

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?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection of Rockley Dene Nursing Home took place on 9 and 11 January 2018. This was the services first inspection since their registration with the Care Quality Commission in February 2016.

Rockley Dene Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rockley Dene Nursing Home provides care and support for people with nursing and residential needs. The home has a maximum occupancy of 34 people. On the day of our inspection, 24 people were resident at the home.

At the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe, but during the course of the inspection we found aspects of the service were not safe. Risk assessments did not include adequate detail to reduce the risk of harm to people or staff. People were not adequately protected from the risk of fire as staff had not received sufficient training, people's personal emergency evacuation plans were not fit for purpose and we could not evidence a recent fire risk assessment had been completed. The registered manager was not able to evidence checks on lifting equipment had taken place in line with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

People told us there were not always sufficient numbers of staff on duty to meet their needs and some staff felt they had recently had to work excessive hours, however, this was in part due to a recent outbreak of sickness in the home.

Procedures for the recruitment of staff was not always robust. Checks on nurse's registration had not been kept up to date and there was insufficient information in the personnel file for one nurse to evidence pre-employment checks had been robust.

Records relating to some people's medicines needed to be improved. We could not evidence nursing staff had received regular medicines training and competency assessments.

Policies were not reflective of current good practice guidance.

New staff with no previous experience in providing care to people, they were not enabled to complete the Care Certificate. We were unable to evidence staff had received practical moving and handling training. Feedback regarding the meals at the home was mixed. We saw meals were plated up in the kitchen and then served to people, on the second day of the inspection we saw the serving of the lunchtime meal was more person centred. People were not always encouraged to eat their meals and records of people's diet and

fluid intake were not always accurate. We have made a recommendation regarding meeting peoples nutrition and hydration needs.

Peoples weight and nutritional risk was monitored and action was taken where concerns were raised.

People were not supported to have maximum choice and control of their lives, we found records in peoples care plans did not evidence the home was compliant with the requirements of the Mental Capacity Act 2005.

People told us staff were caring and kind, but we saw a number of examples where staff did not treat people with dignity and respect. This included staff not explaining to a person what they were doing and where they were taking them and not offering people a choice in regard to the drink they were given.

There was a programme of activities, but some people felt they were not suited to the people who lived at the home.

Information in people's care files was recorded consistently throughout the document and the content was person centred, although some care plans lacked detail. Peoples care plans recorded how they were able to communicate their needs, although no alternative communication aids were available to support people in communicating their preferences.

There was a system in place to manage complaints and people told us they would speak to the registered manager if they were unhappy with their care.

Feedback about the management of the home was positive. However, we found systems of governance were neither robust nor effective. A range of audits were completed, but where shortfalls were identified these were not always rectified.

Staff meetings had been held at regular intervals, but there had not been a meeting with people who lived at the home and/or their relatives since April 2017.

During this inspection, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 related with safe care and treatment, premises and equipment, safe recruitment, training, dignity and respect and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

People were not adequately protected from the risk of fire and risks to people's safety were not always robustly assessed.

The recruitment and on-going professional checks of staff was not sufficiently robust.

The management of some people's medicines required improvement.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff received an induction and supervision, but not all staff had received role appropriate training.

Feedback regarding the meals people received was mixed. Records of people's dietary and fluid intake were inconsistent.

The requirements of the Mental Capacity Act 2005 were not always met. □

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

We heard examples of staff talking about people in a disrespectful manner. People were not always offered choices.

Staff respected people's privacy.

People told us staff were caring and kind.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Activities were provided, but feedback about the range and suitability of what was offered was mixed.

Care plans were person centred, but lacked some detail.

There was a system in place to manage complaints.

### Is the service well-led?

The service was not always well led.

The system of governance was ineffective.

Regular meetings were held with staff, but not with people who lived at the home or their relatives.

The service had a registered manager in post. ☐ ☐

**Requires Improvement** 

# Rockley Dene Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection commenced on 9 January 2018 and was unannounced. The inspection team consisted of two adult social care 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. The expert by experience on this occasion had experience in caring for an older person. One of the inspectors' also visited the home again on 11 January 2018. This visit was announced and was to ensure the registered manager would be available to meet with us.

Prior to our inspection, we reviewed the service's registration status and other notifications the registered person is required to tell us about. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We contacted commissioners of the service and the local authority safeguarding unit to ascertain whether they held any information about the service. This information was used to assist with the planning of our inspection and inform our judgements about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with twelve people who were living in the home and seven visiting relatives. We also spoke with

the registered manager, clinical lead nurse, a nurse, three care assistants, two staff who worked as care assistants and other roles within the home, a cook, laundry assistant and the activity organiser. We reviewed five staff personnel files, we looked at five people's care plans in detail and a further five care plans for specific information. We looked also looked at eight people's medication administration records.

# Is the service safe?

## Our findings

People told us they felt safe. People said, "I do feel safe here", "I can assure you, I am safe here" and "You can trust all the staff, they make you feel safe and secure." Relative also felt their family member was safe. One relative told us, "We feel so much better knowing that [relative] is safe and well looked after", another relative said, "My [relative] is so safe and secure, it means everything to us." However, during the course of the inspection we identified aspects of the service which were not safe.

