

Rockley Dene Care Home Ltd

# Rockley Dene 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Rockley Dene Nursing Home is a residential care home providing personal and nursing care for up to 34 people in one adapted building over two floors. Nine people were living at the home at the time of inspection.

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

Risks associated with people's care were not always assessed prior to them living at the home. Risks were not identified and mitigated. Reviews of risks were not always undertaken. Staff were not always recruited safely. Infection prevention and control was not always monitored appropriately. Staffing levels met assessed dependency needs, however resource had not been allocated to ensure care plans were always in place. Medicines were administered safely. Processes for sharing from lessons learnt was in place.

There was a clear focus on developing an electronic system to accurately provide care, however, appropriate resource to ensure care plans were updated accurately was not in place. Governance was undertaken using the electronic system, however, there was no clear and planned oversight of the home and checks and audits had not identified the issues identified during our inspection visit. Surveys for people and relatives were planned, and had been received by visiting health professionals. Accidents and incidents were monitored and used to review and improve safety.

People's needs and choices were not always assessed or recorded. Not all people's dietary needs were known and stocks of alternative choices and snacks was poor.

We have made a recommendation about how the provider ensures people have choice and variety in their meals and snacks.

Premises supported people who lived with dementia, however some people were living in areas where refurbishment had not been completed. Staff had not received regular supervision, although a plan was in place for these. Staff received an induction and regular training. Handovers took place and changes were recorded on the electronic system. People were supported to access health professionals. People had consented to their care and best interest decisions had taken place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with dignity and respect, however files and a room containing people's confidential information were not secured. Staff treated people with kindness and compassion. Staff were patient and encouraging towards people. People's views were sought through regular residents' meetings, however it was not always clear when people or relatives had been involved in planning their continuous care.

We have made a recommendation about how the provider records people's and relatives' involvement in

care planning.

Care staff told us they undertook the main activity provision.

We have made a recommendation about how the provider resources and organises activity provision.

Care plans were personalised and staff knew people well. Complaints were monitored and recorded. People were supported at the end of their life and the service worked with palliative care nurses to facilitate this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 5 July 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service was closed from May 2020 and re-opened on 22 March 2021. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last 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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risks, premises, governance and recruitment at this inspection.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rockley Dene Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Rockley Dene 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager, nurse, care assistants and kitchen assistant.

We reviewed a range of records. This included three people's care records in full and six others in part as well as multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. We looked at training data, supervisions, care plans and quality assurance.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people were not always assessed prior to them moving to the home. This meant staff were unaware how to support people safely. For example, staff were unclear about whether people required a specialised diet. We discussed this with the registered manager who arranged for care plans to be updated.
- Personal emergency evacuation plans (PEEPs) were not in the emergency 'grab bags'. Records showed two simulated fire evacuations had taken place, however staff told us they were unaware how to evacuate people safely in the event of an emergency. We discussed this with the Registered Manager who arranged for PEEPs to be reviewed and discussed with staff. Following our inspection visit the registered manager confirmed a simulated fire drill had taken place.
- Areas which may cause harm to people were not secured. For example, the laundry, a cupboard containing potentially hazardous cleaning materials and sluice rooms were unlocked. We found toiletries left in a bathroom.

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

- Appropriate checks and servicing had taken place to ensure the premises and equipment were safe.

### Staffing and recruitment

- Recruitment records did not evidence whether all appropriate checks had taken place prior to employment. For example, gaps in employment history were not checked and employer references had not been sought. We brought this to the attention of the registered manager who evidenced appropriate checks had been completed following the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A detailed dependency tool was used to ensure staffing levels met people's needs. However, resources to support the correct and timely transfer for care plans to the new system had not been identified. Following the inspection visit the provider confirmed all care plans had been updated to the new system.

- Although people received care which was calm and unhurried we observed tasks relating to the nurses role had not always been completed. This was because staff told us they were required to pick up food from the sister home to support people's choices or night staff were required to go to the sister home to do laundry. The laundry was being refurbished and washing machines were being delivered a few days after our inspection. Recruitment for kitchen staff was being undertaken on the day of our inspection. The registered manager told us the kitchen at the service would then be fully operational.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. However, we discussed with the registered manager the need to ensure staff accurately record visitor's test results.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were partially assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found laundry bags in a bathroom. The provider was undertaking refurbishment of the laundry and sluice room following recommendations from a recent infection prevention and control (IPC) nurse audit.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Using medicines safely

- Medicines were administered safely, however competency checks needed attention. Following our inspection the registered manager provided evidence of competency checks and the plan to ensure these were undertaken regularly.
- The service was using an electronic system to administer medicines. Although staff had received training they told us they did not feel confident. Further training had been planned. This meant staff were unable to view protocols to support 'as and when' (PRN) administration of some medicines. Following the inspection the registered manager confirmed PRN protocols had been printed from the electronic system and were available in the medicine room.
- People who required topical creams had them administered by care staff but there were no charts to record when this was completed. Nursing staff recorded this on the electronic system by asking care staff whether creams had been applied. We discussed this with the registered manager who provided evidence this system was in place and discussions had been held with staff to ensure understanding.

