

Rushcliffe Care Limited

# Coalville Nursing Home

## Inspection report

Albert Road  
Coalville  
Leicestershire  
LE67 3AA

Tel: 01530817442

Website: [www.rushcliffecare.co.uk](http://www.rushcliffecare.co.uk)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Coalville Nursing Home provides accommodation, nursing and personal care for up to 40 older people, some of whom may be living with dementia, physical disabilities and sensory impairments. At the time of our inspection there were 22 people using the service.

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

The service was well-staffed to meet the challenges of keeping people safe throughout the COVID-19 pandemic. A relative said, "Hats off to the staff who have dealt with the situation, working long and extra hours to keep the home open through this pandemic."

Staff knew how to keep people safe and had improved medicines systems to ensure people had their medicines when they needed them. Some improvements were needed to people's care records. Staff and managers were addressing this.

The provider had good systems in place to protect people, visitors and staff from infection. Managers and staff wore the correct PPE (Personal Protective Equipment) and followed infection control guidance to keep people safe.

Staff enabled people and relatives to stay in touch during the pandemic with regular phone calls, garden visits, and online meetings. Relatives said staff kept them up to date with changes to their family members' care needs.

People, relatives and staff shared their views of the service through surveys and discussions. A relative said, "The staff and management have been very good – they have shown very good care."

A new manager was in post and supported by senior management with a view to becoming registered with CQC. The new manager knew which areas of the service needed improvement and had action plans in place to address these.

The provider's audit systems ensured all areas of the service were subject to oversight and monitoring. The service worked to an action plan to continually improve the service.

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

### Why we inspected

This was a focused inspection based on concerns we had received about the service. These were in relation to people's care. As a result, we undertook this focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has stayed the same. 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 Coalville Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our Safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our Well-led findings below.

# Coalville 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

Coalville 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 two managers 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 spoke with local authority staff who commission care from this service.

#### During the inspection

We spoke with two people using the service, two registered managers, a new manager, a compliance officer,

a senior care team leader, two nurses, and a care worker. We also spoke seven relatives and three members of staff by telephone.

We reviewed a range of records. This included four people's care records and a sample of medicines records. We also looked at a variety of records relating to the management of the service including audits, policies and procedures, and infection control documentation.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Systems and processes

- Staff knew how to keep people safe and what to do if they had concerns about their well-being. A relative said, "I think my (family member) is absolutely fine and as safe as can be there [and] they like it, which is the main thing."
- Staff had up-to-date safeguarding training. They knew how to report concerns internally and understood how and when to report outside organisations where necessary.
- If significant accidents or incidents occurred, staff shared information with the local authority and worked with them to address concerns and ensure people were safe at the service.

### Assessing risk, safety monitoring and management

- Most people had detailed care and risk support plans in place which staff followed. Staff monitored people's needs; for example, some people who required observations every 15 minutes, or regular repositioning to support their skin care. A relative said the service was 'proactive' regarding risk and acted to prevent accidents happening.
- Some risk assessments needed updating. For example, two people at risk of skin breakdown had not had their risk assessments updated for several months. Another person's risk assessments were updated inaccurately to say their risk of malnutrition and skin breakdown had decreased, when they had increased. This meant staff did not always have current information on people's needs.
- One person at risk of falls, malnutrition, dehydration, and distress, had no care plans/risk assessments to instruct staff on how to support them with safely or effectively. Records showed the person's care needs were met and there was involvement from health and social care professionals, but detailed care plans and risk assessments would have ensured staff had clear instructions on how to support the person safely.
- The new manager had already identified these issues and implemented a plan to get all care plans and risk assessments up to date. Staff were allocated shifts to focus on this work. People had not suffered any negative impact because of this issue.

### Staffing levels

- Relatives said they had no concerns about staffing levels at the service and commented on how well staff knew their family members.
- The service had high staffing levels. Managers said this was to meet the challenges of keeping people safe throughout the pandemic, and to keep people safe.
- There were enough staff on duty to meet people's needs. Staff interacted warmly with people and were

attentive and quick to respond if a person needed assistance.

- The service used a staffing calculator that took into account a range of factors, including people's care needs, how many people were living at the service, layout of premises, and people's gender preferences, to determine safe staffing levels.
- Staff were safely recruited using the provider's recruitment policies and procedures. The service used a values-based recruitment practice to ensure people with the right values regarding respect, diversity and dignity were employed at the service.
- Managers acknowledged recruitment had been a challenge during the pandemic. They appointed a dedicated recruitment lead and introduced improved staff support and benefits to make the service a better place to work.

