Roseberry Care Centres GB Limited

Harriets

Inspection report

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Date of inspection visit:
07 April 2016

Date of publication:
16 May 2016

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 5 and 6 January 2016, at which four breaches of legal requirements were found. This was because quality monitoring had failed to resolve issues related to good governance, staffing levels were inadequate and risk management was not appropriate. We also found that there were problems with the environment. We served the provider with a warning notice in respect of Safe Care and Treatment, Staffing and Good Governance.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches contained in these warning notices. We undertook a focused inspection on the 7 April 2016 to check that they had followed their plan and to confirm that they had started to progress the actions to meet legal requirements. This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Harriets' on our website at www.cqc.org.uk.

The inspection was undertaken by an adult social care inspector. The provider was given 48 hours' notice because we wanted to discuss the issues around risk management and leadership with the registered manager and with other senior members of the company.

Harriets is a 41 bedded care home situated in the centre of Distington, a village near to Whitehaven. The home is within walking distance of all the amenities of the village. The accommodation is all on the ground floor. Accommodation is in single rooms with ensuite toilet facilities. There are suitable shared areas in the home. Outside there are small patio areas where people can sit out. Parking is in the public car park near to the home.

The home had a registered manager. 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.

We judged that the provider had ensured that risk assessment and risk management had commenced and that issues discovered at our January 2016 inspection had been dealt with in this interim period.

We had evidence to show that staffing levels had increased and that the deployment of staff had been considered so that suitable ratios of staff to people in the home were in place.

Matters around good governance had been addressed by the provider. Senior officers of the company had given the registered manager good levels of support in checking on quality matters in the home.

We judged that the provider had responded to the matters contained in the warning notices but we have not changed the overall rating for the service because to do so requires consistent good practice over time. We

will check this during our next planned Comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not yet safe overall.

Risk assessment and management had commenced and as a result risks had lessened.

Staffing levels and staff deployment had been reviewed and staffing levels were sufficient to reduce risk.

Is the service well-led?

Requires Improvement

The service was not yet fully well-led.

Quality monitoring was underway and improvement plans being developed.

Harriets

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.

We undertook a 'short notice' announced focused inspection of Harriets on 7 April 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 5 and 6 January 2016 had been made. The inspector reviewed the service against two of the five questions we ask about services: is the service Safe and Well-led. This is because the service was not meeting some legal requirements.

The provider was given 48 hours' notice because we wanted to discuss the issues around risk management and leadership with the registered manager and with other senior members of the company.

The inspection was conducted by an adult care inspector.

Prior to the visit we had attended two quality improvement meetings called by the local authority. We had received information from the community nursing team, social workers and occupational therapists and other visiting professionals. We had also received action plans from the registered manager and from the nominated individual for the company.

We spoke with five people in receipt of care and support and to a visiting relative. We observed moving and handling in the service, we walked around the building, observed a mealtime and were present when staff interacted with people in the home.

We spoke with the cook, two members of the housekeeping team, five care assistants, two unit managers, the administrator, the registered manager and two senior officers of the company, one of whom line managed the registered manager. We had also spoken to the director of the company (who is also a registered person) by telephone on several occasions.

We looked at five care files and a range of quality monitoring documents.

Inadequate

Is the service safe?

Our findings

When we visited the service in January 2016 we judged that the service was in breach of two regulations of the Health and Social Care Act 2008 Regulations 2014 within the domain Safe. We served a warning notice in relation to both Regulation 12: Safe care and treatment and Regulation 18: staffing. At this inspection we checked on the progress of these warning notices.

We judged that the service was in breach of Regulation 12 because risks associated with falls, pressure care, choking, moving and handling and admissions had not been dealt with appropriately.

After our January2016 visit the registered manager had started to analyse falls in the service in a more detailed way. She had analysed falls and had included time of day, location and numbers of staff on duty. We saw that there had been some reduction in the number of falls in the service. This may have been due to increases in the numbers of staff available and to some basic risk management that had been put in place. We looked at the care plan for one person who did continue to be unsteady and have falls. We noted that the recent risk had been lessened because staff had been more readily available at times of risk. We also noted that this person and others at risk of falls had their risks assessed and documentation was in place to show how the risk could be minimised. Medication reviews had been asked for, some assistive technology was in place and staff had started to look for other causes of falls. We discussed the on-going analysis and risk management with the registered manager.

We spoke to an occupational therapist who had visited the home and she confirmed that staff were now following her guidance and that suitable moving and handling equipment was in use. We checked on moving and handling by observation and by looking at this aspect of some people's care plans and we found that arrangements in place were suitable and appropriate. Staff recently been trained and were being checked for competence in moving and handling techniques. We spoke with a relatively new member of staff who had a good understanding of their responsibilities and the use of equipment. The registered manager had ensured that all community equipment had been returned to the community nursing service where possible. Several members of staff said that they would only use specialist equipment after an occupational therapist or community nurse had assessed the suitability for individuals.