#### Systems and processes to safeguard people from the risk of abuse

- Relatives confirmed they felt their family members were safe living at the home. One said, "They are looking after him lovely."
- Staff had been trained how to recognise the signs of abuse and were confident action would be taken when concerns were raised. A staff member said, "Never had any concerns if I did I would tell the manager."
- The registered manager kept a record of safeguarding concerns and actions taken.

#### Learning lessons when things go wrong

- The registered manager used the electronic system to provide notes to staff about changes from lessons learnt.



- The registered manager discussed lessons learnt during staff meetings.
- The provider had commenced a programme of refurbishment following a recent IPC nurse audit and their recommendations from this.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One person, who had lived at the service a short time, did not have a care plan in place, although their needs had been assessed. This meant staff did not have a written record of how best to support this person, although their relative confirmed staff knew this person and their needs well. We raised this with the registered manager who confirmed following our inspection this person had a care plan in place and staff had been informed.
- The service used an initial assessment tool before people moved to the service, however in some instances this hadn't been fully utilised. Following our inspection the registered manager discussed with staff and developed a new form and process to better capture people's needs and choices.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people had appropriate care plans in place. 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.

- Not everyone had a care plan in place. Care plans that were in place were personalised. Staff confirmed they found them detailed and they were able to deliver care as required.

Staff support: induction, training, skills and experience

- Staff had not received regular supervisions and new staff had not always had probationary reviews completed when they should. The registered manager produced a plan immediately following our inspection visit to better manage staff support.
- A staff member said, "Staff appreciate the advice, support and guidance."
- People were supported by staff who had access to ongoing training, and staff confirmed this. The registered manager monitored training using a training matrix. Where additional, more specialised, training was required to better support people, for example, with Parkinson's disease or diabetes, the registered manager arranged this training.
- New staff received a programme of induction.

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

- People were supported to eat and drink and maintain a balanced diet. However, people and staff told us they did not always have access to snacks and alternative choices. A staff member said, "There is not a great supply of food if people want a snack or anything in between meals." Another told us, "Sometimes we have

to go for snacks to the other service." The registered manager told us a snack cupboard was available but when we looked at this stocks were low and choice was limited.

We recommend the provider review how people access alternative meals and increases the variety of snacks.

- People had been consulted about the menu and their feedback included in menu choice.
- People's food and fluid intake was recorded and their weight monitored.

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

- Some areas of the home were still in a process of refurbishment. The upper floor had not been completed and some areas, such as the top of the stairs, corridors, shower rooms and bedrooms were used as storage, however people also had rooms on this floor. It was not clear whether the home had sought people's views about being placed in an area of refurbishment.

We found no evidence that people had been harmed however, people were placed in rooms next to areas of wholesale refurbishment where items were left which could impact their safety. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Rooms and corridors were easily accessible and signage throughout supported people who live with dementia. Bedroom doors on the ground floor were bright and colourful.
- The activities co-ordinator had recently supported people to access the garden and had involved people in how this was decorated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals. Staff recorded health professional advice and ensured this was followed.
- The registered manager had sought advice from specialist professionals to support staff understanding of certain health conditions.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments regarding living in the home had been undertaken and people had consented to their care where they were able to do so. Where people lacked capacity a record of best interest's decision was in place which showed relevant individuals were involved.
- The registered manager used a matrix to give them oversight regarding DoLS applications and approvals.

This ensured they were able to monitor when they needed to take action.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The office door was unlocked and open and contained some people's personal information. We brought this to the attention of the registered manager who arranged for this to be locked and confirmed confidential paperwork had been filed securely.
- Staff had concern for people and respected and promoted people's privacy. For example, staff knocked on people's rooms and waited for a response.
- Staff preserved people's dignity at all times, for example, when a person had been unwell staff ensured they had privacy even whilst in the communal area.

