

The RAF Association (RAFA)

Rothbury House Hotel

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Requires Improvement ●

Summary of findings

Overall summary

Rothbury House is run by The Royal Air Force Association (RAFA) to provide short welfare breaks for people who serve or have served with the Royal Air Force (RAF). It provides personal care for up to nine people. Nursing care is not provided. The service also operates as a hotel for other RAF personnel who do not require personal care during their stay. At the time of the inspection there were nine people receiving personal care.

The home had a registered manager in place and our records showed he had been formally registered with the Care Quality Commission (CQC) since September 2013. A registered manager is a person who has registered with the CQC 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. The registered manager was on leave at the time of this inspection. We were supported throughout the inspection by the deputy manager for the home.

At our previous inspection in December 2015 we rated the service as Good overall but found one breach of regulations. This related to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent. The breach concerned the service's application of the Mental Capacity Act (2005) (MCA). In particular, the need to ensure proper reviews of people's capacity were undertaken prior to them coming to stay at the home, that the provider's policy fully reflected the issues around the MCA and that staff had training with regard to the MCA and reviewing capacity. The provider subsequently sent us a plan detailing what action they would take to meet the breach in regulations.

This report only covers our findings in relation to the Effective domain and the details around the previous breach of regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Rothbury House Hotel' on our website at www.cqc.org.uk

At this inspection we found the provider had updated their policy to include the principles of the MCA when considering people's capacity to make decisions, although more detail about the practical aspects of this would have been beneficial. Senior staff at the home had completed specific training with regard to applying the MCA to their work and assessing people's capacity. There was some indication in people's care records that consideration had been given to whether they had the capacity to make decisions for themselves and whether the home could suitably meet their needs. The deputy manager said they now asked questions about this area when dealing with enquiries, but did not always record these discussions. Care staff told us they had received an overview of the MCA as part of their induction training.

We considered the provider had made some progress in meeting this breach of regulations and staff had an understanding of the requirements of the MCA. We have not changed the rating of this domain as we want to be sure that the changes made are sustained and become further embedded in the operation of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

Action had been taken to update the provider's policy on DoLS and the MCA. Senior staff had received training in relation to the MCA. Care staff were aware of issues that may be of concern regarding people's capacity and said they would report any matters. People's capacity to make decisions was considered as part of the preadmission assessment process, but this was not always recorded.

Requires Improvement 

Rothbury House Hotel

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 took place on 14 March 2017. This was a focused inspection to check the action taken by the provider in relation to the breach of regulations found at the inspection in December 2015.

The inspection team consisted of an adult social care inspector.

As this was a focused inspection we did not request 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. Following the previous inspection the provider sent us an action plan detailing the action they would be taking to improve the service at the home. We reviewed this action plan and other information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with the deputy manager, finance adviser and a care worker.

We reviewed a range of documents and records including; five care records, training records and the provider's policy on MCA and DoLS.

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

The deputy manager told us no one at the home was subject to any restriction under the DoLS legislation. The provider had a DoLS/MCA policy which covered the action staff should take if they were concerned that people were at risk and may need to be deprived of their liberty.

At the previous inspection we had found a breach with regard to how the home implemented and monitored the requirements of the MCA. This concerned the service's response to the MCA and the need to ensure proper reviews of people's capacity were undertaken prior to them coming to stay at the home, that the provider's policy fully reflected the issues around the MCA and that staff had training with regard to the MCA and reviewing capacity.

At this inspection we saw the provider had updated their policy to include the main principles of the MCA, to ensure staff were aware that people should be presumed to have capacity and had the right to make decisions for themselves, where at all possible. We discussed with the deputy manager about including a clearer process for staff to follow if they had any concerns about people's capacity.

The deputy manager showed us copies of training certificates to confirm that all senior staff at the home had now completed a training course on the MCA and its implications for supporting people at the home. He told us that if care staff had any concerns about people's capacity they would raise the issue with a senior staff member, who would then consider the matter. We spoke with one recently recruited care worker at the home. They told us they were booked to complete some additional training on DoLS and the MCA, but that an overview of these topics had been given in their initial training. They were able to describe issues that may lead them to have concerns about people's capacity and confirmed they would seek advice from senior staff.

People's care records contained care plan review documents, which included a question about their mental wellbeing. We saw a copy of a preadmission self – assessment questionnaire which asked questions about whether people had memory loss or suffered from conditions such as depression. The deputy manager told us they would also speak with relatives and care managers or social workers, to ascertain if the placement was suitable and there were any concerns about a person's capacity. He said they did not always record these discussions. He told us there had been a check list of questions developed to ask during telephone

discussions. He felt this could be revisited and revised to include specific questions about capacity. He said that since the previous inspection there had been at least one person who they had not offered a placement to, because they felt they could not meet their needs due to capacity issues. We discussed the importance of recording discussions and information prior to people coming to stay at the home, to demonstrate a proper assessment had been completed and ensure people's needs could be met. He agreed that this was important and would ensure fuller records were kept in the future.