

Heltcorp Limited

# Rotherwood Care Home

## Inspection report

Doncaster Road  
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Rotherham  
South Yorkshire  
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Tel: 01709820025

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13 October 2022

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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:

Rotherwood Care Home provides residential care services to older people with a range of support needs, including people living with dementia. The home accommodates 27 people in 1 adapted building. At the time of our inspection there were 19 people using the service.

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

People told us they felt safe and happy living in the home. Staff knew how to identify and report safeguarding concerns. Risks to people were assessed and reduced as much as possible, without overly limiting their freedom.

People's medicines were managed and administered safely. Risks relating to infection prevention and control (IPC), including in relation to COVID-19, were assessed and managed. There were thorough reviews of accidents, incidents and near misses. Lessons were learned, and action was to make sure people were safe and to prevent reoccurrence.

Staff were recruited in a safe way. People said there were enough staff to support them. We observed positive and caring staff interactions with people. 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.

People's feedback was used to make changes and improvements to the service. There was a new manager who provided staff with leadership. They were approachable and keen to achieve high standards within the service. The new manager (supported by the provider's operations manager and the compliance manager) was clearly working hard to manage the home in an inclusive, person centred way. There were effective systems in place to monitor and review the quality of the service and to make sure improvements were carried out.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 18 July 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rotherwood Care Home on our website at [www.cqc.org.uk](http://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.

# Rotherwood 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 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Rotherwood Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Rotherwood Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. A new manager was in post who was in the process of applying to become registered with CQC.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received from and 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

Inspection activity started on 13 October 2022 and ended on 17 November 2022. We visited the service on 13 October 2022. At the visit we met the people who lived at the home and spoke in more depth with 9 people about their experience of the care provided. We also spoke with relatives visiting the home. We spoke with 7 members of staff including the provider's operations manager and the compliance manager, senior care workers and care workers, activity staff and housekeeping staff. We reviewed a range of records. This included people's care records and medication records. Records relating to the management of the service were also viewed, including monitoring information in relation to Deprivation of Liberty Safeguards (DoLS).

Following our inspection visit we continued to speak with the manager and compliance manager. We reviewed further records remotely, to validate evidence found. This included 4 staff's recruitment records, quality assurance audits, minutes of meetings and documentation in relation to staffing and staff training, and infection prevention and control. We received further feedback from 5 staff members.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm.
- People said they felt safe and staff treated them with kindness. People's comments included, "The staff are lovely. They say, 'if you want anything just buzz,'" and "I think it is really nice here, whatever I want I can have."
- We saw people were comfortable and relaxed with the staff who supported them. People told us this was the same at night. One person said, "If I can't sleep, I go down and chat to the night staff if they're not busy." There was information for people, visitors and staff about raising concerns on display throughout the home.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns and were confident action would be taken if they reported any concerns.

Assessing risk, safety monitoring and management

- Effective systems were in place to assess, monitor and mitigate risks associated with people's care.
- Risks were assessed and planned for to guide staff in how to manage people's care safely, without overly restricting people's freedom. For example, people who were at risk of falls had equipment in place to help reduce the risks and potential injuries. One relative said, "[My relative] used to have a lot of falls and that's why they came here. They haven't had a fall since they've been here. We feel like they are safe here."
- There were individual personal emergency evacuation plans (PEEPS) in place to help keep people safe in an emergency.
- The provider completed risk assessments and checks for key areas of the care home which included lifting equipment, fire extinguishers and the general environment. The maintenance plan for the home described what work needed to be completed, who was responsible and when it would be finished. Electrical, gas safety and lift servicing checks were completed and certified.

Staffing and recruitment

- The provider carried out recruitment checks to make sure only suitable people were employed in the service.
- The records we saw showed the required pre-employment checks had been carried out including criminal records checks and written references.
- The number of staff on shift in the home was determined by the needs of people living in the home. There was a good staff presence throughout the day of the inspection. People received care when they needed it and did not have to wait. Staff had time to talk and interact with people as well as providing care.
- Overall, people and staff told us there were usually enough staff to care for people. Although, sometimes

staff were busy. One person said, "Sometimes it's hectic and they are running around, especially if someone is off sick." One staff member said, "Sometimes it can be busy but overall, there's usually enough [staff]. People get the care they need."