Ensuring people are well treated and supported; respecting equality and diversity

- One person told us staff did not talk to them, however we saw staff trying to engage this person in conversation during the day. We discussed this with the registered manager who told us they had made a referral for a specialist assessment. This person also told us, "The night staff ignore me." A relative also said, "[Relative] complains about the night staff, they don't care." The registered manager confirmed the service was using agency staff and were recruiting for night staff.
- A relative said, "Staff are lovely, caring and nice."
- We observed staff treating people with kindness, compassion and patience. Staff encouraged people to get involved with tasks, such as laying the table, and gave them genuine and unforced praise and encouragement.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us knew staff and the registered manager well. The registered manager spoke daily with people.
- Regular meetings took place and people were encouraged to express their views about the home. For example, recent discussions had been held about the menus and snacks, the garden, and activities.
- Staff supported people to make decisions about their care and care plans contained information about how people wished to be supported.
- The electronic care system recorded people's mood, which the registered manager was able to check to have oversight of people's emotional needs.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Records showed people received regular activities and these were tailored to their needs. Records showed people who chose to stay in their rooms received personalised one to one activities.
- A staff member told us, "We have an activities co-ordinator but we mainly do the activities." The registered manager told us the activity co-ordinator usually spent either a morning or afternoon on site, because this was split between this service and the sister home. However during our inspection visit we did not witness any activity provision.

We recommend the provider gives consideration to how activity provision is resourced and organised.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and detailed how people wished to be supported with each task.
- Staff were knowledgeable about people's likes and dislikes. Staff used this knowledge to support and encourage people, for example, asking a person if they wanted to join them in certain daily tasks, which the person enjoyed.
- Relatives told us staff knew people well, even though, in one instance the person had lived at the home a short time.
- People's needs were identified and included those related to protected characteristics. For example, most people had a life history, which included people who were important to them and their religious preferences. Following our inspection the registered manager confirmed everyone had their care plans updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. There had been no complaints in the

last 12 months.

- When people had raised concerns the provider checked they were satisfied with the outcome, and records showed they were.

#### End of life care and support

- People were supported at their end of life. The home worked closely with palliative nurses.
- Two relatives whose family members were at end of life expressed how well staff knew and supported them. One relative described how the home had "Made [relative's] last few months so happy, while she was 'home'."
- People had made decisions about their preferences for end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

At our last inspection the provider had failed to ensure systems were in place to demonstrate good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home had recently re-opened following a period of closure. The registered manager and deputy manager worked across both this home and a sister home. The refurbishment and staff recruitment had not been completed prior to re-opening. This had an impact on how the service was run. For example, the kitchen, laundry and downstairs sluice room were not operational, and care plans had not been fully transferred to the new system. Management had not identified additional resourcing was required to do this.

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

- People, relatives and staff told us the service was managed.
- Relatives confirmed they knew who the registered manager was and the registered manager was visible throughout the day.
- The provider had a good understanding of their responsibilities and the registered manager acted according to duty of candour requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance arrangements were in place, however the majority of these were undertaken by the registered



manager and the provider on an ad hoc basis by reviewing the electronic system. Although some internal audits had taken place these had not identified the issues we found during this inspection.

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

- Action plans had been completed following recent external audits by the Local Authority and IPC Nurses. The home had a refurbishment plan.

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

- The registered manager had an open-door policy and people, relatives and staff confirmed this.
- Regular meetings took place for people, relatives and staff. Meeting minutes showed participants had an equal say in discussions.
- Staff completed a pen picture for people in their first few days in the home which included equality characteristics.

Continuous learning and improving care

- Shared learning was discussed in team meetings, supervisions and notes on the electronic system.
- Management described how the electronic recording system allowed staff time to deliver care, not just support.
- The registered manager had planned regular surveys to gain the views of people, relatives, staff and visiting professionals. Feedback from visiting professionals had been used to review care.

Working in partnership with others

- Staff worked well as a team, comments included, "We're a good team and we support each other."
- The registered manager told us they worked with the local authority and the local clinical commissioning group. They regularly spoke with specialist nurses to better support people with specialised needs who lived at the home.

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  12 (1)(2) (a) the provider had failed to assess the risks to the health and safety of people who use the service 12 (1)(2) (b) the provider had failed to do all that is reasonably practicable to mitigate risks to people who use the service
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17 (1)(2)(a) the provider had failed to assess, monitor and improve the quality and safety of the service. 17 (1)(2)(b) the provider had failed to assess, monitor and mitigate the risks relating to the health and safety of people using the service 17 (1)(2)(c) the provider had failed to maintain an accurate, complete and contemporaneous record of some people who use the service
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  19 (2) the provider failed to ensure recruitment procedures checked whether staff had a right to work in the UK, or appropriately check their employment history

