

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection visit at Rossendale Nursing Home was undertaken on 18 and 19 January 2017 and was unannounced.

Rossendale provides nursing care and support for a maximum of 27 older people who may be living with dementia. At the time of our inspection there were 19 people living at the home. Rossendale is situated in a residential area of Lytham St Annes close to local amenities and the promenade. There are four double rooms available for those who wish to share facilities, which include privacy screening. Communal areas consist of three lounges and a separate dining room.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 15 June 2016, we rated the service as Inadequate and placed it in Special Measures. This was because breaches of legal requirements were found. The provider failed to ensure the environment was safe. They had not always assessed risks to people's health and safety. The provider had not done everything reasonable to mitigate risks, such as maintaining good infection control practices. They had not safeguarded them from abuse and improper treatment. People who lived at the home did not always have comfortable, well-maintained accommodation. Care plans had not been designed to reflect individual needs and people were not always treated with dignity and respect. Signed consent to care was not consistently obtained. Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed. The registered person had not implemented effective systems to assess, monitor and improve the quality and safety of the service provided. They did not have thorough recruitment processes to safeguard those who lived at the home from the employment of unsuitable staff.

We additionally made recommendations for the provider to further improve people's safety and welfare. These concerned tools to enhance safe medication recordkeeping, providing more personalised activities and the management of complaints.

During this inspection, we found the provider had made a number of improvements following our last inspection. They worked transparently and collaboratively with local authorities, staff, people who lived at the home and relatives as part of their improvement requirements. The management team enabled everyone at Rossendale to feel a part of the improvement drive. One staff member said, "It was a good home and I want to help it get back to what it was."

When we discussed safeguarding principles with staff, they demonstrated a good understanding of related principles. Training records we looked at confirmed they had completed relevant training. The provider was implementing new risk assessments and related procedures to protect people from an unsafe environment

and inappropriate care. This included fire safety procedures and up-to-date evacuation plans for those who lived at Rossendale in the event of a fire. The home was clean and tidy. The provider had introduced a number of systems to maintain good infection control standards.

The provider had commenced an audit form to check recruitment processes were completed. They had carried out mandatory checks of each employee and their practice requirements to recruit suitable staff. We further noted staffing levels and skill mixes were adequate and deployed well.

We found the management team had implemented regular supervision sessions and a wide range of training to improve staff skills. They underpinned this by assigning staff as champions in a variety of specialist areas, such as health and safety, infection control and dignity in care.

However, we found concerns with how people's medicines were managed and noted the provider had not followed our recommendation. Staff continued to store creams in bedrooms. We saw records detailed conflicting information, including covert procedures, which did not adequately guide staff. The management team failed to ensure staff always followed national guidance and regulation to protect people from unsafe administration. This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

You can see what action we told the provider to take at the back of the full version of the report.

The provider had improved how they obtained consent to care and worked within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff supported people to make their decisions, such as what they wanted to eat or where they wished to sit. Where applicable, new DoLS care plans outlined the authorised practice and how best to support the individual in the least restrictive way.

We observed improvements in how staff supported people to eat their meals with a caring and encouraging approach. A relative said their family member enjoyed their meals and they were offered choice of what to eat and drink.

Throughout our inspection, we found staff supported people in ways that consistently maintained their dignity. They and the management team were improving their person-centred approach to care in discussion with people and their relatives. A relative said, "I am hopeful for the future of my father's care." We observed a quiet, calm atmosphere throughout the home.

The provider was visible within the home and had a good rapport with people and their relatives. The management team held monthly meetings with them to discuss new systems and to listen to their concerns or improvement ideas.

We saw the provider was working closely with the local authorities as part of their improvement requirements. In response to this and the concerns we found at our last inspection, the provider had introduced a number of systems. These assisted the management team to gain a good oversight of quality assurance and environmental safety. Staff told us they felt a part of the ongoing development of the home. One staff member said, "The changes are a great improvement."

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 action had been taken to improve the safety of the home, but the service was not always safe.

