Carecall Limited

Roman Wharf Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Roman Wharf Nursing Home is a residential care home that provides accommodation and personal care, including nursing for up to 50 people, some of whom were living with dementia. There were 36 people using the service at the time of our inspection.

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

Some incidents which took place in the service had not always been identified as safeguarding concerns and escalated to the local safeguarding team.

Systems and processes which had been implemented to monitor potential safeguarding concerns in the service had not been used effectively.

Medicines had improved. However, further improvement was needed. There were occasions where people did not always receive their prescribed medicines. Records were not always up to date with people's personal information.

Staff understood their responsibility to keep people safe and knew how to report concerns.

Safe recruitment processes were followed to ensure staff were suitable to work with people using the service.

Risks associated with people's care had been identified, mitigated and monitored.

Infection Prevention Control measures were in place to reduce the risk of infection to people.

The registered manager was no longer in post. A new manager had taken over the running of the service and staff were unsettled but hopeful they would see changes being made. The new manager was in the process of registering with CQC to become the registered manager.

The provider had oversight of the service and carried out regular visits to monitor the quality of people's care.

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

Rating at last inspection (and update)
The last rating for this service was requires improvement (published 17 October 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they

would do and by when to improve.

At this inspection we found some improvements had been made and the provider was no longer in breach of one regulation. However, at this inspection we identified a breach in relation to Safeguarding.

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

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This was regarding safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from requires improvement. This is based on the findings at this inspection.

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

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service, we 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 an ongoing breach in relation to governance. We also identified a breach in relation to Safeguarding. 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Roman Wharf 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.

Inspection team
The inspection team was made up of two inspectors. One inspector conducted telephone calls to both staff and relatives of people using the service and the other attended the service and conducted the site inspection.

Service and service type
Roman Wharf 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. However, they were no longer in post. There was a manager who was in the process of applying for their registration.

Notice of inspection
We gave the service 48 hours' notice of the inspection to ensure we could obtain relevant information relating to peoples and the inspector's safety.

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. 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 requested information about the service, relating to staffing levels, governance and oversight. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the provider, manager, deputy manager, care workers and the chef.

We reviewed a range of records. This included four people's care records and 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 to validate evidence found. We looked at training data, policies relating to the management of COVID-19 and quality assurance records. The provider also sent us an action plan of the immediate improvements they have made.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has stayed 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.

At this inspection, the provider was in breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation. However, further improvements were required relating to medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems, which the provider had implemented to identify potential safeguarding concerns had not been effectively used. Accidents and incidents had not been analysed in a robust way to identify potential abuse or allegations of abuse.
- We identified three incidents logged, which indicated potential safeguarding concerns. There was no evidence these incidents had been investigated or referred to the local authority safeguarding team. This meant people could have been exposed to abuse or harm.

This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13 (Safeguarding).

- We raised these concerns with the provider, who immediately reviewed their system around the management of accidents and incidents. They also implemented an additional assurance process.
- People and their relatives told us they felt the service was safe. One person commented, 'Oh yes, it's very safe here.' Another said, 'I feel very safe, here. The staff are kind and caring which also helps.'

Using medicines safely

- At the last inspection we identified concerns relating to medicines management. Although there had been improvements, further improvements were still required.
- There were occasions where some people had not received their prescribed medicines. This had been identified and the management team were taking action to reduce the risk of re-occurrence.
- Some people's personal information did not match the Medicine Administration Records (MARs). For example, one person's medicine profile stated they were allergic to Penicillin. However, their MAR chart stated, there were no allergies known. This was raised with the deputy manager, who took immediate action to obtain accurate medical information about people and updated these records.
- The manager had undertaken medicine themed audits and had identified shortfalls in practice and action

was being taken to address these. The provider had deployed a nurse to have additional hours to drive improvements on medicines.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● At the last inspection, we identified risk assessments and care plans did not reflect risks relating to people's care, not offering guidance to staff. However, at this inspection, we found there had been improvements.

● Risk associated with people's care had been identified, mitigated and monitored. For example, one person experienced poor nutrition and had lost weight. Staff had implemented nutritional charts to monitor the persons diet, discussed this with the GP, who prescribed nourishing drinks and the kitchen were providing them with a fortified diet.

● Where significant incidents had taken place in the service, the provider had ensured additional safety measures had been obtained. Such as, a specialist lock. This was to secure the door to prevent people from leaving the service alone, who were not safe to do so.