The director of the company had spoken to the local authority about some risks related to choking, moving and handling and pressure care with one person. The staff team had worked with the social worker, the person themselves and their family. They had taken guidance from an occupational therapist and the local community nurses. We saw that risks had been reduced somewhat and we also saw that the staff team were making a good attempt at incrementally improving the strategies for good care with this person.

There had been no further problems with the occurrence of pressure ulcers in the service. The community nursing team visited regularly and the registered manager had on-going communication with the team. Advice and informal training had been given with further plans to inform and guide staff about pressure sore prevention work.

The risk of inappropriate admission had been greatly reduced because the nominated individual for the company had agreed to a voluntary suspension on admissions. The representatives of the company agreed that, until the service became compliant with legislation, it would not be advisable to introduce new people to the current group. The company had also stopped any respite care admissions until they had reached a stage where they considered care delivery had improved.

We had also served the provider with a warning notice under regulation 18: Staffing because we judged that there were insufficient staff to deliver suitable levels of care and support to people in the service.

The day after our inspection in January 2016 the provider had agreed to an increase in care staff hours. We had been concerned that between the hours of 7 PM to 7 AM there were insufficient staff to deliver suitable care. The provider had ensured that there was a 'twilight shift 'in place so that people could be assisted to bed during the evening when they chose. We looked at rosters for the period and they confirmed what we had been told. We also noted that the kitchen now had dedicated kitchen domestic hours. Extra staff had been introduced during the busy times in the morning.

We spoke with the registered manager and operations manager who told us that they had revised the rosters, discussed options with staff and that this had helped them to balance numbers of staff on duty and the mix of skills. When we visited in January 2016 the service was running two units. A decision had been taken to merge these two units. The provider had worked with the local authority and they had trialled a single merged unit. We saw that this was working well on the day and that people living with dementia were happily integrated with other people in the service. This meant that the staff team were able to focus on a group of people who preferred to spend time in the lounge, whilst also attending to people who preferred to stay in their rooms. People told us that they enjoyed "being together" and a lively crossword puzzle group were in the lounge during the morning of our visit. There had been a reduction in the number of falls of people living with dementia and one of the senior staff told us that this was because they could now allocate a worker to spend time in the main lounge to monitor and interact with people.

We judged that sufficient work had been done to address the issues contained in the warning notices but that further work needed to be completed. Some of this was related to care planning and workforce planning. This work was being undertaken and further changes planned. We could not improve the rating for Safe from 'Inadequate' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires Improvement

Is the service well-led?

Our findings

When we visited the service in January 2016 we saw that this service had a detailed quality monitoring system in place. We had evidence to show that this quality monitoring system had not picked up all of the issues that we identified in the inspection on 4 and 5 January 2016. We served the provider and the registered manager with a warning notice about quality monitoring.

When we visited on 7 April 2016 the purpose of the visit was to check on the progress of work on a warning notice about a failure of good governance. When we arrived at the home two of the operations managers and the head of care for Roseberry Care Centres GB Ltd were in the service. On the day of the inspection they were assisting the unit managers with the development of assessment and care planning. We spoke with the unit managers who told us that they were being mentored by senior officers of the company. They also told us that these officers were auditing care delivery on a regular basis. The operations manager was in the service for at least two days a week giving them and the registered manager support to improve quality in the service.

We saw that a dedicated system of quality audits was in place. The registered manager, the unit managers, kitchen staff and the maintenance person all had specific roles in auditing and monitoring a wide variety of tasks in the home. These included fire and food safety, the environment, care delivery and staffing matters.

In the period between our January 2016 visit and this visit we had been contacted on a regular basis by the director of the company, the head of care, the operations manager, the buildings manager and the registered manager. They had kept us fully informed of their plans and of the progress they were making in quality improvement.

During our visit we could confirm some of the information that had been sent to us. For example we were told that a new boiler had been installed and staff told us that this had happened and that the central heating system was now working more effectively. We also saw that decorating was underway and that the previous problems with drainage had been resolved in the short-term and we saw that further work was being considered. Costing was underway for the refurbishment of one area of the home.

Staffing numbers and skills mix had been reviewed by the registered manager and the operations manager. There had been some movement of staff and some changes in rostering. We also noted that staff had been strongly encouraged to attend relevant training, staff meetings and supervision sessions. The management team had worked with people on their approach to care delivery.

There had been considerable quality monitoring and improvement completed in the three months since our January 2016 visit. A number of matters still needed to be attended to and were included in the action plans we received from the provider after the comprehensive inspection report was finalised.

We judged that the rating for this domain remained at 'Requires improvement' because some actions, especially in relation to care planning and the environment, needed time to be embedded and developed.

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.