Improvements to medication procedures had not always been maintained. The management team had failed to manage people's medicines with a consistently safe approach.

We found the provider was working transparently with the local authorities as part of their improvement requirements. Staff had demonstrated a good awareness of safeguarding principles.

New risk assessment documents and processes intended to maintain people's environmental safety and protect them against inappropriate care were being implemented.

The provider had improved their recruitment systems. Suitable and sufficient staff were employed to meet people's requirements.

Requires Improvement 

Is the service effective?

We found action had been taken to improve the effectiveness of the home.

The provider had made improvements to consent processes and how they worked within the MCA. However, we saw not all records contained full consent to care and treatment. Staff consistently encouraged people to make day-to-day decisions and had developed and implemented specific DoLS care plans.

Care records contained people's food preferences and guided staff about the provision of effective nutritional support. We observed improvements in how staff supported individuals to reduce the risk of malnutrition.

The provider acquired a wide range of training from different external organisations to improve staff skills. This was underpinned by competency testing of care in practice.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice

Requires Improvement 

over time. We will check this during our next planned comprehensive inspection.

Is the service caring?

Good ●

The service was caring.

We observed staff engaged with people using a gentle and caring approach. They chatted, whilst giving individuals encouragement, reassurance and appropriate praise.

Staff demonstrated a good awareness about the importance of maintaining people's independence and welfare. They respected individuals and ensured their privacy was maintained.

Is the service responsive?

Requires Improvement ●

We found action had been taken to improve the responsiveness of the home.

A new care planning and risk assessment package was being implemented. We were unable to fully assess the impact this would have on people's care and support.

People and their relatives told us staff were responsive to their personalised needs. Care plans we looked at held their choices in relation to their needs and support wishes.

We saw a programme of activities was in place. We observed staff encouraged and valued one person's talent and individuality.

The provider made information available to people if they wished to make a complaint.

We could not improve the rating for responsive from requires improvement 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?

Requires Improvement ●

We found action had been taken to improve the leadership of the home.

We saw the provider had made improvements to enhance their oversight of service quality and safety. They addressed identified concerns and recorded when action had been taken.

The provider was transparent with people who lived at the home

and their relatives. They implemented systems to enable them to comment about their experiences and make suggestions.

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

Rossendale Nursing Home

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care inspectors and an 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. On the second day of the inspection, a Specialist Pharmacist joined the team to review how the provider managed people's medicines.

Prior to our unannounced inspection on 18 and 19 January 2017, we reviewed the information we held about Rossendale. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We were not able to discuss care with people who lived at Rossendale because they were unable to communicate fully with us. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Additionally, we spoke with a range of individuals about this service. They included two relatives, three members of the management team and nine staff members. We did this to gain an overview of what people experienced whilst living at the home.

We also looked at records in relation to four people who lived at Rossendale and two staff. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

At our last inspection of Rossendale on 15 June 2016, we found the provider did not always safeguard people against abuse and improper treatment. This was because they did not submit required notifications to CQC about incidents that affect people's health, safety and welfare. We made a safeguarding referral following the inspection because we had identified concerns about the management of behaviour that challenged the service. Documentation related to the management of people's finances was poor and did not protect them from potential financial abuse. Safeguarding training certification had expired for ten members of staff.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

During this inspection, we found the management team were working transparently with the local authorities as part of their improvement requirements. Additionally, they had submitted notifications to CQC about incidents that affect people's safety and wellbeing. Relatives told us they felt their family members were safe at the home. We saw evidence staff received training related to the protection of people from potential abuse or poor practice. Information was made available about who to contact if they had concerns. When we discussed this with staff, they demonstrated a good awareness of their responsibilities. One staff member commented, "Any concerns I would report to the nurse-in-charge and the manager. I would also contact CQC and the local authority."

We found various documents were implemented to monitor and manage people's finances and to support individuals who displayed behaviours that challenged the service. In addition, staff had training to support and manage behaviour that challenged to underpin their knowledge and skills.

