Roseberry Care Centres (Darlington) Limited

South Park Care Centre

Inspection report

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Overall summary

We carried out an unannounced focused inspection of this service on 2 September 2015.

At the last unannounced, comprehensive inspection on 27 and 28 May and 2 and 3 June 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements. The provider wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook this focussed inspection to check that the registered provider had followed their action plan and were making improvements at the service. This visit focussed on the nursing unit only, situated on the ground floor of the home. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Park Care Centre on our website at www.cqc.org.uk

South Park Care Centre provides nursing and personal care for up to 67 people, close to Darlington town centre. On the day of our inspection there were 23 people receiving nursing care.

The service did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The acting manager who was on leave during the course of our visit had submitted an application to be registered with the Care Quality Commission.

There has been an improvement overall at South Park, the environment on the ground floor was now more dementia friendly. The on site management team has been strengthened, and the role of the clinical lead was having a practical impact on staff and people living in the service. There were now much clearer signs of effective leadership and this was also the feedback we received from staff and visitors to the home.

Since our last inspection three permanent nursing staff had been appointed, and the management structure of the home had been improved. The acting manager was now supported by a deputy manager (Registered Mental Nurse) and a clinical lead (Registered Nurse Learning Disability). The service was still in the process of recruiting to the nursing and care staff team but we saw that the number of agency staff the service was using had decreased and staff told us it was much better now with a consistent nursing team.

The lighting had improved significantly on the ground floor since the previous inspection visit. We were pleased to see the ground floor had been fitted with halogen light bulbs, which produced much clearer light and removed shadows. Artwork, bygone era pictures and rummage boxes had also been implemented to make the ground floor more 'dementia friendly.' There was now clear

Summary of findings

differentiation between doors e.g. toilets and bathroom doors painted blue, offices, sluice etc. painted white, and signage for key areas such as the dining room and lounge was also much improved.

Since our last review of medication, a significant amount of work has been undertaken in relation to medication storage, administration and recording. We saw medicines being given safely and in a timely manner.

The appointment of a clinical lead and appointment of permanent nursing staff should ensure continuity of care. We were told by staff and relatives that agency nurse usage had decreased and this had improved the quality of the care given. Communication between the two nurses on duty was observed to be effective and professional and they were confident in their approach.

Staff interaction with people who used the service, and interactions between staff and visitors was noted to be good. People were offered choices at mealtimes, and were offered a choice of drinks during the day.

Staff told us they found the management at the home supportive and we saw that a variety of training events had taken place since our last visit. We saw staff had undertaken training in dementia care and challenging behaviour, oral healthcare and safe handling of medicines amongst others. Staff told us this training had been helpful and had improved how they cared and supported people.

The regional support manager told us that ten care plans had been fully transferred into a new format and that others were in the process of being changed. The care plans of four people were reviewed, and were seen to be significantly improved in layout and content. We discussed with management that the service must prioritise this work to complete all care plans as soon as possible.

At lunchtime, it was noted that there were now two 'sittings' which enabled staff to support more dependant people more effectively. The meals served appeared to be of good size and quality. The service had been working with the Focus on under nutrition team and the chef told us they felt more confident and knowledgeable about food preparation for vulnerable people since this training.

We saw records in relation to communication had improved since our last visit. Handover sheets were fully completed and contained a pen picture of each person and their needs for any new or agency staff. Daily notes and food, fluid and pressure care chart recording were much improved and there was now a responsibility on nurses and a chart champion on each shift to ensure these were completed.

During this inspection visit, we saw improvements had been made in relation to audits since the new acting manager started working at the home in May 2015.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action was being taken to improve safety.

The environment on the ground floor had been improved with better lighting and increased signage.

Medicines were being stored and administered in a safe manner.

Staff recruitment had improved the consistency of staffing.

We could not improve the rating for Is the service safe from Inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Is the service effective?

We found that action was being taken to improve effectiveness.

The recording of care plans and food and fluid charts had improved.

People told us the quality and presentation of food had improved.

Staff training had an impact on the quality of care now being delivered.

We could not improve the rating for Is the service effective from Inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Is the service well-led?

We found that action was being taken to improve leadership.

The service had a clear action plan that was being monitored and evaluated by the acting manager.

Auditing and quality assurance checks were now in place and making improvements.

The service was now submitting timely notifications to CQC as required.

We could not improve the rating for Is the service well-led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

South Park Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was working towards its action plan that it submitted to us following our inspection on 27 and 28 May and 2 and 3 June 2015.