Each of the care plans we reviewed contained a variety of risk assessments, including falls, bedrails, mobility and skin integrity. We saw these were reviewed and updated at regular intervals and recorded the level of risk for each individual. However we noted a discrepancy in one of the moving and handling risk assessments for a person's. We discussed this with the clinical lead nurse.

Where people required the use of equipment to assist staff to change their position in bed, help them get out of bed or access the bath or shower, their care files lacked relevant details. For example, the moving and handling information for two people did not record which slide sheet staff should use or describe the method staff should follow. The records also noted, if either person wanted to get out of bed, staff would need to use a hoist, but there was no information recorded as to which hoist or sling was to be used or how the sling should be fitted. This information is important as it reduces the risk of harm to both staff and people who live at the home.

Some people at the home required an airwave mattress to reduce the risk of them developing pressure ulcers. Two of the staff we spoke with about one person's mattress told us they checked the mattress to ensure it was working by ensuring the lights were displayed on the pump. We asked them if they checked the mattress pressure setting to ensure this matched the person's weight and they said they did not. This is important to ensure the mattress is effective.

These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to assess the risks to the health and safety of people and doing all that is reasonably practicable to mitigate any such risks.

People were not adequately protected from the risk of fire. Each of the care files we looked at contained a Personal Emergency Evacuation Plan (PEEP). This is a document which details the safety plan, e.g. route, equipment, staff support, for a named individual in the event the premises have to be evacuated.. We reviewed the PEEP for four people who lived on the first floor. For three of the four people, staff had recorded on the PEEP the person was 'immobile'. Each PEEP reminded staff not to use the lift in the event of a fire, but in the section 'assistance required to use the stairs' staff had recorded 'n/a' and there was no equipment listed for staff or other emergency personnel to use in the event the person had to be evacuated from the building.

At the top of the stairs on the first floor of the home, there was a single fold-up evacuation chair, the chair had no arms or safety belt. We asked the one staff member if they felt the chair was suitable for the dependency needs of the people who lived on the first floor, they said it was not. We asked a member of care



staff if they had received any instructions about how to use the chair, they said they had not. This meant we could not be assured the equipment in place was fit for purpose or that staff had the knowledge to be able to use it safely.

The fire service had visited the home to complete an audit on 31 October 2016. They wrote to the registered manager detailing the actions that needed to be taken to ensure compliance with The Regulatory Reform (Fire Safety) Order 2005. The notice recorded 'The fire safety risk assessment was not suitable and sufficient'. We saw a fire risk assessment had been completed in March 2016, which pre-dated the fire service audit, the assessment noted the next review date as March 2017. The registered manager was not able to locate the March 2017 assessment, so we could not evidence this had been completed. Following the inspection the registered manager contacted us to say; 'I cannot find the fire risk assessment for 2017 however; I would just like to reassure you by adding that this will be carried out on the 22nd January and is booked and paid for'. The registered manager subsequently advised us the fire risk assessment had been completed on 22 January 2018.

The fire service notice also recorded 'Insufficient evacuation procedures and/or evacuation drills to be followed in the event of serious and imminent danger are in place'. We asked three members of staff if they had participated in a fire drill. One said, "They have a fire test every Friday. We had a fire drill last year, but I wasn't here." They were unable to advise us when they last participated in a fire drill. We asked the second staff member if they had attended a drill in the previous six to twelve months, they said no and a third member of staff told us they had watched a DVD, but not had participated in a fire drill. From the evidence we reviewed at the inspection and documents sent to us afterwards, the provider was unable to evidence all staff had completed a fire drill which included a simulated evacuation drill. Following the inspection, we received an email from the registered manager, to inform us that a simulated drill was conducted at the home on 23 January 2018 and more had been planned. Participating in regular fire drills helps to ensure staff are confident in their role in the event the fire alarm is activated.

We reviewed the fire risk assessment dated March 2016 which listed a number of points which needed attention. We saw hand written entries on some of the points to evidence action taken, however, the risk assessment listed three locations within the home where ceiling tiles needed to be replaced. We checked and found faults remained in two of the three locations. Following the inspection the registered manager emailed an engineer's report to us which evidenced work completed by an engineer in March 2017 to address some of the points raised in the March 2016 fire risk assessment.

We told the registered manager about our concerns regarding fire safety. Following the inspection we also shared our concerns with the fire service. These examples further demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to assess the risks to the health and safety of people and doing all that is reasonably practicable to mitigate any such risks.

A range of internal checks were completed on a regular basis. These included the fire alarm, bed rails, water temperatures and a visual check of the hoist slings. We also saw evidence external contractors had serviced and maintained the gas appliances, electrical wiring, fire alarm and the emergency lights. It is a requirement of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) that all lifting equipment is regularly checked to ensure it is safe, however, the registered manager was unable to locate evidence to confirm these checks had been completed within the required timeframes for the passenger lift, hoists and slings. The registered manager was also unable to locate the LOLER for the lift. Following the inspection the registered provider emailed us to confirm the LOLER had been completed on the passenger lift, hoists and slings and they were awaiting receipt of the relevant certificates to evidence this.

This further demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.