At our last inspection of Rossendale on 15 June 2016, we found the provider had not ensured thorough recruitment practices were adopted by the home. This meant vulnerable people were not always protected against the employment of suitable staff.

This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

During this inspection, we found the provider had introduced an audit form to check necessary processes were completed. This reduced the potential for employment systems to fail, which would place people at risk from the recruitment of unsuitable staff. We reviewed staff files related to newly employed personnel and found gaps in employment were reviewed. Additionally, they contained references and criminal record checks obtained from the Disclosure and Barring Service (DBS). The provider obtained suitable proof of the employee's qualifications and, where required, ensured staff had a current professional registration in order to practice. This demonstrated the management team had oversight of each employee's current practice requirements and had recruited staff safely. Staff confirmed their recruitment was thorough and professional. One staff member said, "My DBS was done and two references were taken up before I started."

At our last inspection of Rossendale on 15 June 2016, we found the provider had failed to fully maintain people's environmental safety. We saw gaps in the risk assessment of people's health and safety whilst they received care. These were incomplete and associated care plans did not always guide staff about the management of behaviour that challenged. We noted multiple concerns related to the environment, such as missing window restrictors, broken and insecure furniture and unsafe door shutters. Staff left hazardous items and fluids unattended and accessible to people who lived at the home. Furthermore, the provider failed to ensure they followed good infection control practices. Not all staff received relevant training and we found equipment and areas within the home had a poor standard of cleanliness. Records intended to monitor the effectiveness of such standards did not identify concerns we found and were incomplete. Call bells were out of reach or had no leads to enable individuals to summon help whilst they were in bed.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During this inspection, the management team showed us new risk assessment forms they were implementing. We saw these were more detailed and they intended to reflect identified risks and actions to manage them. We noted the management team were in the process of transferring those who lived at the home over to the new system. We were unable to fully assess the impact this would have on the protection of people against potential risks of receiving care. However, the provider assured us the process was ongoing and we saw those who lived at the home were safe.

We found the management team introduced new documentation to monitor and support individuals who displayed behaviours that challenged the service. For example, staff utilised the Cohen-Mansfield Agitation Inventory to assess each person's behaviour and agitation levels. This is a recognised tool to analyse people's distress and to assist staff to build their personalised care plans. This meant evidenced-based best practice was utilised in monitoring people and helping them to lead purposeful lives.

The provider had implemented a new health and safety risk assessment to protect people from an unsafe environment. This included identified issues and when staff had managed these concerns. All dangerous and broken chairs, as well as unsafe door closures, seen at our last inspection had been removed or addressed. For example, new chairs and dining tables had been purchased to remove any risk to those who lived at the home. Call bells we looked at were attached to people or within their reach. The provider assigned to a staff member the role of health and safety champion. Their responsibility included providing up-to-date information and guidance for other staff.

When we looked around the building and attached grounds, we saw it was clean and tidy. The equipment in use was dirt and rust-free. Items required to be stored in-line with Control of Substances Hazardous to Health regulations were properly secured. The provider had introduced a number of systems to maintain good infection control standards. For example, we saw new cleaning schedules and other documents evidenced tasks completed were up-to-date. The provider assigned a member of staff as the infection control champion. They had started to attend a best practice sharing forum set up by the local authority. The champion also had the duty of disseminating current guidance and information to all employees.

Whilst we found new, suitable restrictors had been applied to windows, we noted this was not always the case. However, when we discussed this with the provider they took immediate action during our inspection to maintain people's safety. They assured us they would implement an audit to monitor this and reduce the potential for further risk.

Following our last inspection on 15 June 2016, we made a recommendation the provider continuously

maintain people's fire safety. This was because their fire risk assessments in the event of a fire were brief and lacked sufficient information to protect them. Additionally, we found corridors were not always kept free from apparatus and clutter.