We undertook an unannounced focused inspection of South Park Care Centre on 2 September 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 27 May 2015 inspection had been made. The team inspected the service against three of the five questions we ask about services: “Is the service safe, Is the service effective and Is the service well led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by two adult social care inspectors a specialist advisor . During our inspection we spoke with the regional support manager, the clinical lead, another nurse, the regional manager and seven members of care staff. We looked at records in relation to the service and we looked at the care records of four people.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding notifications raised and enquiries received. We noted that these were now being submitted in a timely fashion and this had not been the case prior to our last visit.

We spoke the local authority who had visited the service and were also at the service on the day of our visit.

Is the service safe?

Our findings

At our previous visit we saw there was not a thorough analysis and reporting of accidents, incidents and safeguarding concerns at the service

At this visit we looked at the 'Accidents report' file and saw copies of individual accident/incident reports. These included who had the accident, what the cause of the accident was, description, nature, location and severity of the injury, what action had been taken and whether any further investigation or follow up was required.

We saw there had been 32 accidents or incidents reported in June and 19 in July 2015. August's records had not been collated at the time of our visit. Analysis had been carried out on the accidents/incidents, including locations, time of day and type of accident/incident. Actions included, "Lacking detail from RGN/RMN on shift as to what action has been taken" and "Incident of safeguarding not brought to the attention of the manager for referral". The regional support manager told us all accident and incident records were uploaded on to the provider's electronic system so the regional operations manager could carry out analysis.

We also looked in the 'SOVA' file (safeguarding of vulnerable adults) and saw safeguarding referrals had been made appropriately to the local authority and statutory notifications had been sent to CQC. Previously notifications had not been consistently submitted to CQC.

We saw the 'Medication competency' file. This included supervised medication administration records for seven members of staff. These included supervisions of medication procedures and administration, questions about medicines, whether any issues were identified and whether any actions were required. Each member of staff carried out three supervised medication rounds, which had to be "completed to NMC standards" before a competency assessment took place. If the member of staff was assessed to be competent, they were signed off by the supervisor.

The current staffing configuration allowed for two registered nurses during the day and one at night. The nurses on duty on the day of inspection were the clinical lead (qualified Registered Nurse Learning Disability 22 years) and a Registered Mental Nurse (RMN) qualified in 2015. Both had been appointed in post within the past six weeks. The newly qualified nurse was being supported by an experienced nurse as part of their preceptorship support and they stated they were happy with this arrangement.

Discussion with the clinical lead regarding their role indicated that they had a good understanding of the problems previously reported, and they appeared keen to make changes and improve the service.

We saw that five care staff were on duty during the day of our visit as well as an activity co-ordinator and two nurses. This was to provide care to 23 people. We saw from rotas that this was the usual staffing numbers during the day but we noted on rare occasions due to sickness that high numbers of agency staff had been used to provide this. The regional support manager told us the service was awaiting recruitment checks to confirm an additional nurse at night and there was ongoing recruitment for care staff.

During our previous inspection we were concerned at the poor lighting on the nursing unit, which could easily cause problems for older people with dementia. We were pleased to see the provider had taken action on this and the ground floor had been fitted with halogen light bulbs, which produced much clearer light and removed shadows. Artwork, bygone era pictures and rummage boxes had also been implemented to make the ground floor more 'dementia friendly'.

During our last inspection we were concerned regarding the procedures around administration and recording of medicines, the process was reviewed again.

Medicines were stored in standard steel administration trolleys (two) in a locked clinic room on the ground floor. The room was adequately sized, and had a good range of cupboards and worktop space. The room was clean and had hand washing facilities.

A Boots Monitored Dosage System (MDS) system was in place with a four week administration cycle.

No problems were reported in relation to prescribing or delivery of medication, urgent medication could be ordered within the day Monday to Saturday, and an out of hours alternative pharmacy (Sainsbury's) could be used on Saturday evening or Sunday, which staff from the service would source.

Prescribed dietary supplements were stored in a cupboard, and were individually named and within date.

Is the service safe?

At the time of our inspection there was no one receiving end of life care at South Park and no palliative medicines were stored.

The temperature of the clinical room was controlled by an air-conditioning unit, and there was evidence of daily monitoring, as well as monitoring of the drug stage fridge.

An up to date British National Formulary (BNF) guide was available for reference.

The medicine administration procedure had been reviewed; both nurses now dispensed medicines from two trolleys (working from opposite ends of the ground floor unit). This enabled the morning 'round' to be started and finished between 08.45 and 10.00am. (On our last inspection some people did not receive their morning medicines until 11.45am).