People told us they were not always warm. One person said they were always cold and we heard another person tell a staff member they were cold, so they were offered a blanket. A member of staff told us people were sometimes cold, but they could have a blanket if needed. At 12.30pm on the first day of the inspection we noted a number of bedroom windows were open, including the window of a person who was nursed in bed. We brought this to the attention of the clinical lead nurse who requested staff close doors and/or windows. During lunch two people complained that they were feeling cold. We reported it to a member of staff who turned the heating up. Some of the inspection team sat in the dining room close to where it joined a conservatory and found the temperature of the room was not conducive to sitting in. Ensuring a comfortable ambient temperature is important, particularly when people have complex health problems and/or reduced mobility which may make them more susceptible to feeling the cold.

There were not always sufficient numbers of staff available to meet people's needs.

We asked people if there were enough staff employed to ensure their needs were met in a timely manner. People told us; "They do get short of staff at times", "You cannot get up when you want, you have to wait until the staff have the time", "The staff do all they can for you, but sometimes they are run off their feet" and "Sometimes I have to wait a long time when I use the nurse call, they are busy helping other people". Relatives said, "You sometimes have to wait for things when they are short staffed" and "Sometimes there are not enough staff, it's just an observation".

Due to a recent outbreak of diarrhoea and vomiting at the home, some staff had worked extra hours to cover for colleagues who were ill; staff were concerned at the long hours they had been working. One of the staff they told us they recently worked three 14 hour shifts. Another staff member told us, "The service always seems to be short of staff, they are always asking people to do extra shifts." One staff member said staff hours had been reduced when the number of people living at the home reduced, but staff numbers had not increased as the occupancy increased.

On the day of the inspection we noted some people had to wait for assistance to be transferred from their wheelchairs to easy chairs following breakfast. One person was heard to say, "I can't wait to get in a comfortable chair." We saw this person was moved from the dining room to the lounge at 10.45am, but was not transferred into an easy chair until 11.30am, at the same time staff moved four other people. At 1.55pm, we heard care staff being asked by another staff member to go on their break. We overheard staff say they had not yet had a meal break; we noted the staff had come on duty at 7am.

We reviewed a rota planned for the week commencing 15 January 2018 and saw four care staff were rostered between 7am and 2pm and three care staff between 2pm and 9pm. Although the staff were supported by a nurse, the nurse was responsible for managing the shift, administering three medicine rounds, answering the telephone, addressing the needs of visiting professionals and family members as well as ensuring all relevant records were maintained and up dated as required. This meant they were not always able to support care staff. One of the staff we spoke with told us "The afternoon is difficult with a nurse and three carers. The nurse is counted in the numbers, but they have other responsibilities." However, we did see evidence the registered manager reviewed staffing levels on a monthly basis and we noted the staffing had increased in December 2017 to take account of people's needs.

The provider employed a number of qualified nursing staff. The registered manager kept a log of the nurse's

professional registration details including the date when the nurse had to re-register with the Nursing and Midwifery Council to enable them to continue to practice. We saw the registration for one member of staff was due to be renewed in November 2017 and two other staff had been due in December 2017. There was no evidence to suggest a check had been made by the registered manager to ensure these nurses had updated their registration. We brought this to the attention of the registered manager. Following the inspection they emailed evidence to us which showed they had checked on 17 January 2018, to ensure each nurse had renewed their registration and was therefore able to practice as a registered nurse.

We reviewed four staff files to see if recruitment practices were safe. In three of the files we saw a robust recruitment procedure and a Disclosure and Barring Service (DBS) check had been completed. The DBS is a national agency that holds information about criminal records. However, we found the recruitment for a nurse was not safe. There was no evidence an application form had been completed, although there was a detailed C.V. on file, there was no evidence the nurse had attended an interview and only one reference was on file. We brought this to the attention of the registered manager to enable them to take action to rectify these shortfalls.

People said they received their tablets appropriately. One person said, "They are good at making sure you get all your tablets", another person said, "I only have tablets in the mornings, but I always get them." A relative said, "We are so happy that [name of person] is getting their medication regularly."

Medicines were stored securely. Medicines were stored in a locked room and fridge and room temperatures were monitored on a daily basis, however, these records showed the temperature of the room was slightly higher than is safe for the storage of medicines. We brought this to the attention of the registered manager on the first day of the inspection. When we returned for our second day they told us action had been taken to address this.

Controlled drugs are medicines that have additional requirements around storage and recording. We saw controlled drugs were securely stored and two members of staff routinely checked the stock held matched the outstanding amount recorded in the controlled drugs register. We checked the records for one person who required a pain patch applying. The records indicated the patch was applied in line with the prescriber's instructions and a record was kept of where staff applied the patch.

Protocols for the use of medicines prescribed for use 'as and when required' were in place and contained sufficient information for staff to know when it was appropriate to offer these medicines.

However, the management of some people's medicines needed to be improved. For example, we reviewed the records for two people who were prescribed eye drops. Only one of the medicine administration records (MAR) recorded which eye the drops were to be applied to and both MARs contained multiple gaps with no obvious record made as to the reason the eye drops had not been administered.