During this inspection, we found corridors were free of obstacles. Personal Emergency Evacuation Plans (PEEPs) had been introduced to maintain people's safety in the event of a fire. The records outlined each person's risk and how staff should support them during an evacuation. PEEPs were placed in care files, at the entrance of Rossendale and in each bedroom. This showed staff had sufficient guidance about supporting people in an emergency. The management team completed regular fire safety checks, such as emergency lighting, equipment and the alarm system.

Following our last inspection on 15 June 2016, we made a recommendation the provider sought advice from a reputable source about medication recordkeeping. This was because we found gaps and missing signatures in records and charts. Handwritten entries were not countersigned to evidence information was correct. Medicines instructions were not consistently clear to guide staff about safe administration. We saw creams and ointments were stored within people's bedrooms and communal bathrooms, which posed a risk to everyone who lived at Rossendale.

During this inspection, we reviewed six people's medicines records, associated procedures, observed practice and spoke with staff and the management team.

Medicines records included information and body mapping of creams and other medical applications. However, we noted ointments were still being stored in people's rooms. During our inspection, we also found fluid thickening powder was left unattended. Fluid thickening powder is used to thicken drinks for people who have swallowing difficulties. This continued to place those who lived at the home at potential risk.

Furthermore, we found on one person's blood sugar monitoring form relevant checks had not been completed since November 2016. A staff member told us this was because the individual no longer required their associated medication. However, this is an important aspect of reviewing and checking the health of people diagnosed with diabetes. The management team admitted this was an error, particularly when the person's medication had changed. They assured us they would address this issue as a priority.

We saw controlled drugs were not stored as defined in the Misuse of Drugs Act 1971 (Regulations 2001). This was because the designated cupboard was not bolted to the wall. Furthermore, we noted one controlled drug had not been entered into the register. Following our inspection, the provider submitted evidence to demonstrate they had taken action to address these issues.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team had failed to manage people's medicines with a consistently safe approach.

The provider ensured staff had the National Institute for Clinical Excellence (NICE) guidance 'Managing medicines in care homes.' All six people had a full supply of medicines and there were no missing signatures on their related documents. We found records contained each person's photograph to reduce the risk of them receiving the wrong medication. We found a member of the management team completed audits to check the safety of related procedures, including medication stock control. Staff confirmed they had relevant training and the management team undertook regular competency tests to check their ongoing abilities.

We discussed staffing levels with staff, people who lived at Rosendale and visitors. They told us these were sufficient to meet each person's requirements. We additionally looked at rotas, which confirmed staffing levels and skill mixes were adequate and deployed well. A staff member commented, "Yes, there's enough staff now. It's much better because we have the time to support the residents fully and then just sit down to chat with them." We observed there was a calm, relaxed atmosphere throughout the home. Staff were not rushed in their duties and answered call bells in a timely manner. We found the use of agency staff had dropped considerably since our last inspection because the provider had recruited new employees. This meant people were supported consistently by staff who had a better understanding of their needs and backgrounds.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met.

At our last inspection of Rossendale on 15 June 2016, we saw people's written consent to care and treatment had not always been obtained. Where an individual did not have capacity, the provider did not acquire this from their relevant representative. There was no evidence available to demonstrate best interest meetings had been held on people's behalf.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

During this inspection, we saw staff consistently encouraged and assisted people to make day-to-day decisions. This included where they wanted to eat their lunch, where they wanted to sit and what they wanted to do. They spoke in soft tones and checked the person agreed to tasks before proceeding. One staff member explained, "Whatever and whenever we are doing something we must do this in their best interests and always try to help them make their decisions."

Best interest meetings and, where required, Relevant Person's Representative (RPR) visits were recorded. The RPR role is to represent and support that person in all matters related to the MCA and DoLS. Documents we reviewed included people's recorded consent to information sharing, care planning and involvement of families in support plans. We noted not all records contained full consent to care and treatment. When we discussed this with the provider, they assured us this was an ongoing process.

Following our last inspection on 15 June 2016, we made a recommendation the provider sought advice from a reputable source about working within the MCA. This was because we noted mental capacity assessments were generic and did not relate to specific decisions. Where legal authorisation to deprive someone of their liberty was in place, the provider had not updated their care plan. Therefore, this did not reflect restrictive practices and how these should be managed. Staff we spoke with did not fully understand the legal implications of the MCA and DoLS.

