Rotherwood Healthcare (St Georges Park) Limited

St Georges Park

Inspection report

School Street
Telford
Shropshire
TF2 9LL

Tel: 01952619850
Website: www.rotherwood-healthcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
St Georges Park is a residential care home that was providing personal and nursing care to 65 people at the time of the inspection. The service can support up to 70 people across two floors. Accommodation on the ground floor specialises in providing care to people living with dementia.

People's experience of using this service and what we found
People felt safe with the staff who supported them. People were supported by adequate numbers of staff who were safe to work with them. The provider's systems protected people from the risk of abuse. People were protected from the risks associated with the control and spread of infection. There were safe systems for the management and administration of people's prescribed medicines. People received their medicines when they needed them from staff who were trained and competent.

People were supported by a staff team who were trained and competent in their role. 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. People lived in a comfortable and well-maintained purpose-built environment. People were able to personalise their bedrooms. People were provided with meals and drinks which took into account their needs and preferences. People saw healthcare professionals when they needed. Before moving to the home people were assessed to ensure their needs and preferences could be met.

There were effective systems in place to monitor and improve the quality of the service people received. People's views were valued and responded to. The provider worked in partnership with other professionals to ensure people received a service which met their needs and preferences. People were cared for by a staff team who were well supported in their role.

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 (report published 19 May 2018).

Why we inspected
We received concerns in relation to staffing levels, people's nursing care needs, diet and hydration, infection, prevention and control and the general management of the home. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. 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.

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 found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Georges Park 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 as per our re-inspection programme. 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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

St Georges Park

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 three inspectors.

Service and service type
St Georges Park 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 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.

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 and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used

all of this information to plan our inspection.

During the inspection
We spoke with eight people who used the service and a relative about their experience of the care provided. We spoke with 15 members of staff including the registered manager, home manager, compliance staff, registered nurses, nurse assistants and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Good

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.

Assessing risk, safety monitoring and management

- People's care plans contained explanations of the control measures for staff to follow to keep people safe. Staff understood where people required support to reduce the risk of avoidable harm.
- People's care plans and risk assessments had been regularly reviewed to ensure they remained up to date and reflective of people's needs.
- Equipment used by people was safe and well-maintained. Moving and handling equipment and the passenger lift had been serviced by an external contractor.
- The provider had ensured risks associated with fire safety, electrical safety, legionella and environmental risks had been assessed and considered. Regular checks were carried out to ensure the home remained safe for people.
- Each person had a personal emergency evacuation plan which detailed the level of support required to evacuate them safely in the event of an emergency.

Staffing and recruitment

- There was a good staff presence and we saw staff responded quickly to any requests for assistance.
- Staff told us there were enough staff to meet people's needs and help keep them safe.
- The provider followed safe recruitment procedures and made sure only staff who were suitable to work with people were employed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person told us, "I am very safe here thank you." A relative said, "I know my [relative] is very safe here and I don't have to worry about them."
- Staff had been trained to recognise and report abuse and those spoken with knew the action to take to ensure people were safe.

Using medicines safely

- People were supported to take their medicines by staff who were trained and competent to carry out the task.
- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered.
- People's medicines were securely stored at temperatures within the manufacturer's guidance.
- There was a record of all medicines entering the home and those destroyed which meant there was a clear audit trail of medicines held at the home.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were somewhat assured that the provider was meeting shielding and social distancing rules. Due to some people having dementia and mental health issues, it had been difficult for staff to ensure people adhered to social distancing. However, staff did their best to keep people distanced. Enhanced cleaning was in place and regular touchpoint cleaning was observed.

● We were assured that the provider was admitting people safely to the service.

● We were somewhat assured that the provider was using PPE effectively and safely. The registered manager had not updated staff risk assessments to reflect recent changes in Government guidance regarding the use of eye protection. This was addressed during our visit.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. One shower room in Acorn Unit had ripped flooring, exposed pipework and a rusted shower chair. This was waiting for the provider's maintenance team to replace the whole shower room, but this had not been prioritised. This had first been reported two months previously. The registered manager agreed to decommission the shower room until it had been refurbished.

