

East And West Healthcare Limited

Roche Abbey Care Home

Inspection report

Millard Lane
Maltby
Rotherham
South Yorkshire
S66 7LZ

Date of inspection visit:
09 June 2023
22 June 2023

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25 July 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Roche Abbey is a residential care home providing personal and nursing care for up to 67 people. At the time of our inspection there were 37 people living at the home. Some people using the service were living with dementia.

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

There were quality monitoring systems in place. However, these were not always effective. Some areas for improvement we identified during the site visit were not identified as part of the providers quality monitoring systems. For example, infection control shortfalls and management of risk. We identified risks in relation to people's nutrition and weight loss were not managed effectively.

We have made a recommendation about the management of risks.

We found enough staff on duty on the day of our site visit. The registered manager used a dependency tool to determine staffing levels and we saw this was followed. However, we observed staff could be task orientated with set times for specific support, rather than care being person-centred.

The home generally, was visibly clean. However, we found some areas that were not clean. Mattresses, pressure cushions and chairs were stained and dirty and kitchenettes required a thorough clean. The registered manager confirmed action had been taken following our inspection.

People received medication as prescribed. Staff received training and competency assessments. However, we identified some minor documentation issues that had not been picked up by the audit systems. These were addressed by the registered manager following our site visit.

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 were aware of what actions to take to safeguard people from the risk of abuse. The manager kept a record of safeguarding concerns and monitored the outcome. Accidents and incidents were analysed and evidence to show what actions had been taken to mitigate future incidents.

People and relatives spoke highly of the registered manager and felt she was approachable and listened to any concerns or issues raised. Most staff told us they worked well as a team and were supported, however, some felt the registered manager could be more visible on the units.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published February 2022). The service remains

rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections

Why we inspected

This was a planned 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.

This was a focused inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roche Abbey on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to governance and leadership.

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

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Roche Abbey Care 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 Health and Social Care Act 2008.

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 2 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.

Service and service type

Roche Abbey is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roche Abbey is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 7 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy, nurses, care workers and ancillary staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records, multiple medication records, staff files in relation to recruitment and staff supervision and quality monitoring records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified. However, these were not always managed effectively to evidence people's risks were managed safely. Care plans required more detail to accurately reflect people's needs.
- People had lost considerable weight, the care plans and supporting documentation did not give details of how to manage this. The care plans were not reviewed, and action required to mitigate the risk was not documented. The registered manager sent us evidence that action was being taken following our site visit, they were introducing new tools to address the shortfalls and had arranged additional training for staff.

We recommend the provider ensures the new systems are embedded into practice to manage risks to ensure peoples safety.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People told us they were supported to make decisions and their choices were respected. One person said, "I am settled alright; the staff are nice and good to you. I can go to bed when I want, last night it was 12.30. I don't like to go early as I can't sleep. They will bring you a drink and a snack if you want too. I get up at all different times."

Using medicines safely

- Medication systems were in place to ensure safe management of medicines.
- People received their medicines as prescribed. However, we found some minor documentation issues. For example, no carried over amount recorded on the medication administration record (MAR) and topical

medicines were not always signed for. Therefore, we were not able to evidence if they were applied as prescribed. This was addressed by the registered manager after our inspection.

- Staff had completed medicines training and been assessed as competent to administer medicines.

Staffing and recruitment

- There were enough suitable trained staff to meet the needs of the service.
- The provider's recruitment policy helped them recruit suitable staff. This included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- People told us staff were lovely, however, most we spoke said there were not always enough staff on duty. One relative said, "They do seem to have a reduced staff level at the weekend. Last weekend this caused [person] to be up late and have the required support late. They were all running about and it seemed very disorganised." Another relative said, "They need to get more staff. I don't think there is enough, sometimes I'm in here [lounge] with no staff and the other residents get up and walk about and they are very unsteady. Sometimes you can be stood outside ringing the bell up to and over 10 minutes especially at the weekend. It is quite frustrating, it's not the staffs' fault though they are doing their best".
- Some staff felt there were times when they didn't have enough staff. However, they said we adapt and manage. One staff member said, "Sometimes issues occur with staffing but we [staff] deal with them always putting the residents safety first."
- We found enough staff on duty on the day of our site visit. The registered manager used a dependency tool to determine staffing levels and we saw this was followed. However, we observed staff could be task orientated with set times for specific support, rather than care being person-centred. We discussed people's feedback with the registered manager, who agreed to look at staffing deployment especially at weekends to determine if any changes were required.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was visibly clean; however, some areas required a deep clean. For example, mattresses, chairs and kitchenettes. We have reported on this in the well led section of this report.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- People were supported to maintain relationships with family and friends who were welcome to visit the home without restrictions. However, there were some restrictions at meal times. A number of relatives told us they would like to visit at meal times to assist their relative with their meal but were not able to. We discussed this with the registered manager who agreed to discuss this at the next relatives meeting.

Learning lessons when things go wrong

- The provider had a system in place to record and analyse accidents and incidents. They were reviewed and monitored by the registered manager to ensure lessons were learnt.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to safeguard people from the risk of abuse.
- The manager kept a record of any safeguarding concerns and could evidence issues were reported to the safeguarding authority.
- Staff we spoke with told us they received training in safeguarding and could explain the providers safeguarding procedure.
- People we spoke with told us they felt safe living at the home.

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

Continuous learning and improving care

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

At this inspection we continued to identify shortfalls. Therefore, the provider remains in breach of regulation 17.

- There were quality monitoring systems in place, however, these were not always effective. Some areas for improvement we identified during the site visit were not identified as part of the providers quality monitoring systems. For example, infection control shortfalls and management of risks.
- We found soiled seat cushions and mattresses and kitchenettes required a thorough clean. The audits had not identified these.
- Medication issues were identified on inspection, We found no carried over amounts were recorded on the MAR and topical medicines were not always signed. This had not been identified as part of the providers audits.
- Staff were not always deployed effectively; this was particularly noted at the mealtime. The mealtime audits had not identified the issues. .
- Following our inspection, the registered manager took appropriate actions to address these issues. However, systems and processes require embedding into practice to ensure their effectiveness.

The provider had failed to ensure governance systems were effective. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People did not always receive person-centred care. We observed the dining experience could be improved. For example, people were given meals then left as staff took food to people still in their rooms. This meant at times only the kitchen staff were in the dining room, people were not encouraged to eat or supported with suitable food if they would not sit at a table.
- The registered manager informed us and sent us evidence of new systems they were developing to improve the service and promote a positive culture.

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

- The registered manager was clear about their role and understood their responsibilities. There was a system in place to ensure the manager and provider was open and honest when things went wrong.
- People, relatives, and staff spoke highly of the registered manager and felt they were approachable and listened to any concerns or issues raised. Relatives told us they were kept informed of any issues or concerns. One relative said, "Staff contact me straightaway if there are any problems. [Person] forgets they can't stand anymore but tries to get up and of course falls, staff will ring me and let me know and keep me informed about what is happening."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a system in place to involve people, the public and staff to share their comments and suggestions about the service. However, relatives told us they were not invited to any meetings. One relative said, "There are no meetings that I know of. I have had a couple of questionnaires since [person] came here but can't recall the last time." The registered manager explained the meeting arranged had not been well attended so had arranged an evening meeting which they felt was a more convenient time for people's friends and relatives to attend.
- The management team and staff worked with other professionals to ensure people received appropriate care and support.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure governance systems were effective. Regulation 17 (1) (2) (a) (b)