During this inspection, we found the management team had implemented new MCA procedures and documentation. This included mental capacity assessments and monitoring of renewal due dates. Where the management team applied for a DoLS to deprive someone of their liberty to protect them, we found

they followed correct procedures. Furthermore, they developed and implemented specific DoLS care plans. These outlined the authorised practice and how best to support the individual in the least restrictive way. Training records we looked at evidenced staff completed related training and had a good awareness of associated processes. One staff member said, "The act protects people who don't have capacity to make decisions."

At our last inspection of Rossendale on 15 June 2016, we found people's nutritional needs were not consistently met. They gave us mixed comments about the quality of food and there was no evidence to demonstrate menus were developed with their input. The chef was not aware of the food budget and did not have a list of people's food preferences. Meals were poorly presented and organised, which did not enable individuals who lived at the home to enjoy their food. Where required, staff did not always support people effectively with their meals.

This was a breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Meeting nutritional and hydration needs.

During this inspection, we observed staff supported people to eat their meals wherever they wished, such as in the lounge or their bedrooms. We noted they engaged with each individual with a caring and encouraging approach, sitting down with them and chatting. This helped them to enjoy their meals and assisted staff to work more effectively. Menus for the day's meals were on display to advise people about available choice. The management team provided this in large, pictorial format to aid those who lived with dementia. A relative said their family member enjoyed their meals and they were offered choice of what to eat and drink. We observed one person went to the kitchen and asked, "Can I have bacon and eggs for my lunch?" We saw staff provided this to the person during the midday meal.

Care records contained people's food likes, dislikes, and other preferences, such as whether they wanted sugar or sweeteners in their hot beverages. Because they ate what they preferred, this meant their nutritional intake was likely to increase. People were weighed at least once a month or more frequently if loss or increase was noted. Monitoring forms were in place and up-to-date to protect them against the risks of malnutrition. The provider assigned a member of staff as the nutrition and hydration champion. Their role was to obtain and disseminate current guidance to improve related standards at the home.

The cook told us he had appropriate control of the food budget to better plan meals. He said he was implementing a new menu programme, in discussion with people and relatives, to provide more variety. He added, "It's only a guide. If residents want something different then they'll get it. I want them to enjoy their meals." We saw the cook also had good oversight of people's nutritional needs and planned their meals around these. Other records were completed to evidence safe food hygiene practices at Rossendale, such as cleaning schedules and various temperature checks.

At our last inspection of Rossendale on 15 June 2016, we found areas of the home to be in need of improvement. The provider had failed to ensure people who lived at Rossendale had access to comfortable, well-maintained accommodation. We saw their bedrooms contained broken furniture and ill-fitting curtains that did not close properly. Furnishings throughout the home were of a poor condition, which did not promote everyone's comfort and wellbeing.

This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

During this inspection, we found the provider had attended to broken furnishings and décor. They

purchased new chairs and tables to improve people's comfort. Furthermore, the provider had taken action to enhance the environment for people who lived with dementia. For example, bedroom doors were replaced with ones that resembled external doors. The provider told us, "We are trying to make everyone's bedrooms feel more like their own apartments. It's another way of helping our residents to feel like this is their home." The doors were painted in different colours and contained each person's photograph to give them visual reminders of their rooms. All communal areas, bathrooms and toilets also had pictures to highlight the purpose of each room. Further assistance was offered in the lounge where a large pictorial board was placed to show the date, time and weather. The dining room contained another display to indicate the day's meals.

At our last inspection of Rossendale on 15 June 2016, we saw the provider had not always deployed sufficient skill mixes of staff. They had made use of high numbers of agency staff, which meant people were at risk of inconsistent staff who did not understand their needs. Not all staff received training to support those who had complex requirements.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

During this inspection, we found the management team had implemented regular supervision sessions. The sessions were a two-way discussion between the staff member and line manager. They were able to explore their progress and training needs. A staff member told us, "I feel well supported." Another staff member said, "Good support, better training and supervision." We found the use of agency staff had greatly reduced because new employees had been recruited. People were better supported because of this staff permanency and enhanced consistency.

