Kitchen staff were aware of who needed their meals modified and had guidance on how to do this.
- People had personal emergency evacuation plans (PEEPs). These are for people who may have difficulties leaving the home to a place of safety and may require support. The PEEPs were in multiple locations, so they were easily accessible in emergency situations.
- The provider was working with a local authority multidisciplinary team of professionals to review working practices and make improvements to the care and support delivered. They had employed a consultancy agency to support them in their drive for improvement.

These issue forms part of a series of issues of a similar nature that have led to a breach of regulations that can be seen in the 'Well-led' section of the report. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act (2008) Regulated Activities 2014

Using medicines safely

- Medicines were not always safely managed. Record keeping for some medicines had not been completed. This meant there was no oversight on the amount of some medicines in stock.
- Errors in medicines documentation were not identified at the time they occurred. This made it difficult to track if people had received medicines as prescribed or there was an administration failing.
- Daily temperature checks for the medicines fridge and medication room were not consistently completed.
- Controlled drugs were stored correctly. However, one person's medicines had not been stock checked for several months. Controlled drugs are medicines that are tightly controlled by the government because they

may be abused or cause addiction

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed the person-centred administration of medicines. People were given time to take their medicines. One person initially refused their medicines. This decision was respected, and they had their medicines shortly after, at a time and place of their choosing.
- The registered manager made changes after the inspection to ensure robust processes around oversight and auditing of medicines were in place.

Preventing and controlling infection

- We were not assured the provider was meeting shielding and social distancing rules. They were providing person centred support. The provider was supporting people living with dementia who did not always understand the need for social distancing. The registered manager was aware of good practice guidance related to infection prevention control.
- 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.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- The registered manager provided staff with enough PPE to prevent the risk of infection. Staff made use of aprons, visors, 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

- People were protected from potential abuse and avoidable harm by staff that had safeguarding training. Staff were able to tell us the signs of potential abuse and what they would do to raise concerns.
- Relatives stated their family members were safe. One relative commented, "Yes, [family member] is safe there. I am quite happy, relieved she is being looked after."

Staffing and recruitment

- The registered manager was aware of safe recruitment procedures. Agency staff were being employed to maintain safe staffing levels. We saw rotas that showed the registered manager was using regular agency

staff to provide continuity of support.

- There were enough staff on duty, and they were deployed to specific areas of the home to meet people's needs.

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 now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements were ongoing. This issue forms part of a series of issues of a similar nature that have led to continuous breach of regulations that can be seen in the 'Well-led' section of the report.

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

- People had their needs assessed before they came to live at Rossendale Nursing Home. Information gathered during assessment was then used to create people's care plans. People's needs were assessed on a regular basis or when needs changed. However, not all care plans reflected people's current needs.
- Care plans identified when people had underlying health conditions or behaviours that challenge. However, they did not always identify how people presented if they were physically or mentally unwell. The care plans did not always guide staff on what safe support people required when their health deteriorated. One person's care plan had not been updated to reflect their current support needs. Similar concerns had been highlighted at a previous inspection. The care plan was amended after the inspection visit to reflect the person's current needs.
- The management of one person's skin care was not consistently followed as planned. Documentation we looked at indicated their support was not consistent or reviewed in a timely way.

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 registered manager took the required action to protect people's rights and ensured people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. We observed staff offering choices and respecting people's decisions.

Staff support: induction, training, skills and experience

- There was a reliance on agency carers to support the home. Agency carers received their training from their employers. However, the registered manager told us they had offered online training access to agency staff.
- Contracted staff had completed regular computer-based training in subjects relevant to their work. This included training around infection prevention and control and how to wear and discard PPE.
- Not all contracted staff who worked within the home but did not deliver direct care and support to people had received completed safeguarding training. We discussed this with the registered manager as part of the inspection feedback.

We recommend the registered manager follow good practice guidance to ensure all staff are skilled in protecting people from abuse and improper treatment.

After the inspection visit, the registered manager arranged safeguarding training for all staff as required.'

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

- People were supported to maintain a balanced diet. Records, when appropriate documented any associated risks with eating and drinking. Staff were aware of what support people required to maintain a healthy diet.
- Food, drink and snacks were available throughout the day and provided in a way that met people's needs. We observed one person had several breakfasts. One person carried their breakfast with them as they walked from room to room and a third person ate part of their breakfast at the dining table finishing it in a lounge chair.

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 worked with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs and community-based health professionals. We saw documented outcomes and support people required in care plans.
- Staff had a good understanding about the current medical and health conditions of people they supported.

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

- Bathrooms could accommodate people who required support with moving and transferring to the bath. However, we noted not all bathrooms had accessible call bells. This was rectified after we shared our findings with the registered manager.
- There was ongoing refurbishment of the home, with decorating of communal areas having taken place and bright practical furniture purchased. Accommodation was accessible, safe, homely and suitable for people's needs.
- Communal areas were provided where people could relax and spend time with others. There was signage

around the building, corridors were free from clutter and plain carpets had been purchased all of which promoted the independence of people who were living with dementia.

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.

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 (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.

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

- Audit systems and processes had not identified the shortfalls we found. The monthly medicines audit did not reflect the lack of paperwork in some files or the lack of compliance with some processes used manage stock control. The care plan audit did not reflect the shortfalls we found. One person's support needs had not been updated in their care plan. There was no oversight that they were having their current needs met. When people had underlying health or behavioural support needs. These had been identified, but signs, symptoms and positive behavioural strategies were not always present.

We found no evidence people had been harmed. However, records and systems were still being developed and they were not always sufficiently detailed to guide staff. This placed people at risk of care that was not always well-led. This was a continuous breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had been working with the local authority towards an improvement action plan at the home. Improvements in care planning and the environment had been noted since the last inspection. Documents showed that some objectives were ongoing and required further action from the home.
- The registered manager and staff were knowledgeable about people's needs. People sought out the company of staff and were happy and relaxed in their company.
- We observed the daily staff meeting. Staff were guided on people's current needs and their roles and responsibilities. The registered manager completed daily walk rounds of the home providing oversight and guidance.

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

characteristics

- We received mixed feedback on how the provider engaged with people, relatives and staff. One relative told us, "I know management and yes they keep me informed." A second relative stated, "Early days not much communication, ringing more lately." However, we were also told, "Yes and no about keeping in touch, not the best at letting me know what is going on." And, from a fourth relative, "I'm not really kept informed."

We recommend the provider ensure effective communication processes are in place to share information and actively seek the views of stakeholders.

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; Working in partnership with others

- The registered manager understood their responsibility in relation to duty of candour.
- The registered manager was working with the local authority to drive improvement. Areas under review included audits, governance supervision and training. One staff member told us, "There has been good improvements, things are getting better. There is good information in the care plans."

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
Diagnostic and screening procedures	Systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems were not operated effectively to ensure compliance and the provider had failed to meet the requirements of all regulations.
Treatment of disease, disorder or injury	Regulation 17(1)