Mrs Mary Jarvis

Rathmore Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Rathmore Care Home is a residential care home providing personal care for up to 8 older people. There were 8 people using the service at the time of the inspection. The service is provided from a large property close to the town centre, with communal areas and provides people with their own private bedrooms.

People's experience of using this service and what we found
The provider did not take a systematic approach to assessing staffing levels. Governance systems had not been operated effectively. Staff had not received practical training and the management of risk was not always safe. Staff were recruited safely and the home was clean and maintained.

The provider had not held any meetings with staff, people using the service or relatives, to gain feedback about the service provided. Some practices were not person-centred. The service worked with other agencies and was receptive to feedback.

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 4 March 2020).

Why we inspected
We received concerns in relation to the management of risk and people's care needs. As a result, we carried out a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement
We have identified breaches in relation to staffing, safe care and treatment, person-centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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**

Care Quality Commission

Rathmore Care 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 Health and Social Care Act 2008.

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
Rathmore Care Home is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During our inspection, we spoke with 2 people who used the service, 1 person's relative and 1 person's visiting friend. We also spoke with 7 staff, including the registered manager. We looked around each area of the home to make sure It was safe, homely and suitable.

We reviewed 3 people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems. We also reviewed staff training records.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment
● Staffing levels were not calculated according to people's needs. The registered manager told us they assessed staffing on a day to day basis. However, staff told us staffing levels remained constant, regardless of whether someone's dependency had increased, for example if they were poorly. People and their relatives did not raise any concerns about staffing levels.
● Staff had duties in addition to providing care to people. Staff were also expected to cook and clean the home. For example, in a morning, one carer would be cooking, whilst the other was cleaning bedrooms, meaning there were no staff with people who lived at the home, increasing the risk of events such as falls. When someone required care or support, the kitchen was left unattended whilst food was cooking. One staff member said, "We do cooking, cleaning, everything on top of care. Some staff feel could do with a cook or a cleaner, it's hard to say." Another commented, "I think 2 staff up until six o'clock, if only doing care, would be enough. But when taking into account cooking and cleaning, it isn't enough."
● There was only one staff member overnight, which left people at risk and impacted the care people received. The provider operated an 'on-call' system where another staff member could be called in to assist, but this was not used often. We were told people who could not walk up the stairs on their own were supported to their bedrooms before the night shift began, to reduce the risk of supporting them up the stairs. We received assurances from the provider that this practice ceased following our inspection.
● Staffing levels impacted people's dignity. One person required 2 staff to assist them to mobilise. This meant from 6pm until 8am the following day, they spent their time in bed, as there were not enough staff on duty to support them safely. This included with their continence needs. We received feedback that told us people were allocated a certain day of the week for bathing. Staff were unable to provide the option of bathing more frequently due to constraints on their time.
● Most staff had not received training on topics related to people's needs, such as dementia and mental health. These topics would give staff a greater understanding of how to deliver care for people and meet their needs.
● There were not enough staff available to provide meaningful activities for people. Staff told us they tried to provide stimulation by way of chair exercises and drawing, if they had time. One person spent the entirety of their day in their bedroom, as they could not use the stairs or stair-lift, even with staff support. Staff told us they tried to spend time with the person, but this was limited. The provider confirmed they had not supported anyone on any outings from the home in a long time or asked people about this.

The above matters were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured sufficient numbers of suitably qualified, competent and skilled staff were deployed to meet people's needs.

● Staff continued to be recruited safely.

Assessing risk, safety monitoring and management
● Fire safety risks had not been properly assessed and mitigated. The provider staffed the home with 1 carer overnight, with another staff member 'on-call'. The fire safety and evacuation procedures had not been thoroughly considered and tested. Staff told us they had never been involved any fire drills or practical training on evacuation. The fire and rescue service have informed the provider they needed to make improvements to fire safety. Following our inspection, we received assurances that the provider had purchased equipment to assist in evacuation, trained some staff in its use and had begun to test their evacuation procedures.
● Staff had not received any practical training. Records showed and staff confirmed there were several e-learning courses available to staff. However, we found staff had not received any practical training in topics such as moving and handling, basic life support or fire safety and evacuation.
● The home has a door to the adjoining property which is not secured. The door is in place as a fire escape. However, as it is not secured this could provide an access point for anyone from the building next door, or an exit for someone living at the home. The door was alarmed, however this could be deactivated.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not assessed and done all that was reasonably practicable to mitigate risks to people's safety.