The provider acquired a wide range of training from different external organisations to underpin staff in their roles and responsibilities. This included, for example, movement and handling, cardiopulmonary resuscitation, the MCA and DoLS, safeguarding, dementia awareness, medication, fire safety and food hygiene. A staff member told us, "I'm trying to put this into practice now so I can be a better worker." Training records we reviewed contained evidence staff had attained recognised health and social care qualifications, as well as ongoing refresher guidance. The staff member added, "The refresher courses are good. It doesn't matter how many times you do it, eventually it sticks in your head." Additionally, the management team had introduced competency checks of, for example, catheter care, medication and pressure area care. This enabled them to assess staff skills in an ongoing basis and protect people from poor practice.

Care records contained documentation of professional healthcare visits and appointments. This included reference to the date of attendance, the professional involved, the reason for the visit and the outcome of the appointment. A staff member said, "We are working much more closely as a team now. We communicate much better." The professional's referral and contact information was recorded and kept up-to-date. This included GPs, RPRs, social workers, district nurses, speech and language therapy, dentists and hospital services. Along with timely referral to healthcare services, this was an effective approach in maintaining each person's continuity of care.

We found action had been taken to improve the effectiveness of the home and to meet the regulations they had breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

Is the service caring?

Our findings

At our last inspection of Rossendale on 15 June 2016, we found the provider did not always ensure people were treated with dignity and respect. This was because opportunities for meaningful interaction were missed. For example, staff did not always engage with individuals when they supported them. Staff did not always discuss people's personal information with relatives in a private space. Their confidential details were displayed in their bedrooms, including shared rooms, which did not support people's privacy or dignity.

This was a breach of regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect.

During this inspection, we observed a quiet, calm atmosphere throughout the home. Staff interacted with those who lived at Rossendale with kindness, respect and appropriate use of humour. People and relatives were relaxed, smiling and comfortable. A relative confirmed, "The home is a lot calmer now."

We observed staff engaged with people using a gentle and caring approach. For example, they assisted individuals patiently, working at their own pace. They chatted throughout, whilst giving the person encouragement, reassurance and appropriate praise. Staff maintained eye contact when conversing with people and checked they understood and agreed to support before proceeding. One staff member told us, "Supporting their emotional needs is just as important, particularly as we try to do the best for them to have meaningful lives in their home."

Staff respected individuals and ensured their privacy was maintained. For example, we noted they knocked on bedroom and bathroom doors before entering. Information in people's bedrooms was made more discreet because it was reduced in size and placed in an appropriate position. The details showed the person's care requirements, preferences and emergency information. This guided staff, especially new employees, to people's needs and their wishes about their support.

Whenever staff supported people, we observed they did so in ways that maintained their dignity. For example, they talked in ways that helped them to have meaningful lives. The provider had assigned a staff member the role of dignity champion to promote good standards of care at Rossendale. This included obtaining the latest guidance about dignity in care and disseminating this to all other staff.

Care planning and risk assessment we reviewed held evidence people and their relatives were involved in their support and treatment. For example, we found goals were agreed and established with the person or their family member. They discussed each person's needs and their preferences in relation to their support. We observed one relative asked about their family member's progress and medication. The staff member they spoke to obtained the person's care records and went through them with the relative.

We found staff supported those who lived at Rossendale and their relatives in ways that promoted their independence. For example, they offered each person choice and supported them to decide how to proceed

with care. Staff demonstrated a good awareness about the importance of maintaining people's self-reliance in relation to their welfare. Additionally, we noted staff were respectful towards people and their personal spaces. For instance, we found the provider supported people to personalise their bedrooms with pictures, photographs and soft toys.

