

Rotherwood Healthcare (Roden Hall) Limited

Roden Hall Nursing Home

Inspection report

Roden
High Ercall
Telford
Shropshire
TF6 6BH

Tel: 01952770130

Date of inspection visit:
23 April 2019

Date of publication:
04 June 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Roden Hall Nursing Home provides residential and nursing care and is registered to accommodate up to 45 people. On the day of the inspection the service was providing personal and nursing care to 23 people.

Focused inspection

We undertook an unannounced focused inspection of Roden Hall Nursing Home on 23 April 2019.

People's experience of using this service:

- Since our last inspection in July 2018, the provider had not taken sufficient action to comply with the breach of regulation 17, Good governance.
- The provider's governance remained ineffective to address the shortfalls identified at our previous inspection.
- The provider had not taken appropriate action since the last inspection to ensure the safety of equipment to reduce the potential risk it could pose to people.
- People could not be assured they would be protected from the risk of cross infection.
- The provider was unable to demonstrate that all staff were subject to the appropriate safety checks before and whilst working in the home.
- People's prescribed medicines were not always stored in accordance to the pharmaceutical instructions on the box.
- Accidents were recorded but action was not always taken to avoid them happening again.
- People were supported by trained staff to take their prescribed medicines.
- People were cared for by sufficient numbers of staff.
- People could be confident that staff were aware of their responsibility of safeguarding them from the risk of potential abuse.

Why we inspected: This inspection was carried out because we had received concerns about the suitability of staff working in the home.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. More information is in Detailed Findings below.

For more details, please see the full report which is on the CQC website at 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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Roden Hall 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted by a notification regarding concerns about the suitability of staff employed by the provider.

Inspection team:

This inspection was carried out by two adult social care inspectors and one assistant inspector.

Service and service type: Roden Hall Nursing Home provides residential and nursing care. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service did not have a registered manager. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider had appointed a manager who told us they would be registering with us.

Notice of inspection:

The inspection site visit was unannounced. It started and ended on 23 April 2019.

What we did:

We reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

At the inspection visit we spoke with one person who used the service, two care staff, a maintenance staff, the hospitality manager, the manager and the registered provider. We looked at care plans and risk

assessments. We looked at records relating to the management of medicines, staff recruitment and quality assurance monitoring audits.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- This inspection was prompted due to concerns about staff's suitability to work with people who used the service.
- At the inspection the provider was unable to demonstrate that the appropriate safety checks were carried out to ensure the suitability of all staff who worked in the home.
- The provider was unable to show what action they had taken to ensure the safety of people where concerns had been identified about staff.

This is a breach of regulation 19, Fit and proper person employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After our inspection visit the registered provider demonstrated that most staff's fitness to work had been checked, however there were a few gaps. They assured us that action would be taken to ensure all staff had the appropriate safety checks in place. Where concerns were identified about the suitability of staff, the provider told us what action they had taken to mitigate potential risk.
- The manager told us they had a number of staff vacant posts. They told us these vacant hours were covered by their existing staff or agency staff.
- A staff member said, "Most of the time there are enough staff on duty." We observed staff were nearby to assist people when needed

Preventing and controlling infection

- At our previous inspection infection, prevent and control systems were not always effective to ensure people were not placed at risk of avoidable infections.
- At this inspection we saw that audits were in place to monitor hygiene standards. An audit showed that pillows and chairs were unclean. However, where concerns had been identified, the manager was unable to show what action had been taken to address them. This placed people at risk of cross contamination.
- There was a weekly 'medical equipment cleaning' schedule in place. However, records showed cleaning had not been carried out for 23 days. We observed that some surface areas were sticky.

Using medicines safely

- Medicines were not always stored at temperatures as directed by the pharmaceutical information on the box. This meant that the provider could not demonstrate that medicines were suitable for use.
- Staff did not always sign the medication administration record to show people received their prescribed creams.
- People were supported to take their medicines by skilled staff.

- Where people required to have their medicines administered covertly. This is where people's prescribed medicines are hidden in their food. We saw that a best interest decision was in place, that had been agreed by a multi- disciplinary team.

