

Roseville Care Homes (Melksham) Limited

The Old Parsonage

Inspection report

The Street
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Melksham
Wiltshire
SN12 8PR

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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

The Old Parsonage is a residential care home providing personal and nursing care to up to 22 people. The service provides support to people living with dementia. At the time of our inspection there were 19 people using the service.

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

Incidents and accidents were reported and reviewed. Staff understood their responsibilities to protect people from harm and abuse. Risk assessments had been carried out to assess the risks to people's safety, and care plans informed staff how to keep people safe. Safe recruitment practices were in place and there was enough staff on duty to meet people's needs. Systems were in place for people to receive their medicines safely. Staff had received training in infection prevention control and understood how to prevent the spread of infection. Staff wore PPE in line with published guidance.

There was a quality assurance system in place to assess the standards of care in the service. This was overseen by the management team. Staff spoke very positively about working at the home and the people they cared for. One member of staff said, "[Registered manager] is so supportive and friendly. She has an open-door policy. She really listens to you. She's more than just a manager. She's always there for us." One person's relative said, "[Registered manager] is brilliant, absolutely wonderful. She's always willing to chat. She runs a friendly but efficient ship. I can't speak highly enough of her. We're very impressed with all the staff."

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

Rating at last inspection and update - The last rating for this service was Requires Improvement (published 23 May 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 26 March 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve notification of incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. 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 Requires Improvement to Good. This is based on the findings at this inspection.

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 COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

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

Follow up

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?

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.

The Old Parsonage

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.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The Old Parsonage is a 'care home'. 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. The Old Parsonage is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 04 March and ended on 11 March 2021. We visited the location's service on 10 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 the inspection we looked at four staff recruitment files, two care plans and other associated records. We spoke with one relative, three members of staff, the deputy manager and the registered manager.

After the inspection

We spoke with four relatives.

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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- Incident and accident reports showed immediate action taken and any improvements made to prevent a recurrence. Body maps had been completed and there was a clear description of what had happened
- When accidents occurred, staff followed best practice guidance, for example following monitoring recommendations for a set period.
- Staff had access on their handheld devices to any updates to risk assessments, care plans, or documented guidance from care professionals. Staff said they knew how to access these and that they were discussed as part of the shift handover process.

Staffing and recruitment

- Safe recruitment processes were in place.
- There was enough staff on duty to meet people's needs. Staff did not appear rushed and were available when people needed them. Staff told us they felt there were enough staff on duty to meet people's needs and that they never felt rushed. Rotas confirmed staffing levels were in line with the staffing dependency tool.
- One person 's relative said, "There always seems to be quite a few staff around." Another relative said, "There always seems to be quite a few staff on duty. I've been at weekends and again, there was enough staff."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to help protect people from the risk of abuse.
- People were supported by staff who had received safeguarding training.
- People's relatives told us they felt confident their relative was safe. Comments included, "Yes, I'm sure [person] is safe there. The staff do everything they can to keep [name] safe. When [they] fell over staff put things in place to try and stop it happening again" and, "I believe my relative is extremely safe there."
- Staff we spoke with said they felt comfortable in raising any concerns with the management team, and that any safeguarding concerns would be addressed with immediate effect. One staff member said, "I know to report any concerns. It's something I've never had to do, but I would if I needed to."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed, with measures in place to reduce the risk of harm occurring.
- We reviewed risk assessments relating to different aspects of people's care, including the risk of falls, choking, and skin damage. All assessments had been reviewed regularly. Care plans provided detailed and

person-centred information for staff about how they needed to help people be safe.

- Regular health and safety audits were carried out to monitor the safety of the service.
- Environmental checks were carried out.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

Using medicines safely

- People's medicines were managed safely. Nursing staff completed medicines training and had their competencies regularly checked.
- Medicines were stored safely and when no longer required, were disposed of safely. Regular stock checks and audits were carried out.
- Medicines administration records showed that people received their medicines as prescribed. One person's relative said, "Sometimes [name] refuses medication, but staff always keep trying until [name] take it."
- Protocols for additional medicines people might require (PRN) were personalised and described steps staff should take before resorting to the use of medicines. When additional medicines were administered, staff documented the reasons why and the outcome.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's visiting policy was in line with government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had failed to notify CQC of significant events in the service. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were robust quality assurance processes in place. These included audits of incidents and accidents. There was a check process in place to confirm that notifications had been sent in a timely manner to ensure compliance with regulations.
- There was management oversight of audits which included counter signing of all audit activity.
- There was an ongoing improvement plan in place. This included improving staff competence and confidence, and a focus on team building. The registered manager said, "We also want to really focus on people's mental health. I want to concentrate on activities and social interaction with people. For example, we really want to restart church visits as soon as possible. Some of our residents have felt isolated because of the pandemic."

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

- There was a positive and person-centred culture amongst the staff team, where people's needs and wishes were prioritised and the team worked well together.
- Staff told us they enjoyed working at the service. Comments included, "This is a lovely place to work. The family feel here is so good" and "I would recommend working here. I've been encouraging people to join. It's a small team and it really feels like a family."
- Staff said morale at the service was, "Good."
- People's relatives told us staff welcomed them when they visited. Comments included, "The atmosphere at the home is very good. It always feels like a happy place to visit" and, "The staff really do seem happy to work there."

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 registered manager and staff we spoke with were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training, supervision and staff meetings about what was expected of them.
- People's relatives told us the registered manager was "Honest and caring" and, "Very thoughtful, she always calls me to keep me informed." One person's relative said, "When [relative] has had a fall in the past, the registered manager was on the phone to let us know straight away."

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

- The service sought feedback from relatives of people using the service. Surveys had been sent out the month prior to our inspection and we reviewed the responses received. Comments included, "We both feel happy with the care [name] is getting. I know that [name] is safe and well looked after" and, "It is good you are able to speak with the manager when you feel the need."
- Relatives told us they were made to feel welcome when they visited the service. One person's relative said, "[Registered manager] is very communicative. She normally pops up to say hello when I visit. She is easy to talk to."
- Relatives said the registered manager promoted their involvement in the service. One person's relative said, "She is a good manager. She's very thoughtful, always calling me to help with things and involves us in all decisions."
- Regular staff meetings took place. Staff surveys were carried out and analysed in order to improve the staff experiences of working at the service. There was an action plan in place based on staff feedback.

Working in partnership with others

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people. Records we saw confirmed this.