Rotherwood Healthcare (St Georges Park) Limited

St Georges Park

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 and 6 April 2018 and was unannounced. At the last inspection completed on 24 May 2017 we rated the service as requires improvement. At this inspection we found the service had made the required improvements and was good.

St Georges Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Georges Park accommodates up to 70 people in one adapted building. At the time of the inspection there were 55 people living in the care home.

There was not a registered manager in post at the time of the inspection. The provider had appointed a manager and they planned to make an application to register. A registered manager is a person who has registered with the Care Quality Commission 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.

People were protected from abuse and had their risks assessed, identified and managed appropriately. The home and equipment were maintained to minimise the risk of cross infection. People were supported by sufficient safely recruited staff. People received their medicines as prescribed and there were systems in place to learn when things went wrong.

People had their needs assessed and care plans were in place which staff followed to provide consistent care, with access to relevant health professionals as required. Staff had their competency checked and received updates to their training. People had a choice of meals and were supported in an adapted environment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received support from caring staff. People were supported to make choices and retain their independence. People were treated with dignity and respect.

People received personalised care and support from staff that understood their needs. Peoples life history and interests were understood and they had access to activities which were of interest to them. People were supported at the end of their life. People understood how to complain and these were responded to.

People and their relatives had the opportunity to share their feedback. Staff felt supported by the management team and there were systems in place to monitor the quality of the service people received.

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.

People were protected from abuse. Plans were in place to reduce risks to people. Staff were recruited safely and there were sufficient staff to support people. People were protected from the risk of infection and received their medicines safely. The manager had systems in place to learn when things went wrong.

Is the service effective?

Good

The service was effective.

People had their needs assessed and plans were in place to meet them. Staff were trained and had their competency assessed. People received consistent care and support in an adapted environment. People had enough to eat and drink and had a choice of meal. People's rights were protected.

Is the service caring?

Good

The service is caring.

People were supported by caring staff that offered them a choice and supported their independence. People were treated with dignity and their privacy was respected.

Is the service responsive?

Good

The service is responsive.

People's preferences were understood by staff. People had access to activities. End of life care was planned for and people's complaints were investigated.

Is the service well-led?

Good

The service is well led.

People, relatives and staff were engaged in the service. Audits were in place and the information was used to drive improvements and provide consistent care and support to

people.

St Georges Park

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 checked 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 5 and 6 April 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and nine relatives. We also spoke with the manager, the director of quality, two nurses, three nurse assistants and six care staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. 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 the care records of eight people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People and their relatives told us they felt safe living at the service and could share examples of what made them feel safe. Staff understood their role in safeguarding people living in the service from abuse. They could describe the different types of abuse and the signs and symptoms that would alert them to the possibility. One staff member said, "We have had training and I understand I have to report any concerns I have to the nurse, I also know I can go above them to the local authority if I feel no action has been taken". We saw incidents had been investigated and reported to the local authority. This showed people were safeguarded from abuse and protected from the risk of harm.

People were protected from the risks to their safety. One visitor told us their relative required a hoist for transfers. They said, "Two staff assist when using the hoist and they give reassurance as [person's name] doesn't like it". Staff were able to tell us about risks to peoples safety and describe how they supported people to keep them safe. For example they could tell us about the risk to one person's skin integrity. They told us about the plans which were in place to prevent the persons skin from breaking down. We saw the person's care records detailed what staff told us and their care records showed how staff had provided appropriate care. Risk of malnutrition, falls, pressure ulcers and those associated with moving and handling were assessed when people were first admitted to the home, and every month thereafter. Environmental and bedroom risk assessments had also been undertaken. Knowing the level of risk allowed staff to put plans in place to mitigate the risk and keep people safe. This shows people had their risks planned for and managed to keep them safe from potential harm.

People and their relatives told us they thought there were sufficient staff available to support people. One visitor told us they were aware that the provider used some agency staff as they had vacancies. They commented, "They are recruiting but getting the right staff takes longer". Staff told us they thought there were sufficient staff to meet people's needs and they understood how the manager assessed people's dependency and used this to ensure there were enough staff on duty. We saw some people required dedicated support from a member of staff and this was provided. Where people needed continual monitoring in one lounge we saw staff were always present. We found call bells were answered promptly and people did not have to wait for their care to be delivered. This demonstrated there were sufficient staff to meet people's needs safely.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were suitable to work with people. The records we saw supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People received their medicines as prescribed. One visitor told us, "Medicines are given well, staff take time, [person's name] is not rushed the staff are patient". Staff told us they had received training in medicine

administration and had their competency checked. We observed staff followed the policy for administering medicines. Staff followed the guidance provided to ensure people had their medicines as prescribed. When administering medicines which were needed on an as required basis, guidance was provided, which we saw staff followed. We observed staff check people were ready for their medicines and completed the medicine administration records (MAR). Medicines were ordered, stored and disposed of safely. Stock controls were in place and these were effective. This demonstrated people received their medicines as prescribed and systems were in place to safely manage medicines.

People and their relatives told us they were protected from the risk of infection. One visitor said, "I have observed staff changing gloves and they have offered me hygiene advice". Another visitor said, "Cleanliness is very good, the staff steam areas and deep cleans are done". Staff told us they had received training in the control and spread of infection and could describe the actions they took to minimise this. We observed staff using gloves, aprons and hand gel. We saw there were hand washing procedures in place and the home was clean. This shows people were supported to live in a clean home which helped to minimise the risk of infection.

The manager had systems in place to learn when things went wrong. Checks on the quality of the service were completed and action was taken to make improvements, People, relatives and staff felt involved in the service and said they felt the manager was approachable.