● One person had experienced multiple falls. We observed a sensor mat was in place, to alert staff the person was mobilising with out support. This meant staff could attend and support this person in a timely way, reducing the risk of falls.

Staffing and recruitment

● Some people told us they felt there were not enough staff. However, records showed there were enough staff, in line with the providers staffing calculator. Where there were shortfalls in staff identified, agency staff were used to remedy this. We also observed staff responding to people's needs in a timely way.

● The provider continued to recruit staff safely. This included carrying out checks on staff's criminal record and obtaining both character and professional references. This was to ensure the suitability of staff to work with people using the service.

Preventing and controlling infection

●At the last inspection we identified concerns relating to infection control. At this inspection we found improvements had been made.

● Staff told us they were happy with the measures in place to reduce the risk of COVID-19 to both them and people using the service. The service appeared clean and tidy. There were cleaning schedules in place which staff completed daily.

● Measures were in place to reduce the risk of the spread of infection. Staff had access to Personal Protective Equipment, and we observed them wearing this during the inspection.

● The provider had implemented a regular COVID-19 testing regime for staff. This included weekly swab testing and twice weekly Lateral Flow Tests (LFT). This was to enable the provider to identify positive cases of COVID-19 where no symptoms were displayed.

● There was a visiting room with a Perspex screen in place to enable people to receive visits from their relatives. There were measures in place to reduce the transmission of infection and to keep people safe. For example, all visitors entered by an external door close by to the room, hand gel was used, PPE was distributed to the visitors and a track and trace form required completed.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 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.

At the last inspection, the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst there had been a significant improvement, further improvement was required to embed the safeguarding process to ensure this was effective. The provider continued to be in breach of this regulation.

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

- The service had a registered manager who was no longer in post. A new manager had been appointed and was in the process of applying to become the registered manager.
- At the last inspection, we identified concerns relating to governance. At this inspection, we found the provider had made significant improvements. However, the provider had implemented a system to have oversight of safeguarding concerns and to monitor accidents and incidents. The registered manager had not used these effectively. Therefore, safeguarding concerns were not always identified, investigated or escalated where required.
- The provider had implemented a weekly home manager report, where accidents and incidents could be reviewed. However, this process was not effective in identifying some potential safeguarding concerns as the registered manager had not identified some accidents and incidents as a concern on home manager weekly reports, where it stated that they had been reviewed.
- The registered manager had failed to notify the CQC of allegations of abuse which took place in the service. There were eight occasions where we did not receive a statutory notification. This is a legal requirement, which had not been met. The CQC had received notification of other incidents which took place in the service, such as; death and serious injuries.

This was an on-going breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We addressed this with the provider who immediately implemented another system to ensure safeguarding's are identified in a timely way and referred to relevant authorities.
- The provider had multiple quality assurance systems in place to monitor the quality of people's care. Audits were being completed regularly and were effective at identifying shortfalls in practice, for example, medicines. This included concerns identified during the inspection.

● The provider was able to demonstrate oversight and involvement in the service. This included doing weekly to monthly visits to the service. Actions were set for the management team to complete and improve the service.

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 provider understood their responsibility to be open and candid when things went wrong.

● There had been a lack of communication from staff to a relative, that their family member had been admitted to hospital. The provider immediately invited the relative to make a formal complaint following the complaints policy and said they would issue an apology.

● A complaint had been made by a relative which was escalated to the Local Government Ombudsman (LGO). It was recommended the provider issued a written apology to the relative. We saw records that this was done in line with the LGO's recommendation.

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

● Staff told us they felt unsettled due to a recent change in management. However, they were hopeful for the changes and improvements the new manager would bring. One member of staff said, "The new manager is fully committed." Another staff member described the manager as, 'fair and approachable'.

● The management team and provider were passionate about driving improvement in the service and creating a positive culture. They were open to our feedback during the inspection and began taking immediate action to address shortfalls. The manager said, "We want to get it right to make sure people get the best care possible."

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

● Staff worked with other agencies to ensure good outcomes for people. For example, GP's, District Nurses and Specialist Teams.

● The provider had implemented 'Resident of the Day', this was to involve people in their care reviews and seek feedback regarding their experiences.

● Staff meetings were being held and the manager had a plan to hold these on a monthly basis. Each morning a 'flash meeting' took place, this involved a staff member from each department. The purpose of these meetings was to aid communication amongst the team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Potential safeguarding concerns had not been identified, investigated and reported to relevant authorities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place were not effective at identifying and handling potential safeguarding concerns.