

Lilian Faithfull Care

Resthaven Nursing Home

Inspection report

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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

Resthaven Nursing Home is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 42 people.

People were accommodated in one building made up of two wings. Each provided adapted facilities, ensuite bedrooms and communal rooms to relax and eat in. The service has its own secure outside space which adjoins surrounding countryside as well as ample car parking.

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

People told us they felt safe and able to talk with staff about anything that worried them and referred to the staff as being kind, friendly and helpful. A person's representative told us they felt well informed, both about their relative's health and the arrangements in place to protect their relative during the Coronavirus pandemic.

Two healthcare professionals told us they had felt reassured that people continued to receive appropriate care and treatment during the pandemic

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. We identified no concerns in relation to the cleanliness of the service or the actions being taken to protect people from Coronavirus or other potential infections.

A winter support plan was in place and people and staff were encouraged and supported to access the Flu vaccine.

People's medicines were managed safely. There were processes in place to help managers monitor the safety of medicines and to identify areas which required improvement. People spoken with told us they received their medicines on time.

People were aware that a new home manager had been identified and that they were due to start in the new year. In the meantime, arrangements were in place to provide staff with leadership and support.

The provider's quality monitoring systems had been effective in identifying areas of shortfall. Actions had been introduced to address these and drive improvement. Staff had been supported to understand their roles and responsibilities in this process. There was strong evidence to show that the provider was fully involved in supporting staff, improving team working and morale and monitoring progress against the improvement actions. Feedback was sought from people, relatives, professionals' and staff and acted on to help improve the running of the service and people's overall experience. One member of staff said, "We are

all part of one team" and a senior manager said, ""The staff have been coming on the journey."

Managers were proactive in introducing new and existing learning and were open to ideas which supported ongoing improvement of the service and which improved people's experiences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 27 November 2018).

Why we inspected

This was a planned focussed inspection looking only at the key questions, Safe and Well-led. This report only reports on the findings under those key questions. We reviewed the information we held about the service and 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 remains Good.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit again. 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?

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.

Resthaven 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 one inspector.

Service and service type

Resthaven 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 did not have a manager registered with the Care Quality Commission however, a new home manager had been identified and they planned to register with the CQC. This means that they, along with the provider, will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. Due to pressures from the Coronavirus pandemic we gave the service 48 hours' notice.

Inspection activity started on 26 October 2020 with a visit to the care home and continued with desktop activity which ended on 30 October 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we had requested from the provider in relation to infection control and visiting arrangements. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative, by telephone, about their experience of the care provided. We spoke with three members of staff, as well as the provider's quality manager (interim manager of the service) and the Director of Care and Development (the Nominated Individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed how staff engaged with people and their use of personal, protective equipment (PPE)

We reviewed a range of records. This included three people's care records and selection of medicine records. We looked at staff meeting records including a selection of audits and the service's continuous improvement plan.

After the inspection

We requested and received further information to help corroborate our findings during our visit. This included further records relating to the management of the service, including risk monitoring records, quality monitoring audits and checks and health and safety related records; inclusive of fire drills, staff evacuation training and the services fire safety procedure. We requested and received a copy of the provider's current liability insurance certificate.

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 to safeguard people from the risk of abuse

- People were protected from abuse. Staff were aware of how to report safeguarding concerns both in the service, to the provider's senior management team and to external agencies if needed.
- People felt confident and able to talk with staff about anything they saw or heard which worried them. One person said, "It's very nice living here, I've not had any worries up to now, they (the staff) are all nice. I've not heard anything bad."

Assessing risk, safety monitoring and management

- People were protected from risks which may impact on their health, safety and welfare because action was taken across all departments in the care home to monitor and reduce these. Regular health and safety checks, maintenance and servicing reduced risks associated with the environment and equipment. Fire safety procedures were in place and staff had been trained in evacuation techniques. Clinical risk meetings ensured people's health risks were identified and addressed.
- Risks to people's health included were those associated with poor mobility and falls, skin damage and potential pressure ulcer development, loss of weight, swallowing difficulties and potential malnutrition or choking. Where required, input was sought from healthcare specialists such as physiotherapists, dieticians and wound care specialist nurses. Two people had recently fallen, and they had been assessed and reviewed by a physiotherapist.
- The provider had processes in place for the reporting and escalation of risks. The provider also ensured that safety alerts from manufacturers and other safety related information and guidance was forwarded to the care home and acted on.

Staffing and recruitment

- People were protected from the employment of unsuitable staff because the provider's employment processes including various employment checks were followed. Previous employment, health and identity checks were completed before staff started work, as were Disclosure and Barring Service (DBS) checks. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with at risk groups of people.
- People were supported by enough staff in number and experience to meet their needs. Staffing rosters had been reviewed to ensure they met the needs of the service. Following consultation with staff some alterations were made to these to support even and consistent staffing through the pandemic.
- The provider was looking to build a bank of care home staff to make it easier to manage staff absences during the pandemic and avoid the use of agency staff.
- People told us staff were available when they needed them. One person told us when they rang their call bell staff attended quickly. A person's representative told us they had felt reassured by the relatively

consistent levels of staffing so far throughout the pandemic.