We noted the MAR for one person had been handwritten. Although we found the information was easy to read and understand the entries had not been signed to evidence who had written them and there was no evidence the entries had been checked by a second member of staff. Checking hand written entries on MAR's reduces the risk of error when transcribing instructions.

Prior to the inspection the registered manager had submitted four notifications regarding medicines errors between April and September 2017. The registered manager and one of the nurses we spoke with said the number of errors had reduced as the home had decreased its need to use agency nurses. The registered manager told us staff received a regular assessment of their competency to administer people's medicines;

this was confirmed by both nurses we spoke with. We checked the personnel records for both these nurses; we saw evidence of a recent competency assessment for only one of the two nurses. We brought this to the attention of the registered manager. After the inspection we reviewed the training matrix for the home, the column 'safe administration of medicines' was blank. This meant we could not evidence all relevant staff had received medicines training.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure nursing staff had the appropriate skills and competency to administer people's medicines safely.

Following the inspection we spoke with the registered manager, they assured us that competency assessments had since been completed on all relevant staff at the home.

Immediately prior to our inspection there had been an outbreak of diarrhoea and vomiting at the home. We asked a member of ancillary staff about the policy for dealing with an outbreak, they said, the policy had not been discussed and they did not know where to find it. However, another member of ancillary staff said, "I was told to use anti-bacterial wipes, use the correct colour coded buckets and mops and use gloves and aprons each time I cleaned a room." They were also able to describe the rolling programme for deep cleaning, including curtains and wiping down mattresses, they showed us where they recorded all the deep clean tasks which were all scheduled. We asked if they had received any infection control training, they said they had not. When we checked the training matrix we saw they had completed training in infection prevention and control but of the 32 staff listed and found eight staff had not.

The registered manager told us there had been a recent infection control audit at the home. They said that following the initial audit they had been given an action plan, but a number of improvements had been noted at the subsequent audit. Despite this we found not all aspects of the home were clean and hygienic.

As part of our review of how medicines were managed we looked in the medicines fridge. We found two swab specimens dated 7 January 2018 had been placed in there; neither swab was placed within a specimen bag to reduce the risk of contamination. We brought this to the attention of the registered manager. When we returned for the second day of the inspection they told us another small fridge had been purchased solely for the storage of specimens.

On both days of the inspection hand gel dispenser at the top of the stairs was empty. Although we did not identify any unpleasant odours during the time we were at the home, we did note the corridor carpets on the first floor and the conservatory were stained and looked unclean.

These examples also demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to reduce the risk of spreading infection.

We asked the registered manager, how lessons were learned and shared with staff. They said learning would be shared with staff through supervision, staff meetings and at handovers. We saw this had happened in relation to a notification submitted to the Care Quality Commission. .

We reviewed the accidents and incidents recorded between July and December 2017. The registered manager completed a monthly analysis of each person's accidents, although there was no system in place to identify possible trends in regard to time of day or location of accidents or incidents. The clinical nurse lead told us the home was in the process of becoming involved in a pilot programme with the local authority regarding falls documentation and reducing the need for post fall hospitalisation.

Although not all the staff we spoke with said they had received safeguarding training at Rockley Dene Nursing Home, staff were able to describe different types of abuse and what they would do if they were concerned any one was at risk of harm of abuse. The registered manager and clinical lead were both able to tell us about the action they would take in the event of a safeguarding concern being raised and how they would make a referral to the local authority safeguarding team. This showed staff were aware of their responsibilities in reporting potential safeguarding concerns.

## Is the service effective?

### Our findings

The registered manager and clinical lead nurse were aware of how to access information regarding current legislation, standards and evidenced based practice to achieve effective outcomes for people. They were able to tell us how they were accessing information to ensure future redecoration plans were conducive to people who were living with dementia. We reviewed a sample of the registered provider's policies. We saw some evidence of references to legislation, for example policy 'consent to care and treatment' referenced the Mental Capacity Act 2005, we did not always see reference to current good practice or evidence based practice. For example, none of the medicine policies emailed to us made any reference to NICE guidance; Managing medicines in care homes, published March 2014. The policy 'cleanliness and infection control' did not reference updated guidance on the prevention and control of infections.

We asked staff about the induction, training and supervision they received.

One staff member said their induction lasted for five days, they then shadowed another member of staff for three days. Another staff member said they had an hour's induction. A member of staff who had worked at the home for a number of years also told us new staff spent their first few days working with a more experienced member of staff to ensure they received support and guidance.

Each of the staff personnel files we reviewed contained evidence staff had received an induction.. One of the staff whose file we reviewed had no previous experience in providing care to people. When we asked if new staff were enabled to complete the Care Certificate the clinical lead nurse told us they were not. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. This meant although new staff received an induction, there was no system in place to ensure new staff had the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they had training in a variety of topics. One staff member said they had completed 13 training modules, mostly using DVDs. Although they said they had recently attended face to face training with an external healthcare professional to learn about preventing pressure ulcers. Another staff member said they had watched a number of DVDs which included fire, first aid and dementia awareness. One of the staff we spoke with said, "I am fully involved in the dementia and safeguarding training, it gives you more confidence with regard to your understanding and observations. I feel so much more confident about adult protection and safeguarding now."