Staff reported that this system appeared to be working well, both nurses were able to highlight priorities in administration, for example, blood monitoring checks and insulin, or analgesia if required to be given first.

The Medicines Administration Records (MAR) sheets were significantly 'tidier' than when we last reviewed them, with no loose pages. Up to date sample signatures were in place of regular and agency staff administering medicines. Everyone who received medicine had photograph sheets in place for identification (currently being updated) allergies were recorded when present.

People in receipt of 'As and when required' (PRN) medicines had clear protocols for administration in place, for example, signs of agitation or restlessness for Lorazepam. Two people were noted to be in receipt of Lorazepam on a PRN basis. One person was noted to have had 0.5mg (half a tablet) in two weeks. The stock balance was checked and tallied.

The other resident on PRN Lorazepam was having it administered on a regular basis, in discussion with the nursing staff it was highlighted that the person had behavioural problems, which were being re-assessed. Daily information was being recorded in ABC charts (as well as recording when Lorazepam was given) at the request of the challenging behaviour team, to enable a full review of treatment options to be undertaken.

Several people were in receipt of paracetamol for pain relief, and the nursing staff were able to demonstrate use of a non-verbal cues assessment of pain chart in use for people who lacked capacity to verbalise pain

One person was on Alendronic Acid on our last inspection, and this was reviewed, and noted to have been given on time and recorded accurately on the MAR sheet. The remaining tablets in stock tallied with the record.

Four people were reported as being given covert medication, the records were reviewed, and each person was noted to have had a best interest decision review, and that there was evidence of multi-professional involvement, including Boots pharmacy involvement.

We were concerned on the previous visits of the un-coordinated approach to one person's diabetic management. Our review of the Blood Monitoring (BM) stick readings over a six week period showed rapidly fluctuating levels. Whilst this is not unusual in people with diabetes, it was the apparent lack of a co-ordinated approach to stabilisation which was of concern (care records did not indicate any actions taken in regard to peaks in blood glucose). On this occasion we found that a review had taken place, and it was noted from the recordings over the past four weeks that the level was safely within the tolerable range. The clinical lead indicated that the person was being regularly reviewed.

The Controlled Drugs (CD) procedures were reviewed and were found to have been improved. Controlled Drugs were now checked at the beginning and end of each shift. The CD Register for two people was reviewed, and the numbers in stock tallied with the records.

Six additional MAR sheets were selected at random and reviewed; no errors or omissions were noted. Discussion with the nurses on duty identified a good knowledge of people, and of the rationale for prescribing some of the medicines.

Nurses also described in detail (and demonstrated) the procedure for disposal of medicines dispensed and refused, this involved storage in plastic bags and labelling before storage by collection by the contractor.

The provider had introduced a daily medicines audit sheet, which was completed at the end of each shift and which covered stocks, missing signatures, dates of opening and new in stocks.

Is the service effective?

Our findings

Since our last inspection a process of re-structuring the care records and review of working practices has been underway. For example, on our last inspection nurses were not playing a role in the mealtime or fluid balance process for people living at South Park. Nurses and a "chart champion" care staff now reviewed the 'rounding sheets' on a regular basis and signed to record that they have undertaken this.

The care records of four people were reviewed, and were seen to be significantly improved in layout and content. The nursing staff reported that they were currently in the process of reviewing all the care records and introducing a revised format. However this has only resulted in ten records being updated. This meant that there remained a significant number of the older style record format and we discussed the prioritisation of this work with the regional support manager and regional operations manager.

Of those reviewed, they were found to be much more user–friendly, with revised assessments, and reports in a logical order. There was evidence of a management audit (25/08/15) in one set, with a three week timeframe for action.

Each record had an up to date information sheet, and personal evacuation plans details were noted to be updated and accurate. These had not been in place on our last visit to the service. There was clear evidence of professional visits (involving community matrons, and dietician, and Community Psychiatric Nurse from the challenging behaviour team.

Risk Assessments had been updated, and where other professionals were involved their recommendations and reports were located alongside key assessments, for example, Speech therapy and dietician entries and reports co-located with MUST (a nutritional screening tool) and risk of choking assessments. For one person with a weight loss it was noted that their care plan was now being reviewed weekly. This showed that care plans were more responsive to people's changing needs and issues could more easily identified.

Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) documentation was evident for those subject to DoLS, and we were informed that DoLS applications were being submitted for everyone on the nursing unit. Records showed that people had been assessed for capacity and there was a clear audit trail of where applications and authorisations were in the DoLS process.

One person who we were concerned about on our last inspection, was currently undergoing a thorough re-assessment regarding their challenging behaviour and was to be reviewed again by the challenging behaviour team (NHS), in anticipation of this staff were collating information, detailing specific issues and incidents that they found difficult to manage.

Day and night entries in care records were noted to be more focussed and related to specific problem areas. We saw that monitoring charts for food and fluid intake, pressure area care and behaviour management were now in place and being completed consistently. Nursing staff took a lead on checking these had been done but there was also a chart champion, one of the care staff whose role was to ensure other staff completed the recording. This meant the service could evidence the care such as food intake and pressure care that people received.

The chef told us staff had completed "Focus on under-nutrition training" a month ago and told us it had made them; "Aware of things I didn't know in the past." The chef told us the person who had carried out the training had been back to the service since and carried out follow ups and practical sessions. Indeed on the day of our visit this person was in the service observing the lunchtime meal. The chef told us that since the training, "I am more confident" and "Things are much better".

At lunchtime, it was noted that there were now two 'sittings' which enabled staff to support more dependant people more effectively. The meals served appeared to be of good size and quality. Some people were noted to be having difficulties in keeping food on their plates, and the provider may wish to consider using plate-guards (clip on) to assist.

Hot and cold drinks were served during the day and at lunchtime, and these were recorded on charts as required during the day. The clinical lead was observed during lunchtime to be checking with care staff that everyone was being fed appropriately, and in organising staff deployment.

We witnessed staff caring for people in a dignified and caring manner. We saw one staff member talking gently

Is the service effective?

towards one person as they helped them to eat. They explained about the food and they asked the person if they wanted more or wanted a rest from eating. Another person after having a drink said to a staff member; "I love you" and the staff member thanked them with positive interaction.

Staff members told us about recent training events they had attended. These included safeguarding, oral health, focus on under nutrition, dignity and dementia and challenging behaviour. Several of these events were with external trainers and on the day of our visit some staff were attending training on the "6 C's of care" – care, compassion, competence, communication, courage and commitment run by Teesside University. One staff member told us about training they had received in challenging behaviour; "I was really impressed with it, it helped my understanding of why people with dementia may behave in odd ways and it gave me simple techniques like describing a hoist sling so it's not so scary for the person being hoisted." This showed the service was providing training specific to the people it provided a service for.

Is the service well-led?

Our findings

On our last visit to South Park in May 2015 we saw that there were sufficient numbers of staff on duty in order to meet the needs of people who used the service however the deployment of staff within the ground floor nursing unit was not appropriate for people's needs and a there was an over reliance on agency staff.

Little oversight was given to people who wandered the corridors and staff we spoke with lacked knowledge about individual people who used the service.

Systems and processes were not established and operated effectively to prevent abuse of service users.

Medicines were not recorded or administered correctly or safely, or in a timely manner.

Staff training was not up to date and staff did not receive regular supervisions and appraisals, which meant that staff were not properly supported to provide care to people who used the service.

Deprivation of Liberty Safeguards (DoLS) notifications had not been submitted to CQC. Therefore the provider was not following the requirements in relation to DoLS.

Nursing staff took no part in organising and overseeing food and fluid intake and the nutritional and hydration needs of service users were not being met.

The ground floor dementia nursing unit was dark, lacked signage and stimulation and was difficult to navigate.

Staff were caring however some people were not treated with dignity and respect.

Care records on the nursing unit were not an accurate, complete and contemporaneous record in respect of each person who used the service and did not include a record of the care and treatment provided to the person.

Care plans were not followed, which meant that care and treatment was not provided in a safe way for people who used the service.

The provider did not have a robust quality assurance system in place and did not gather information about the quality of their service from a variety of sources.

Since our visit to the service in May 2015, the provider had responded to the concerns raised above and developed an action plan. We saw this action plan was very detailed and specific actions and evidence of outcomes was clearly recorded. We were given the most up to date copy of this action plan during our visit and saw that it was correct and that some areas were still awaiting completion but this was being regularly monitored.

There was not a registered manager currently at South Park. The acting manager had applied to be registered with the Care Quality Commission and was going through the registration process.

On this visit we saw there has been an improvement overall at South Park, the environment on the ground floor was now more dementia friendly. The on site management team has been strengthened, and the role of the clinical lead was a useful addition to the service, and one which had a practical impact on staff and people living at the service. There was now much clearer signs of effective leadership and this was also the feedback we received from staff and visitors to the home.