#### Using medicines safely

- At our last inspection people who were insulin dependent had not always had their medicines at the appropriate time. To address this staff worked with a specialist diabetic nurse to improve systems and at this inspection records showed people's blood sugar levels were checked as required.
- Medicines were stored securely in a designated room which was clean and well-organised. The service's clinical lead or senior nurse ordered medicines online from the service's contract pharmacist. This meant people received their medicines as prescribed.
- People had their medicines when they needed them. Medicine records were mostly in good order. Two people's records did not have their photos attached and there was one missing signature on an administration record. Managers said these issues would be addressed.
- Trained staff administered medicines. They had regular competency checks but some had lapsed due to pressures on the service during the pandemic and were being rescheduled as necessary. This will help to ensure staff remain competent in managing people's medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Learning lessons when things go wrong

- The service was open and honest if accidents or incidents happened. Detailed investigations to identify what had gone wrong were carried out and learning shared with staff to prevent a reoccurrence. For example, a fluid monitoring system was implemented after a person became dehydrated. Learning was shared with staff at the service and at the provider's other services to minimise the risk of incidents occurring again.



# 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 good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support

- Most relatives we spoke with recommended the service and made positive comments about the premises, care, and friendly staff. A relative said, "It feels like you're going home when you go inside there - it's a positive atmosphere [...] everything's comfortable and correct."
- A staff member said working at the service made them feel respected as a person and part of a team. Another commented positively on the 'opportunities to progress' and the 'friendly nature of staff'.
- Staff had endeavoured to keep people and relatives in touch during the pandemic with regular phone calls, garden visits, and online meetings. A friend of a person using the service said, "I have a Zoom meeting once a fortnight with my friend and the home updates me by phone and letter in between times."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on duty of candour responsibility

- A new manager was in post and was supported by the registered managers. The managers had action plans in place to address areas of the service in need of improvement.
- Managers and staff said the new manager had already had a positive impact on the service and was a caring and experienced professional dedicated to the well-being of people using the service, relatives and staff. A relative said, "I've been heartened by speaking with [new manager] because they seem focused on improvement."
- The provider's system of audits ensured all areas of the service were subject to oversight and monitoring. The last full audit, in December 2020, showed managers and staff met their regulatory responsibilities in reporting accidents and incidents to partner agencies.
- Medicines audits identified some people did not have identification photos on their medicines' records. We told the managers who said they would ensure the photos were in place as a matter of urgency.
- The provider had a new audit system for 2021 which simplified the audit process and ensured the monitoring of the service focused on people's experiences of the care provided.

How are the people who use the service, the public and staff engaged and involved?

- People, staff and relatives completed regular quality assurance surveys to share their views on the service. The results of the 2020 surveys showed a high level of satisfaction.
- All the people who responded said they felt 100% safe during the pandemic, and that staff treated them well and kept the premises clean and fresh.
- Most relatives said the service was safe, and staff enabled them to maintain meaningful relationships with

their family members during the pandemic. A relative said, "The staff and management have been very good – they have shown very good care."

- Relatives said staff involved them in their family members' care. A relative said, "Through the pandemic the nursing staff have kept me informed, for example about any changes in medication."
- Most staff said the service was safe and well-led. They said managers supported them and enabled them to provide good quality care to people in a caring environment.

#### Continuous learning and improving care

- Following an outbreak of COVID-19 the service kept staffing levels high to ensure staff had time to update records and familiarise themselves with new policies and procedures introduced to combat COVID-19.
- The provider organised a clinical governance meeting for managers and nursing staff to ensure everyone understood how to manage AGPs (aerosol generating procedures that can result in the release of airborne particles) safely using the correct personal protective equipment.
- The service used meetings, emails and phone calls to keep staff up to date with changes or improvements needed for people's care and support. The provider's health and safety lead ensured the service's 'COVID-19 folder' contained the latest infection prevention and control advice and guidance. Staff handouts were prepared and disseminated by managers.
- The provider produced well-being guides for managers and staff to support them through the pandemic. Staff bonus schemes and 'carer of the month' initiatives were operating.
- The provider invested in staff training. For example, staff had the opportunity to undertake nursing associate training at the service.

#### Working in partnership with others

- The service liaised with the local authority to ensure their infection control policies and procedures met government safety standards.
- Staff worked in partnership with a range of health care professionals including GPs, community nurses, mental health support teams, and dieticians to improve the quality of care people received