The registered manager told us training was provided through DVDs. We asked them how staff received practical training in moving and handling. They told us they worked with new staff to teach them. When we asked them what qualified them to teach and assess staff's moving and handling, they said, "I used to be a moving and handling trainer."

We asked a member of staff who had worked at the home for a number of years how new staff learnt the practical aspects of moving and handling, they said, "They are paired with someone like me, they learn on

the job." A member of staff who had commenced employment at the home during 2017 said, "I watched a DVD and worked with another carer who showed me." We saw certificates in only two of the four staff files we reviewed to evidence staff had completed moving and handling and none of the four files evidenced the staff had received any training in the practical aspects. This put people who lived at the home and staff at risk of serious harm as we could not evidence staff had received adequate training in moving and handling.

Three of the four staff files we reviewed evidenced the staff had completed a variety of training although there was no evidence one of the nurses had received any training following their employment at the home. We informed the registered manager of our findings at the time of the inspection. After the inspection we reviewed the training matrix which had a number of pages to record different training subjects, the information was difficult to evaluate and contradictory. This meant we could not clearly identify the staff had or had not completed. We discussed this with the home's administrator following the inspection. We also emailed the registered manager to ask them to review the staff training shortfalls as a matter of urgency.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure staff received appropriate training to enable them to have the appropriate skills and competencies to meet people's needs.

Following the inspection we spoke with the registered manager, they told us the registered provider was sourcing a training provider to enable them to have some staff trained to enable them to deliver the practical aspect of moving and handling people to staff. They assured us this was being looked at as a priority.

Staff told us they received supervision. We saw evidence in each of the staff personnel files we reviewed, of regular management supervision. We also saw a matrix was in place which provided oversight as to when each member of staff had received supervision during 2017. Supervision is an opportunity to review staff practice and review training needs.

Not everyone we spoke with was complimentary about the food. Some people were very happy with the catering arrangements while others said that main meals arrived cold and were not always to their liking. Positive comments included; "It's good old fashioned home cooked food", "The food is superb" and "They listen to me when I say I prefer a different meal. Two of the relatives we spoke with said, "I have eaten here, the food is wonderful" and "The staff are so hospitable, we are often offered meals and always offered drinks." However, some people told us; "It's good food ruined", "The food is always cold" and "They don't even warm the plates."

People told us they could have cooked food for breakfast if they wanted it. We saw the daily menu was on display and this reflected the meals that were served while we were at the home. On the first day of the inspection we saw the dining tables were neatly set out, they looked welcoming with tablecloths, napkins, condiments and flowers. However, we noted the crockery set on the table was not the crockery which was used for the meals. We also noted all the meals were served to people already plated up, including, gravy, this meant people were not able to choose the components of their meal or the quantities put on their plate. We shared our observations with the registered manager and the clinical lead nurse. They said practices had changed during the recent outbreak of diarrhoea and vomiting at the home, and had not reverted back to expected standards once the outbreak had ended, the day prior to our visit. On the second day of our inspection we found the lunchtime experience had changed, we saw the kitchen staff serve people from the bain marie which had been brought into the dining room. People were asked about the components of their meal including serving their gravy on an individual basis. This helped to make the lunch



time experience more person centred and promoted conversations between staff and people who lived at the home.

During the lunchtime meal, not everyone was encouraged to eat their meal and drinks, and people were not offered alternatives if they declined to finish their meal or drink. We observed two people at lunch who were served their lunch in the lounge. They both had fishcake, potatoes and beans, neither of them ate the fishcake. One person said, "It was horrible." In the main dining room we saw two people leave the dining area, they left all their meal and drink. At tea time we observed one of the people who had not eaten at lunchtime was served one quarter sandwich and a cup of tea. Approximately 20 minutes later they had not eaten the sandwich and they had spilt half the cup of tea. We checked their eating and drinking record and saw staff had recorded they had eaten two sandwiches and drunk half their cup of tea. We brought this to the attention of the registered manager immediately.

The registered manager told us they had a matrix in place where they recorded people's monthly weights. They said this provided them with the oversight needed to identify people who were losing weight and taken action to address it. Care plans evidenced people were weighed regularly and their nutritional risk assessed. We also saw evidence, where concerns had been identified with weight loss or swallowing difficulties, referrals had been made to speech and language therapy or the dietician. The records also noted the details of the visit and the subsequent advice given to the staff. We saw the food and drink served to both these people was in line with the recommendation in their care plans. This showed staff ensured people's nutritional needs were monitored and managed.

Staff recorded the diet and fluid intake for some people who lived at the home. We reviewed six people's records and found the quality of the records were inconsistent. For example, we saw one person was prescribed nutritional supplements on a daily basis but this information was not recorded on their fluid intake chart. Where people declined their meal, there was no evidence an alternative was offered. Some staff routinely recorded the amount eaten, but not all staff recorded the detail of the portion size or amount offered. This meant not all food and fluid records were an accurate reflection of people's intake.

Staff told us there were handovers between shifts where information was passed between the staff teams. Although one staff member said, "Communication could be better, there is a communication book but I'm not sure things are always followed through." Another staff member said there was a daily handover at 7am where the night staff described the care people had required overnight. The registered manager told us they attended the handover meetings when they were able, they said they tried to ensure staff worked as a team throughout the 24 hour period and there were no divisions between day and night staff.