We saw that two relatives meetings had taken place since our last visit and another one was scheduled for the following week. Records of these showed the acting manager had been open about previous concerns raised by the last CQC visit and that feedback from relatives at this meetings included the following comments; "The consistency of care has improved," "The staff are now more visible," and another person commented how their relatives health had improved which they felt was due to better care. We spoke with one relative who visited the service very regularly. They told us they had been extremely concerned about the standard of care their relative had been receiving but felt since the new acting manager came into post and the last CQC inspection that; "Things have improved massively." They told us the food had vastly improved, that agency staff had decreased and this meant their relative was more settled and they said the carers and nurses were "excellent." They also told us the acting manager was; "Very approachable. She stops and listens and she regularly walks around. I also see her thanking her staff."

The acting manager had implemented a daily walk around audit and "flash meetings" and we saw issues being picked up and actioned and noted that these were also taking place out of hours which was positive. There had also been clinical risk reviews very recently implemented with the acting manager and nursing staff looking at clinical issues

such as pressure care, behaviour, nutrition and falls so that issues of concerns were picked up, shared with the nursing team and actioned. For example, we saw one person had been referred to safeguarding due to a pressure sore. We saw copies of the referral and of the statutory notification to CQC. Again this was good practice and required embedding as a regular process. Flash meetings were daily meetings between the manager and representatives from each department and floor to discuss any current issues and plans for the day.

Care records had significantly improved however there remained a significant number that required further work to make all care plans the same format.

Medicine management has made a very significant improvement, and felt that if this level was maintained along with the daily audit checks this would be a safe and effective process.

During our previous inspection visit we looked at audit records and found little evidence of regular audits prior to May 2015. During this inspection visit, we saw improvements had been made since the new acting manager started working at the home in May 2015.

We looked at the 'care plan audit' file and saw from the front cover sheet that six care plan audits had been carried out in June, 10 in July and six to date in August 2015. The acting manager told us the target was for at least six care plan audits to be carried out each month.

We looked at examples of the most recent care plan audits and saw they included information on the documentation, any observations made and a score for each section. We saw that comments were made and actions put in place where gaps or inaccurate information was identified. For example, "Falls risk assessment not completed" and "Care plan in place but missing evaluation for June and July". Some of the audits referred to the care plans being "in the process of completing change of format". We discussed this with the acting manager who told us the service was in the process of implementing new care plans for all the people who used the service.

We looked in the 'Medication audits' file and saw monthly medication audits had been carried out in May, June and July 2015. These included medication counts, controlled drugs check, medication administration observations and medication management.

We looked at the medication audit dated 7 June 2015 and saw it had been recorded as a 'Fail'. A note on the medication audit template stated, "Should any care home fail their medication audit, then weekly medication audits must be conducted until the issue has been resolved." We saw copies of weekly medication audits in the file, which included checking the records for at least two people who used the service. Actions were put in place where issues had been identified, for example, "Eye drops must have dates", "Fridge must be locked at all times" and "Check allergies are written on MAR charts". We saw weekly medication audits continued throughout June, July and August 2015.

We looked at the 'Internal audits' file and saw the 'Home presentation audit tool' had been completed on 11 June 2015 and 10 August 2015. This included an audit of the internal and external areas of the home, including communal areas, bathrooms and toilets, and bedrooms. Actions were put in place where issues had been identified, for example, "The lighting on the ground floor is too dark. This has been reviewed by Estates". We saw the lighting on the ground floor had been improved since our last visit and was now appropriate for the people who used the service.

We also saw in the file that regular audits had been carried out for the kitchen, mealtimes, mattresses, infection control, hand hygiene and PPE (personal protective equipment), and health and safety. Where issues had been identified, actions had been put in place for any identified issues. For example, the infection control audit had identified, "Staff to read and sign the infection control file" and "Further infection control training to be booked".

We saw a copy of the regional operations manager's 'Quality monitoring report' which had been carried out during visits between 29 April and 28 June 2015. This included views about the service, comments and complaints, accidents, incidents and near misses, infections, pressure sores, nutrition and hydration, safeguarding, observations, case file tracking, staffing and spot checks. Actions were put in place for any identified issues, for example, "Instigate clinical review meetings and flash meetings" and "Update risk assessments".

This meant that the provider was gathering information about the quality of their service from a variety of sources.