● Management of individual risks was improving. Before our inspection we received concerns from system partners about the quality of risk assessments and care planning. During our inspection, we found the provider had made improvements.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems to protect people from the risk of abuse. People who lived at the home and relatives told us they felt the service was safe. One person said, "I'm very happy with everything." A relative told us, "Yes, I do [feel she is safe]. I do not have any concerns but do mention little things."
● Staff told us they felt people were safe and understood their responsibilities and how to report concerns. However, we found 3 out of 9 staff had not received safeguarding training.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● However, records related to assessments of people's capacity and decisions taken in people's best interests were not readily available.

We recommend the provider reviews their systems related to the MCA and ensures records are kept as required.

Using medicines safely

● Staff who administered medicines had received training. However, the registered manager had only checked the competence of one member of staff, to make sure they administered medicines safely.
● Records showed some medicines were not administered as directed. Medicines directed to be given 30-60 minutes before food or other medicines were recorded as given at the same time as breakfast. The registered manager told us this was a recording error and staff had been spoken to about this.

We recommend the provider reviews their systems and processes for assessing staff competency for administering medicines and updates their practices accordingly.

● Medicines were stored safely. Information was available to guide staff on safe administration.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● The provider promoted safe visiting, in line with national guidance.

Learning lessons when things go wrong

● The provider had systems to learn from adverse events. We saw staff recorded any accidents or incidents. Action taken included looking at whether safety could be improved.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● The provider had systems to assess, monitor and improve the service. However, these had not been operated effectively to identify and address the shortfalls we found during our inspection. The provider's systems had not identified and addressed the shortfalls highlighted during our inspection in relation to staffing, staff training and management of risk.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had recently begun to implement audits to monitor and improve some aspects of the service. We could see some actions had been taken in response to shortfalls identified. For example, replacing furniture that had been identified as an infection control risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There were aspects of the service that were not person-centred. For example, one person had to remain in their bed between 6pm and 8am each night, people were only supported to bathe once each week and had not been asked about their preferences. Additionally, people had not been consulted about the menu on an ongoing basis, or been consulted about what activities would be meaningful to them.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People who lived at the home and their relatives were complimentary about the service. One person said, "I am very happy with everything. I am comfortable." A relative told us, "They keep her safe, comfy and well looked after. It's only small and it's a home from home. You couldn't find anywhere else like this."
● Each staff member we spoke with clearly cared about people who lived at the home. They told us they wanted to make a difference for people and provide the best care they could for them. We observed staff were caring and kind in their approach with people. One person said, "They [staff] have a heart of gold."

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

● The provider engaged informally with people, staff, relatives and visitors on an informal basis day to day. They did not have any formal systems for gaining feedback. The provider felt they did not need any formal systems as there were only a small number of people using the service and a small staff team.
● Staff told us they had not received any supervision, appraisals, had any staff meetings or been approached for their opinions, for example on staffing levels. Staff told us they felt able to approach management to raise issues, but did not always feel issues were acted upon.

We recommend the provider reviews their processes around staff support and engagement along and how they seek and act on feedback from staff and people who use the service.

Working in partnership with others
● The service worked in partnership with a range of healthcare professionals. This helped to ensure people's healthcare needs continued to be met.
● The provider had engaged with system partners when concerns were raised about the service. They have worked with other agencies to make improvements to the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

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 9 HSCA RA Regulations 2014 Person-centred care The care provided was not always person-centred. 9(1)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not assessed risks to people's health and safety and done all that was reasonably practicable to mitigate such risks. 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated effectively systems designed to assess, monitor and improve the service. 17(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured a sufficient number of suitably qualified, skilled and experienced staff were deployed to meet people's needs. 18(1)