We saw relevant information was made available for the various departments within the home, for example, we saw information was available in the kitchen regarding people's nutritional needs. The cook was knowledgeable about people's requirements and they showed us a file where this was recorded. Although we did not see evidence this information was routinely re-visited or up dated, for example, regarding people's likes and dislikes ensuring the information was still current.

We recommend that the service seek advice and guidance from a reputable source, based on current good practice to ensure peoples nutrition and hydration needs are met.

People told us they were supported to access other healthcare professionals. One person said, "I have my own optician, the staff or my family make me an appointment when the time comes around", another person said, "When I told the staff I felt unwell, they called the GP in later that morning." Relatives commented; "We were asked if we wanted to come to the GP visit when [relative] first came here", "They call the opticians and chiropodist, they always let me know when they do it" and "My [relative] sees the district



nursing service if necessary."

We saw evidence in each of the care files we reviewed which confirmed the involvement of a variety of external health care professionals. This showed people using the service received additional support when required for meeting their care and support needs.

People's bedrooms were situated on the ground and first floors of the home, there was a passenger lift between the floors. On the first floor we saw signs indicated which direction to take to enable you to reach particular bedroom numbers. The registered manager said the registered provider was currently considering future options regarding the development of the building. They also said they were looking at colours and styles which may be suitable for future redecoration of the home.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Where people lacked capacity to make decisions regarding key aspects of their lives, for example, living at the home, we did not always see evidence to show capacity assessments had been completed or a record of the best interests decision making process. For example, we saw a DoLS application had been made to the local authority for one person, but there was no record of an assessment to show they lacked capacity to make this decision. Nurses were responsible for administering the medicines for everyone who lived at the home, but the clinical nurse lead told us no assessments of capacity had been completed for people who were unable to consent to the administration of medicines. Following the inspection the clinical nurse lead submitted evidence to show they had begun to take action to address this.

We did not consistently see evidence in the care files we reviewed that consent had been gained. For example, we saw a consent form in one care plan, which showed staff had written 'consent given verbally by [name of person] as unable to sign'. The care plan for another person did not contain evidence consent had been obtained for any aspect of their care other than having their photograph taken despite their care plan recording they were able to make 'simple choices'.

We spoke with the registered manager and the clinical nurse about the MCA and DoLS process. Their responses demonstrated an understanding of the law and how it had to be applied in practice. Some staff were clear about the principles of the MCA, although one said they had heard of the MCA, but they were not sure what it meant for the people they were supporting. After the inspection we reviewed the training matrix which recorded 18 of the 32 listed staff had not completed training in MCA and DoLS.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure care and treatment was only provided with people's consent and failing to ensure the requirements of the Mental Capacity Act 2005 were met.

## Is the service caring?

### Our findings

People and relatives each made positive comments about the staff. Peoples said; "The staff are so caring and approachable", "I could not get better care anywhere", "The staff are very kind" and "I just cannot fault the staff. I am really happy here; I would leave if I wasn't." Relatives feedback included; "Staff have such devotion", "[Name of staff] has played a huge part in [relative] settling in here", "Me and my family can rest assured [person] is well cared for" and "The care is kind and considerate and dignified."

Staff we spoke with said they felt the standard of care people received at the home was good. One of the staff we spoke with said, "We see them all as individuals and we are person centred, but sometimes staffing shortages, we can be task focused." Although they also told us people made their own decisions regarding, for example, when they got up or went to bed. They explained these decisions were led by people who lived at the home and not made for staff's convenience.

Although during our inspection we observed predominantly caring and kind interactions between staff and people, we also saw and heard a number of episodes where the care people received was not person centred and did not demonstrate staff respected people's individuality. For example, we heard a staff member say to a relative "We will have to see to these first, these need hoisting first." We also heard a staff ask another staff member "Is there any more feeders up here?" This reference was to people who needed staff support to enable them to eat. In the lounge following lunch we saw two staff assist a person to stand, sit the person in a wheelchair and push them in the wheelchair out of the lounge, neither staff member told the person what they were doing or where they were taking them.

Where people were able to express their preferences we noted staff were more likely to offer them a choice in regard to meals and drinks. For example, we saw staff give one person a drink without offering any choice but the same staff member asked two other people what they would like to drink. At tea time on the first day of the inspection we saw further examples. We observed a staff member serve sandwiches to people in the lounge, they did not tell anyone what the content of their sandwich was. All the plates were wrapped in cling film but no-one was asked if they needed help to remove this. We heard one person say, "[Staff member] never undoes it, it's awkward with only one hand." A member of the inspection team removed the cling film for them. No-one was offered a drink until 20 minutes later when a drinks trolley was brought to the lounge. The staff member gave everyone a drink but did not ask anyone what they would like. We asked the staff member why they did this, they said, "I know what people have, most have the same. The ones who change their mind, I know who they are and I ask them."

We saw staff had left cheese on toast, a drink and some chocolate cake for a person who was in bed. We saw this person was laid almost flat in their bed which made it difficult for them to eat without spilling their food. We asked the registered manager to come to the room; they agreed this was not a good position for this person to be in. They supported the person into a better position.