● 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.

Learning lessons when things go wrong

● Records of any accidents or incidents were maintained and reviewed. This helped to identify any trends.

● Where things went wrong, the registered manager was keen to explore the reasons and to take steps to reduce the risk of it happening again.

● There was a culture of learning from accidents and incidents which was shared with staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised.

- Staff had been trained and had a good understanding of the MCA.
- Where there were concerns about a person's capacity to consent to their care and treatment assessments of their capacity and discussions had taken place to ensure decisions made were appropriate and, in the person's best interests.
- The registered manager had made appropriate DoLS applications for people who required this level of protection to keep them safe and meet their needs.
- Staff sought people's consent before assisting them with a task and understood the importance of ensuring people's rights were respected.

Staff support: induction, training, skills and experience
- Staff told us they were well supported and received regular supervisions where they could discuss their role. A member of staff said, "I get regular supervisions and monthly clinical meetings. I feel really well supported."
- People were supported by staff who were trained and competent to support them.
- Before staff began working with people, they completed an induction programme which gave them the basic skills and training they needed.
- There were effective systems to monitor staff skills and training to ensure they remained competent and that they received refresher training when needed. A member of staff said, "I have done a whole lot more training here than I have done in other jobs in care."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People were assessed before they used the service to ensure their needs and preferences could be met. People and their relatives, where appropriate, were involved in the assessment and review of their needs.
● Assessments of people's diverse needs, such as religious preferences and sexuality were discussed prior to using the service.
● Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet
● People were provided with food and drink which met their needs and preferences.
● People were offered drinks and snacks throughout the day.
● Staff recorded people's food and drink intake over a 24-hour period. Records were reviewed twice a day by nursing staff and where there were concerns about a person's intake, fluids were offered hourly.
● People's weights were monitored monthly. Their care plans showed medical attention was sought by staff in a timely manner where concerns had been identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked closely with other professionals to ensure people's health care needs were met.
● We spoke with two visiting healthcare professionals who were positive about the service provided. They told us management and staff were, "really proactive and responsive to any suggestions or recommendations we make."
● Records showed people saw a range of healthcare professionals. These included visiting GP's, district nurses and specialist healthcare professionals.
● Where there were concerns about a person's health or well-being, we saw that referrals to appropriate professionals were made without delay.

Adapting service, design, decoration to meet people's needs
● People lived in a comfortable and well-maintained purpose-built environment.
● Décor and furnishings helped to promote a homely feel and there were communal areas where people could choose to spend their time.
● Each person had their own bedroom which they could personalise in accordance with their tastes and preferences.
● Grab rails helped people to maintain a level of independence when mobilising around the home.

Good

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 has 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.

Continuous learning and improving care
- The provider had a number of audits and checks in place to monitor safety and all aspects of the service provided. Records showed these had been effective in identifying any areas for improvement.
- Where improvements were required, action had been taken to address these and to prevent them from happening again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- There was a clear staffing structure in place and the staff we spoke with understood their role and responsibilities.
- The provider ensured staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were able to discuss their role through regular supervisions and annual appraisals.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred at the home within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People received a service which was tailored to meet their needs and preferences and they were supported by a staff team who took time to get to know them.
- People's views were valued and responded to. People were involved in planning and reviewing the care they received.
- There was a supportive culture of openness and transparency. Staff felt valued and motivated to do their work. Staff told us the teamwork in the home was good.
- There were regular meetings for staff where their views were encouraged.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.

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 promoted an ethos of openness and transparency which had been adopted by the staff team.
● There was learning where things went wrong and open discussions with people and their relatives.

Working in partnership with others
● The service worked in partnership with other professionals and organisations to achieve good outcomes for people. These included health and social care professionals, hospitals, and commissioners.