Learning lessons when things go wrong

- We saw that accidents had been recorded. However, we found that one person had sustained an injury. The manager confirmed the person's care plan and risk assessment had not been reviewed to reduce the risk of this happening again.
- We also saw good practices where a record showed a person had sustained a fall. The person's risk assessment had been reviewed and showed additional staff were needed to support them safely.

Systems and processes to safeguard people from the risk of abuse

- People could be assured that staff would know how to recognise signs of abuse. However, not all staff were aware of external agencies they could share any concerns they may have about potential abuse. A staff member told us, "I am confident the manager would act on any concerns shared with them."
- A person who used the service told us, "I feel safe living here and the staff are good."
- The manager was aware of their responsibility of sharing any concerns of abuse with the local authority to enable them to safeguard people.

Assessing risk, safety monitoring and management

- Staff told us they had access to risk assessments that supported their understanding about how to care for people safely.
- A staff member told us, "The risk assessments help me to get to know people's needs and tells me what to do to reduce the risk of harm to them."
- A staff member told us that information relating to potential risk to people was shared with them during the handover of their shift to ensure staff knew how to support people in a safe manner.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- At our last inspection the provider was in breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's governance was ineffective to ensure the safety of the environment.
- We found that the provider had not taken sufficient action to address the short falls identified at the previous inspection. At this inspection we found the provider had not assessed or mitigated risks in relation to the suitability of staff employed to care for people at the service.
- We found that although the provider had taken some action since our previous inspection to heighten a stairgate to reduce the risk of people falling over it. A large gap from the bottom of the gate continued to place people at potential risk of harm.
- At our previous inspection we shared concerns with the manager about chipped paintwork on a hoist which could compromise the cleaning of this equipment. At this inspection we observed that an audit dated March 2019, showed that the paintwork was chipped and rusty and could not be cleaned effectively. However, the manager and the provider were unable to tell us what action they had taken to mitigate the risk of cross infection.
- Audits showed that chairs, pillows and lifting equipment were unclean. However, the manager was unable to tell us if action had been taken to address this.
- Audits were carried out to review the management of medicines. However, these audits did not identify that medicines were not stored at the correct temperature to ensure they were suitable for use.
- We saw a domestic audit with a scoring of 66%. The staff member who carried out this audit told us there were no action plans in place to improve standards because people would be moving into the newly built home in the near future.

This is a continued breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- There has been no registered manager in post since February 2019. The new manager was appointed in February 2019.
- The new manager had not registered with us but assured us they had completed their application form and was awaiting the necessary documents to support their application.

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

- We found that not all staff were aware of the provider's whistleblowing policy. However, the staff we spoke with said they were confident to share any concerns of poor care practices with the manager.
- The manager told us they had not carried out any meetings with people who used the service or their relatives since their appointment. Therefore, people did not have the opportunity to have a say in the running of the home.
- The manager told us meetings were carried out with the staff team and staff confirmed this.
- A staff member told us that staff meetings had not been carried out for a while. They said, "We share our ideas with the nurse in charge or the senior health care assistant." They confirmed their views were listened to and acted on.
- We asked staff how they viewed the culture of the home. One staff member said, "It's like a big family. If the residents are happy we are happy."
- A person who lived at the home told us, "I'm happy living here."
- A staff member told us. "If I or one of my relative needed care and support, I would be happy to use this service."

Working in partnership with others

- The manager told us they worked in partnership with healthcare professionals to ensure people's assessed needs were met and we saw evidence of this in people's care records.
- People would be moving to a newly built home in the near future. The manager told us that the new home had leisure facilities which, they had aspirations to invite the local community such as local schools, places of worship to increase people's contact with their local community.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager demonstrated a good understanding of people's needs.
- The provider worked with other professionals to ensure people received the appropriate care and support.
- The manager was aware of when to notify us of significant events that had occurred in the home which, they are required to do by law.

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
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>People were at potential risk of harm because the provider's staff recruitment procedure did not ensure that all staff had the appropriate safety checks.</p> <p>The provider had not taken sufficient action to address the shortfalls identified at the previous inspection with regards to hygiene standards and the safety of the stairgate.</p>
Regulated activity	Regulation
<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19, Fit and proper person employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The provider did not ensure that all staff were subject to recruitment safety checks to ensure their suitability to work in the home.</p>