We asked a member of staff how staff supported people to make choices particularly where people may have a cognitive impairment. They said staff offered people a choice verbally; no other communication aids

were available. This meant staff were not accessing alternative methods of communication to enable people to make basic choices and decisions.

Some people commented that there were unable to access the nurse call system when they were in the lounge. In the evening people had to call for staff if they wanted to go to the bathroom or to bed, staff were often out hearing range.

This demonstrated a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure all staff treat people with dignity and respect and failing to use or facilitate the most suitable means of communication.

Staff were able to give us examples of how they maintained people's privacy. One of the staff we spoke with described how they always asked the person if they were happy for them to carry out a task and always knocked when entering someone's room. We also observed staff respected people's privacy by knocking on doors and calling out to them before they entered their bedrooms.

At the time of the inspection the registered manager told us the home was not supporting anyone who had any specific cultural or religious needs. Although they verbalised an understanding of ensuring everyone who lived at the home was treated equally. We saw from the training matrix only seven of the 32 listed staff had not completed equality and diversity training. Equality and diversity training promotes staff awareness of peoples basic human rights and helps to reduce the risk of discriminatory practices.

People said the staff listened to them but we found no evidence that people or their families had been involved in the implementation or review of their care plans. We asked the registered manager they said, "We speak to them but it is difficult to involve people. Most people know they have them. We sometimes ask families to sign care plans." Involving people in their care plan helps in monitoring whether care records are up to date and reflective of people's preferences and needs.

The registered manager was aware of how to access the advocacy service and told us how the service had provided support to a relative of a person who lived at the home. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

People's records were stored confidentially. Care plans were kept in a locked office; computers and laptops were password protected. This helps to reduce the risk of unauthorised access.

## Is the service responsive?

### Our findings

There was a programme of activities in place however people and relatives were not all aware of who the activity co-ordinator was. Positive comments from people included; "I take part in anything that's going, they help me keep busy", "There is so much to get involved with." A relative said, "[Name of activity co-ordinator] makes sure that there is a range of activities every day". However people also said, "I am not keen on the activities, they do no suit me", "I don't like darts, and they play it so often" and "We really enjoy the trips out. We have not had one for a while." Some comments from relatives were also negative, these included; "The activity person is a lovely person but I don't feel they fully understand the needs of the people here" and "I feel that the activities are not always suitable for everyone."

Three of the staff we spoke with also felt more social interaction and activity could be offered to people. One staff member said, "They could do with more activities, they [activities co-ordinator] is only here in the morning." During our time spent at the home we saw minimal engagement between staff and people at the home other than as part of a task related activity.

The activities co-ordinator worked between Rockley Dene Nursing Home and Rockley Dene Residential Home. They recorded each person's activity involvement including if the person had enjoyed the activities. Recently there had been an active social calendar around Christmas and the New Year with visiting choirs and singing entertainers. Some people had also attended a party at a nearby hotel. During the afternoon of the second day of the inspection we saw a person in the lounge reading sections of the bible to people, some people joined in when a prayer was read out loud.

The care files we reviewed were person centred and information was reflected consistently throughout the records. One care plan recorded 'put my right arm in my clothes first' and 'prefers their deodorant sprayed on their clothes and not their body'. However, not all documents within the care plans had been completed in full. For example, we noted the social history and recreational profile was blank for one person. A 'daily preference' form recorded 'I like to watch TV or listen to the radio during the day' but there was no further detail recorded such as the programmes they preferred to watch or listen to. This helps care staff to know what was important to the people they care for and help them take account of this information when delivering their care.

The Accessible Information Standard requires staff to ask record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The communication care plan for one person detailed recorded how they communicated with staff and what the key phrases they frequently used, indicated. Another care plan recorded 'I am hard of hearing; I am able to communicate my basic needs'. However, as noted within the Caring section of the report we did not observe any alternative methods of communication in use to enable people to communicate their choices and preferences to staff.

On the first day of the inspection we saw two staff assist a person to stand up in the lounge. When they had completed the manoeuvre, one of the staff said the person would be 'better with the stand aid', the other

staff member agreed. On the second day of the inspection we checked the persons care file, we saw an entry dated 17 December 2017 which noted '2 staff and stand aid for all transfers'. This demonstrated staff were not always aware of people's needs and were not providing people's care in line with the instructions within the care plan. We shared this with the registered manager at the time of the inspection.

There was a system in place to manage complaints and we saw information on display within the home informing people of their right to make comments about the care and support they received.

People and their relatives knew how to complain and they told us who they would inform if they were unhappy with their care. One person said, "I always speak my mind and would say if anything was wrong." Relatives said, "The manager has made it clear that if we have any concerns we must tell her", "If ever I have a problem I would go straight to [name of registered manager]. I know she would sort it out", "I have raised concerns with the manager, a few times. She always see's to things straight away" and "You can approach the manager about anything."

The registered manager told us they did not have any current complaints. We reviewed the complaints file. Complaints were logged, the log recorded the date, brief details of the concerns and the outcome, three complaints were recorded on the log for 2017. The most recent complaint, dated September 2017 had not been recorded on the log but we saw evidence the matter had been investigated and responded to.