Using medicines safely; Learning lessons when things go wrong

- People told us they received their medicines as prescribed. One person said, "They have got better with the timing", confirming they usually received their medicines on time. A healthcare professional told us they had no concerns in relation to the management of people's medicines.
- People's medicines were managed safely. Action had been taken to improve the overall management of medicines. Staff had received additional training and support to improve their practice in all aspects of medicines management. Improvements had been made to stock control; making sure the service was not over stocked, but that medicines were available when needed. Additional guidance (protocols for administration) were in place for medicines which were prescribed for occasional use; some pain relief medicines and blood thinning agents.
- Regular audits were completed and any shortfalls in the systems identified and addressed. Daily checks were completed of people's medicine administration records (MARs) to reduce risks associated with recording errors; staff not signing the MAR after administering a medicine. Since this action had been maintained the medicine recording errors had reduced.

Preventing and controlling infection

- People lived in an environment which was kept clean. Arrangements were in place for the safe management of waste and laundry.
- We were assured that the provider was preventing visitors from catching and spreading infections. The service was following relevant visitor guidance.
- We were assured that the provider was meeting shielding and social distancing rules as required.
- 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, where consent for this had been provided.
- 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 could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 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.

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

- People told us staff were always willing to help and they felt as if staff knew them personally. A relative told us how pleased they had been with the level of continuity and person-centred support provided to their relative; important because their relative lived with dementia. A non-member of care staff told us how they supported a person-centred and inclusive culture by talking with people when they carried out their non-care tasks. They said, "It's about just seeing how they really are."
- Some changes had been made to how staff were being managed and team building had been one of the main area's managers had focused on. One member of staff said, "It feels more structured, the team is beginning to pull together."
- Improvements had been made to how staff were being communicated with and listened to and this had resulted in improved morale, a more inclusive and positive staff culture which ensured good outcome for people. Another member of staff said, "I feel that every role here is important in delivering good quality care. We are all equal here."

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 and managers understood their responsibilities under Duty of Candour.
- Staff were supported to be honest and there were processes in place for staff to be able to report things if they went wrong or not necessarily to plan and to explain this to people involved and their relatives.

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

- The provider's quality monitoring systems were effective and resulted in action being taken to drive improvement.
- The provider actively supported on-going learning and reflection from shortfalls identified so that meaningful improvements to care and the service overall could be made.
- The provider's quality monitoring processes had identified shortfalls which were predominantly related to areas of service management. The service's continuous improvement plan (CIP) recorded where improvement was needed, how this would be achieved and who was responsible for each action. There was a clear audit trail showing regular review of the CIP's progress. Improvement actions were only signed off as completed, by the senior management team, when they were fully satisfied these were met.
- The provider used on-going and existing learning to introduce additional improvements to ways of

working and practice, which had a direct and positive impact on people. An example of this included improvement work, already completed by provider staff elsewhere, on the process of analysing falls and falls prevention. This had resulted in a new assessment tool to be used by the provider's physiotherapists and a more collaborative way of working with care staff, to support falls prevention. Work to improve falls analysis and falls prevention had started at Resthaven.

- The provider's senior management team were fully engaged in supporting the service's team to meet the improvement actions. A representative of the provider said, "The staff have been coming on the journey."
- Senior staff had been supported to understand their responsibilities in relation to maintaining the service's internal quality monitoring processes; audits, checks and reports to the provider.
- Regulatory requirements such as notifying us (the Care Quality Commission) of certain events and circumstances and ensuring the rating of the service is clearly displayed, were met.

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

- The provider had adapted how they sought feedback from people, relatives and staff during the pandemic. Seeking feedback from people who used the service had remained a priority so that managers could measure the impact on people of restricted contact with family and friends, learn about the impact the planned improvements were having and know where to focus further improvements during the pandemic.
- Two people who had wanted to continue giving feedback decided, with staff, it was more comfortable for them to do this by writing a weekly feedback note. One person had commented that they had seen changes and improvements in the staff which was had a positive impact on people. This had resulted from the improvement work completed around team working, leadership and support for staff.
- One person told us they enjoyed the regular visit they had from one of the provider's senior managers who visited the service on a regular basis as part of their quality monitoring and support role. The person said, "(Name) is always very kind and comes to have a chat to see how I am."
- A staff and relative survey had been completed earlier in the year. Feedback from both had highlighted a need to better manage the increased telephone calls being made to the home during the pandemic. Action was taken and additional receptionist hours at the weekend were introduced enabling relatives to speak with their relatives and care staff to concentrate on delivering care. Other staff feedback had been addressed and had resulted in some additional trainings in areas where staff felt they needed to gain more confidence.

Working in partnership with others

- The service worked with several professionals and agencies, including commissioners of care so people could access the support and treatment they required.
- During the pandemic adaptations were made to how working in partnership was maintained and how the service remained connected. Technology was used to support virtual contact with professionals where needed. Senior managers had remained in contact with commissioners, other adult social care services and agencies, including provider support networks by engaging in virtual forums and meetings throughout the pandemic.