Relatives told us the management team encouraged them to visit and welcomed them on arrival. We observed staff offered families and friends privacy to meet with people who lived at Rossendale. They demonstrated a caring and respectful approach when they engaged with relatives. One relative said, "I come to visit every day."

Is the service responsive?

Our findings

At our last inspection of Rossendale on 15 June 2016, we found the provider did not always ensure care plans had been designed to reflect individual needs. This was because recordkeeping associated with behaviour that challenged the service was poor. Care plans, risk assessments and monitoring charts were limited and did not always guide staff about strategies to support people. We found gaps in care records we looked at, which lacked specific details about the person's individualised requirements.

This was a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

During this inspection, we observed people and relatives were relaxed, smiling and comfortable. They told us staff were responsive to their personalised needs. The management team showed us a new care planning and risk assessment package they were implementing. We saw this was a more detailed set of documents intended to reflect each person's individualised needs and agreed support methods. We noted the management team were in the process of transferring those who lived at the home over to the new system. We were unable to fully assess the impact this would have on their care and support. However, the provider assured us this was an ongoing development, which we will check at our next inspection.

In the interim, the management team had updated care plans under the old system. These covered a range of assessments to check people's required support levels and a person-centred approach was utilised in their care planning. For instance, staff reviewed the person's needs in relation to continence management, nutrition, pressure area care, pain, movement and handling, nutrition and medication. We found the management team introduced new documentation to monitor and support individuals who displayed behaviours that challenged the service. These checked people more efficiently and guided staff how best to respond to their needs.

The provider kept discrete information about each person in their bedrooms. Details covered the individual's behaviour that challenged the service and how they wished to be supported. Care plans we looked at held their choices in relation to their needs and support wishes. This included options related to their preferred name, meals, getting up times, activities, nightly checks and gender of staff member. Other information detailed each person's social history and background, which helped staff to gain a better understanding of them. We observed staff implemented this knowledge in their care by the way they supported people and talked about things of interest with them. A staff member commented, "The residents and relatives are much more settled and happy now because we have a better understanding of their needs." This demonstrated staff and the management team supported people with a personalised, knowledgeable approach.

The provider utilised a new 'Reactor Red' process. This related to close monitoring of people's pressure areas and involved twice-daily checks. Any changes were recorded immediately and action taken to prevent further deterioration. This was a responsive way to maintaining people's care requirements and minimising potential risks to them.

Following our last inspection on 15 June 2016, we made a recommendation that activities were provided in accordance with people's interests. We observed there was limited stimulation throughout our inspection. People and their relatives told us there was a lack of activities for those who lived at the home. Staff confirmed this when we discussed activities with them.

During this inspection, we saw a programme of activities was in place. This included aromatherapy, hand massage, music and dance, arts and crafts, baking, prize-winning and other games, petting zoos and gentle exercise. One lounge had a large television for people's entertainment, whilst piped music was played in another lounge. The provider told us a third, quieter space was available and added, "It is used by relatives to have a more private visit with their family member." An organ was available for people to play. We observed one individual colouring in enthusiastically, which the staff placed on the walls once completed. This demonstrated they encouraged and valued the person's talents and individuality.

Following our last inspection on 15 June 2016, we made a recommendation that the registered manager ensured all complaints were recorded. We found one complaint did not include clear documentation of actions taken and the resulting outcomes. Additional formats, such as large print, were not provided to ensure the complaints procedure was more accessible.

During this inspection, the provider told us they had not received any complaints since our last inspection. Therefore, we were unable to assess their related recordkeeping. We noted they provided information for people and relatives about making a complaint and assuring them this would have a 'speedy and effective' resolution. The policy outlined a designated member of the management team would be identified as the lead and point of contact for the complainant. Other information included appropriate timescales to process the concerns and other organisations to refer to if the complainant continued to be dissatisfied.

We found action had been taken to improve the responsiveness of the home and to meet the regulation they had breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

Is the service well-led?