#### Using medicines safely

- People received their medicines safely and as prescribed.
- We carried out observations of staff undertaking medicines administration. We found people's medicines were administered appropriately.
- Medicines, and records of medicines, were audited so the management team had good oversight of how they were managed and administered. Where errors or concerns were identified, action was taken to address these.

#### Preventing and controlling infection

- We were assured the provider was using PPE effectively and safely. The importance of wearing facemasks was emphasised to staff.
- We were assured 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 the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. We have signposted the provider to resources to develop their approach.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents, incidents and 'near misses' were recorded and investigated. Where appropriate, measures were put in place to mitigate the risk of reoccurrence.
- Lessons learned were shared with staff. Team meetings and staff supervision meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.
- Accidents and incidents were recorded and monitored by the management team so they could identify patterns and trends. Appropriate action was taken in response to incidents, such as referral to relevant healthcare professionals or changes to risk management systems.

#### 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 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 MCA. In care homes, and some hospitals, this is usually through MCA



application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had made applications for people to be deprived of their liberty where they needed this level of protection to keep them safe.

# 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. The rating for this key question has remained 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; 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 an effective and supportive management team. The management team carried out monthly audit visits and quality assurance and compliance reporting with the manager.
- Staff told us the service was a good place to work. One staff member told us, "I feel confident in knowing who to report to regarding any issues concerns, whether safeguarding, health and safety or any on-call issues. While the job at times can be very hard, it's rewarding, and I am happy in my role at Rotherwood. I get on with all staff and feel I am able to approach management with any concerns I may have."
- The manager and the management team understood their roles and responsibilities, including the duty of candour.

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

- Staff delivered person-centred care and social activities that promoted good outcomes for people. There was a structured activity program that was rotated every 4 weeks. This was organised by the activities co-ordinator. One relative said, "As a care home I think it is good. They [staff] are nice and relaxed and let [my relative] help with the washing up, which [my relative] really enjoys."
- The manager spoke to people on a daily basis and took time to listen to people, so people knew them. People told us if they raised issues they were addressed. One person felt some areas of their care could be improved. Discussion with the manager provided assurance the service was working with other professionals to appropriately meet the person's needs.
- The manager spent time with the staff team who delivered care and support. These opportunities were used to provide feedback on staff's practice. One staff member said, "When helping with personal care, the manager provides feedback if necessary. I have asked the manager about improving my skills and she went through step by step how to help improve them."
- The management team had identified staff champions. The champions led on the areas of safeguarding, dementia, nutrition and hydration, medicines, caring for people, pressure care and infection prevention and control. Their role was to pass on information and promote good practice within the service.

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

- There was a dedicated day each month where the manager was solely available to talk to family

members. They had an open-door policy, so people, relatives and staff could talk to the manager.

- Meetings took place with people who lived in the home. Topics including meals, activities and improvements were discussed with people. Improvements were made as a result of people's feedback.
- People valued the opportunity of talking with the manager. One person told them, "It's been lovely getting to know you as the new manager."

#### Continuous learning and improving care

- It was clear from discussions with members of the management team that there was a culture of learning in the home.
- The management team had regular quality assurance and compliance meetings. Where these identified areas for improvement, lessons were learnt and action plans are developed.
- The manager supported the staff team to learn and develop in their roles. Staff had access to a broad range of training relevant to their caring roles.
- Staff accessed support out of hours from the manager if required. One staff member said, "The manager is always available if needed on evenings or weekends. I have been in situations where I needed help. I called her and she helped me through it."

#### Working in partnership with others

- The home worked in partnership with the local community, other services and organisations.
- There was clear evidence from observation and discussion that referrals were made to therapy services, for instance, speech and language therapies (SALT) for support.