MACC Care Limited

Wulfrun Rose 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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Wulfrun Rose nursing home is as nursing home providing personal and nursing care to 59 people. The service can support up to 67 people.

People's experience of using this service and what we found
The quality checks completed in the home were not always effective in identifying areas where improvements were required. Guidance for as required medicines was not always in place or reflective of how this medicine was prescribed. Staff, relatives and people felt there were not always enough staff and some people had to wait for support. Infection control guidance was not always fully followed to reduce the risk of cross contamination.

People felt safe living at the home. Risks to people were considered and lessons learnt when things went wrong. Oral medicines were administered as prescribed.

People and relatives spoke positively about the home and the care they received. Feedback was sought from people who used the service and was used to make changes.

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 (12 January 2018).

Why we inspected
We received concerns in relation to the quality of care people received. 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 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 have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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.

We have identified breaches in relation to the governance of the home.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always 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

Wulfrun Rose 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 team consisted of two inspectors and two assistant inspectors.

Service and service type
Wulfrun Rose 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.

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
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We gathered feedback from the local authority and the local safeguarding team. 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 with eight people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including, care staff, the registered nurse, the activities coordinator, the deputy and registered manager.

We reviewed a range of records. This included nine people's care records. We also looked at records relating to the management of the service, including procedures and governance records.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We continued to speak with staff and relatives.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People received their oral medicines as prescribed. However, where people were prescribed medicines 'as required' there was not always guidance in place for staff to ensure they received these when they needed them. We also saw people had guidance in place for medicines they were no longer prescribed. After the inspection the registered manager offered us reassurances that all 'as required' protocols had been reviewed in the home.

● Staff were not consistently documenting where they had supported people with their prescribed creams. For example, we saw multiple missed signatures on people's medicines records. This was a continued concern from our previous inspection. However, this had been identified and the registered manager was in the process of making improvements. We will review these at our next inspection.

● Medicines were stored in a safe way.

Staffing and recruitment

● During our inspection we saw there were not always staff available to offer support to people when needed. For example, one person required assistance as they had spilt a drink. There was a delay in this person receiving support from staff , as staff were supporting other people at this time.

● We received mixed views on staffing levels in the home from people and staff. One person told us, "No, we don't have to wait long." Whereas another person said, "Most of the staff are okay, but they are very busy. There are not enough staff. I press the call bell to get help, but it can take a while." A staff member commented, "Some days we seem over staffed and others there are no staff at work. Sometimes this means people have to wait for their care. At lunch time it is a bit more difficult as we are supporting people with meals and maintaining people's personal care and pressure care".

● We discussed our concerns with the register manager. They offered us assurances there were enough staff available to support people in the home, however due to the current COVID-19 restriction they acknowledged this had affected how some staff were deployed within the home. The registered manager was able to demonstrate they were working to resolve these issues.

● Staff confirmed and we saw employments checks had been completed before staff could start working in the home.

Preventing and controlling infection

● During the inspection we saw a person was not supported to isolate in their room on admission to the home. After the inspection the registered manager offered us reassurances that this person had completed an isolation period as required by current national guidance, before being admitted to the home. However the registered manager acknowledged it would have been best practice for the person to isolate in the

home on arrival.
● Although staff were wearing face masks throughout the inspection on occasion staff were not always wearing further personal protective equipment when people were in isolation periods. This placed people and staff at an increased risk of cross contamination.

We have also signposted the provider to resources to develop their approach.

● People were supported to keep in contact with those who were important to them during the pandemic. For example, staff supported people to make video and telephone calls with relatives. Staff also produced a newsletter for people's families to keep them up to date with activities within the home.
● People, staff and visitors were being supported to engage in testing in line with government guidance.
● The home was clean and tidy. The provider had employed extra domestic staff to support with enhanced cleaning during the pandemic.

Learning lessons when things go wrong
● After the inspection the registered manager sent us a lesson learnt analysis following the incident that occurred on the inspection in relation to infection control. This highlighted action taken, ways this could be prevented from reoccurring and how this was to be shared with the team.
● Accidents and incidents were also reviewed to see what could be done differently if they reoccurred.

Assessing risk, safety monitoring and management
● People and relatives raised no concerns over safety. One person told us, "I feel safe here. Staff are nice and joyful."
● Risks to people's health and wellbeing were considered, assessed and reviewed. We found some discrepancies in people's care files which we have reported on under well led.

Systems and processes to safeguard people from the risk of abuse
● Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training. One staff member told us, "It's any abuse. So physical, emotional, sexual, psychological." They went on to tell us they would report any concerns to the manager.
● There were procedures in place to ensure people were protected from potential harm. When needed concerns had been raised appropriately in line with these procedures.

Requires Improvement

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 deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst quality checks were in place, they had not always identified areas for improvements. For example, the medicines audit had not identified where a person's PRN protocol did not match how this medicine was prescribed. We spoke with the registered manager who took immediate action to update this protocol.
- The medicines audit had also not identified where there were gaps in recordings of fridge and room temperatures, so that appropriate action could be taken. The registered manager took action to resolve these issues during and after the inspection. They also told us they had introduced a medication changeover check audit following our findings. We will review the effectiveness of this during our next inspection.
- Quality assurance tools had not always identified where people's care files were not always up to date. For example, one person had a plan in place which referred to family involvement, however family were not involved with this person's care. For other people we saw information recorded within the summary of their files was not always reflected in their individual care plans. This had not impacted on the care people received.
- As reported on under safe the registered manager completed an audit of staff's responsiveness to call bell times. Following the audit an analysis had taken place and a twilight shift had been introduced. However, as this had not always incorporated all feedback including staffs', it was not fully effective in identifying all areas of improvement in relation to the deployment of staff in the home.
- Quality assurance tools had failed to identify concerns around staff's infection control practices we observed during our inspection and have reported on under safe.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported by the management team and had the opportunity to raise concerns by attending supervision and team meetings. A staff member told us, "The managers are approachable. If I have any problems, they are there, and I can go and talk to them".
- The registered manager ensured that we received notifications about important events so that we could

check that appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Working in partnership with others

● People, relatives and staff spoke positively about the management team and the support they received. One person told us, "Very happy, well looked here by the carers".

● Throughout our inspection we saw positive interactions between staff and the people they were offering support to.

● The service worked closely with other agencies to ensure people received the care they needed.

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

● Duty of candour requirements were understood and met by the registered manager.

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

● Feedback was sought from people who lived in the home, in the form of surveys. The information was analysed and shared. The feedback received was mainly positive.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The quality checks completed in the home were not always effective in identifying areas where improvements were required.