Our findings

At our last inspection on 15 June 2016, we found the provider had not implemented effective systems to assess, monitor and improve quality assurance. Healthcare professionals, relatives and people who lived at the home did not find the provider to be supportive. Those who lived at Rossendale and their families and friends felt the management team did not respond to their concerns. Additionally, staff told us they felt their morale was low at the home and did not feel the management team listened to them. Auditing systems were poor and did not pick up the shortfalls we identified during our inspection. The management team failed to maintain people's safety by ensuring electrical and gas safety certification was up-to-date.

This was a breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

During this inspection, we found the provider and management team were working very closely with the local authorities as part of their improvement requirements. They confirmed the provider was working towards completing their action plan. Identified issues and actions taken were on display at the entrance to Rossendale for people, visitors and staff to review. The provider told us, "I make sure residents and relatives are aware of where we are up to. It reassures them we are improving." A relative commented, "It gives me a little confidence back in my [relative's] care."

We found the management team were transparent with people who lived at the home and their relatives. The provider said, "I have a meeting with relatives and residents at least once-a-month. I also speak with them in between to check how they feel things are going." We saw invites to relatives to attend the monthly meetings and minutes from those previously held. They identified areas discussed, such as consent forms, improved laundry systems, personalised care planning and ongoing developments. A relative commented, "I am hopeful that the resident's meetings will help to give us a better voice so that we and the home can all work together." The provider was visible within the home and had a good rapport with people and their relatives. They were kind and caring when they engaged with individuals. They had a good understanding of each person and their needs. Another relative said the management team was, "Approachable and positive."

Staff told us the leadership was very good because there was a better, more visible management structure in place. They added they felt listened to and consulted about the ongoing improvement of Rossendale. One staff member said, "It's been very stressful for us, the residents and relatives. It's so much better now. [The provider] is very good because she listens and she's really trying hard to improve the home." Another staff member commented, "It's a lot better now management-wise." A third staff member stated, "I've seen a lot of change, the improvements are brilliant."

The management team held regular team meetings to give staff the opportunity to raise concerns or suggestions about the home's improvement. One staff member confirmed, "[The provider] asked us for how we can get things better. She's interested in our ideas." We saw the minutes from the last meetings. This covered, for example, infection control, keyworker responsibilities, champion roles, supervision, training and

staff morale. Another staff member told us, "Staff are kept more involved and more informed."

We saw the provider had made improvements to enhance their oversight of service quality and safety. This included an evidence file to demonstrate how they met the requirements set out by the local authority. They had updated policies and introduced new procedures to underpin this. These covered, for example, clinical governance, business performance policy related to service oversight, falls management, health and safety, whistleblowing and complaints. We saw these were current and referred to the latest legislation, regulation and national guidelines.

The provider had a new health and safety risk assessment to reduce potential environmental hazards to those who lived at the home. We found hot, running water was available throughout Rossendale, which was delivered within safe temperatures. The management team also recorded water temperatures to ensure it was delivered safely. The service's electrical and fire safety certification was up-to-date. This meant the provider had good oversight of environmental safety.

The management team had implemented a new system to check quality assurance and people's wellbeing. This included monitoring of care records, falls, health and safety, staff recruitment, training, supervisions, medication and infection control. Other regular audits reviewed maintenance processes, equipment safety and cleanliness, accident reporting, complaints and housekeeping. We found the provider addressed identified concerns and recorded when action had been taken. This was underpinned with regular 'provider visits,' which reviewed people's experiences, staff concerns and suggestions, recordkeeping, accidents and ongoing improvement requirements. Furthermore, the management team had introduced an 'audit calendar' to give them oversight of when audits were due to be undertaken.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

We found action had been taken to improve the governance of the home and to meet the regulation they had breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

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	The management team failed to manage people's medicines with a consistently safe approach. They had not always ensured the correct storage, covert use, administration and monitoring of medication. They did not always follow national guidelines and regulations. The provider had not fully met the recommendation we made at our last inspection.
Treatment of disease, disorder or injury	
	Regulation 12 (1), (2) [a, b, g]