Where people had a Do not Attempt Resuscitation (DNAR) instruction we saw these were filed at the front of their care files. Their care files also had a small red dot on the spine of the folder, this enabled staff to easily identify if a person had a DNAR in place. The clinical lead nurse told us as people entered the final days of their life, 'My Care Plan' was implemented. They explained this was done in conjunction with the GP and where needed, the district nurses and was used to plan and record people's care needs in their final days. At the time of our inspection 'My Care Plan' was not being used by anyone at the home.

## Is the service well-led?

### Our findings

The people and their families were positive about the management of the home. People told us; "I am very pleased with the support we get from [name of registered manager]", "The manager is so approachable, she is a good listener" and "All the managers and staff are approachable. There is nothing that [name of registered manager] will not do for you." One relative told us they had recently paid tribute to Rockley Dene Nursing Home in the local press. Another relative said, "My [family member] has come on in leaps and bounds since they came to live here. It's down to the management."

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore, this condition of registration was met. The registered manager was responsible also responsible for Rockley Dene Residential Home which was adjacent to Rockley Dene Nursing Home. The registered manager and the clinical lead nurse were visible and accessible on both days of the inspection. The clinical lead nurse was predominantly supernumerary but covered nursing shifts as needed to reduce the need for agency nursing cover. They both said they felt they worked well together and their skills complemented each other.

A range of audits were completed by the registered manager and clinical nurse lead. We looked through the contents of a file, 'audits 2017'. We saw audits of medicines had been completed in July, October, November and December 2017. The July 2017 audit noted there was no thermometer in the clinic room for staff to record the room temperature. The audit did not record if this matter had been addressed although we saw a thermometer was now located in the clinic room and temperatures were being recorded. We also noted the audit dated October 2017 documented some of the temperatures recorded were higher than 25° centigrade, this was still a concern at the time of our inspection.

The file also contained a number of care plan audits. We saw paper records which showed 14 audits had been completed in April 2017 and four in July 2017. We also reviewed the electronic copies of the managers audit dated November 2017, this recorded six plans had been audited and six in December 2017. We noted of the six files audited in November, five of them were also audited again in December but shortfalls identified in the November audit had still not been addressed in the December audit. For example the sections 'Are their Hobbies and Interests documented', 'Are their Spiritual Needs documented' and 'Is there a Completed "This is My Life History" in their Care plan' all identified shortfalls that had not been rectified.

The 'managers audits' dated November and December 2017 contained a section to record staffs' compliance with training, this was not completed on either audit document.

Following the inspection we reviewed the registered managers action plan dated November 2017, this had not identified any of the issues we have raised as part of the inspection. The registered manager also emailed us their action plan which they had updated following our inspection. We saw this included some of the concerns we had shared with them when we provided them with verbal feedback during the inspection.

We asked people if meetings were held at the home were they could be involved in the decisions regarding

the day to day management of the home. Although people said they were encouraged to speak out at meetings they said the last meeting had been held in April 2017. One person said, "I used to go to all the meetings, it's the best way to get your views across to the managers but we haven't had a meeting for months." Another person said, "The meetings are how you get things changed, we need more of them." We saw minutes from the meeting held in April 2017, the registered manager confirmed no other meetings had been held in 2017 and explained this had been due to a lack of people and families attending although they said they had plans to hold further meetings in 2018. We saw the dates for planned resident and relatives meetings were on display within the home.

These examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure systems of governance were effective in ensuring compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, a failure to seek and act on feedback from people and relatives and failing to ensure the service received rating of Good in all domains.

The registered manager told us the registered provider visited the home on a regular basis although due to Christmas and New Year they had not visited since November 2017. They said they received verbal feedback from the provider regarding these visits but there was no formal record of their findings. The registered manager also said although they used to submit a regular report to the registered provider this was no longer done. They explained this was due to the report being stored electronically and the registered provider being able to access these records remotely.

Staff told staff meetings were held on a regular basis. One member of staff told us a recent meeting had included discussions about DoLs and about the need to record information accurately in people's daily records. A file containing minutes from staff meetings evidenced meetings had been held at regular intervals and we saw future staff meeting dates were on display in the staff room. Staff meetings provide an opportunity to share information and for staff to discuss their views about the care provided

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner.

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 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	The registered provider had failed to ensure all staff treated people with dignity and respect and failed to use or facilitate the most suitable means of communication.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The registered provider had failed to ensure care and treatment was only provided with people's consent and failed to ensure the requirements of the Mental Capacity Act 2005 were met.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The registered provider had failed to ensure nursing staff had the appropriate skills and competency to administer people's medicines safely. The registered provider had failed to ensure staff received appropriate training to enable them to have the appropriate skills and competencies to meet people's needs.
Treatment of disease, disorder or injury	



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider had failed to assess the risks to the health and safety of people and failed to ensure they had done all that is reasonably practicable to mitigate any such risks.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We served a Warning Notice on the registered provider and the registered manager.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider had failed to ensure systems of governance were robust and effective. The registered a failure had failed to seek and act on feedback from people and relatives.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We served a Warning Notice on the registered provider and the registered manager.