Good

Is the service effective?

Our findings

At our last inspection the effectiveness of service was rated as good. At this inspection we found the service continued to be good.

People and their relatives confirmed that people had an assessment on admission and felt involved in this process. One visitor told us, "On admission we gave lots of information as [person's name] care was priority". We spoke with relatives of someone that had been admitted on the day of the inspection they told us, "We are very impressed with the admission process, [person's name] has settled in very well, staff have been lovely and everything was prepared". Staff told us pre admission assessments were in place before people came to live at the home. These included initial risk assessments and supported the development of care plans. For example, one person's assessment identified they were at risk of falls, the plan detailed how staff should support them by ensuring well- fitting footwear was worn, removing clutter and obstacles from floors, encouraging the person to use prescribed walking aids. We saw equipment was also used to minimise the risk of harm from falls including low rise beds, crash mats and alarm sensors. This demonstrates how people's needs were assessed and effective care was planned to meet those needs, using appropriate technology and equipment as required.

People and their relatives told us they felt staff were well trained and could give examples. One visitor told us, "I feel staff are trained to transfer people and to assist them to mobilise safely". Another visitor told us, "Staff have got a good understanding of caring for people living with dementia, all of them including the support staff appear to have training". Staff told us they received an induction into their role and regular updates to their training annually. They told us they had received specific training in using equipment for example; the records we saw supported what we were told and we observed staff had the skills to provide effective care. This meant people were supported by suitably skilled staff.

People and their relatives told us they were able to access food and drinks whenever they wanted to and had a choice. One person said, "I have snacks and plenty of drinks as well as my meals". Staff understood people's needs and preferences for meals and drinks and provided appropriate support. One staff member said, "We have to monitor the food and fluid intake for [person's name] as they are at risk of malnutrition". We confirmed from the person's care plans that staff were providing appropriate support to help the person have a healthy diet and maintain their weight. We saw staff followed the guidance for people that had specific dietary needs. For example, some people had been assessed by the speech and language therapy team (SALT) and staff could describe in detail how people needed to be supported. We saw staff follow the guidance which was in peoples care plans. People had a choice of meals and we saw they appeared to enjoy their meal and were not rushed. This demonstrated people had support to maintain a healthy diet.

Staff told us they felt they worked as a team to provide people with consistent care and support. We found staff were kept informed about people's needs and any changes to their care plans. One staff member said, "We receive a handover at the start of each shift which keeps us up to date with changes to people's needs". We saw staff had access to handover documents which shared information about any changes to people's needs. Staff could give us examples of things which had changed for people and we were able to confirm

this with people's care records. This demonstrated people received consistent care and support.

People had access to health professionals when they needed and referrals were done promptly. One visitor told us, "My relative has had their feet done, new glasses and the doctor is called if needed". We found staff had sought advice from a range of health professionals in assessing people's needs and arranging their care plans. For example, one person had been admitted with a sore area of skin, advice had been sought from a specialist nurse straight away. We saw the advice had been documented in the person's care plan and staff had followed this and the sore area had healed. This showed people were supported to maintain their health and engage with health professionals as required.

The home was warm and friendly with appropriate decoration and signage available to people. There were picture signs on bathroom doors and bedroom doors were painted bright colours and had door knockers and people's names on them. This helped people living with dementia to recognise their bedroom door and promoted independence for people who were able to walk to the bathroom. We found the garden area was secure and safe and staff told us people accessed this in the warner months. We spoke to the dementia lead and they shared their plans and ideas for further developing the home to make it more dementia friendly which included raised garden areas for people to enjoy gardening and different murals to be painted such as a seaside theme. We saw murals were already in place in some areas of the home.

People had their permission sought before they had help with care tasks. One visitor told us, "Staff explain why they need two people to my relative and ask nicely to do things". Staff understood the importance of asking consent. We saw they asked people before offering care and support. For example, asking if people were ready for their meals or medicines. Staff were able to tell us how they would leave a person that refused their care and try again later. We saw one person refuse their meal, staff left the person and then offered a meal later which the person accepted. This showed consent was gained from people to make decisions about their care and treatment.

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.

Where people were unable to make decisions about their care and support a mental capacity assessment had been undertaken and a decision had been taken in the person's best interests. For example, one person was assessed as lacking capacity to consent to their personal care. We saw a best interest's decision had been made which had involved the appropriate people and gave staff advice on looking for consent through facial expressions and trying different staff offering support to obtain the persons consent. This demonstrated how staff applied the principles of the MCA.

People can only be deprived of their liberty so that they can 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 found there were authorised Deprivation of Liberty Safeguards (DoLS) in place where people had restrictions to keep them safe, the least restrictive options had been considered. Staff were providing support in line with the authorised DoLS. This meant that people were supported in the least restrictive way and in line with the MCA.

Good

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection the service continued to be caring.

People told us they had a good relationship with staff and they provided support in a caring way. One person told us, "The staff are very good, definitely kind and caring". Another person told us, "Fairly good living here, staff on the whole are quite good and caring". Relatives confirmed that they felt staff were caring and knew people well. A visitor told us, "[Person's name] is very happy here, well looked after, likes the staff". We found staff were caring in their approach to people, they showed they knew people well and were gentle and compassionate, using humour when appropriate. People's facial expressions and responses indicated they were at ease with staff and they had a laugh and a joke with them. We saw staff were kind and encouraging and did not rush people to take their medicines. Mealtimes were relaxed and people were spoken to kindly and encouraged to eat their meal. This showed people received support from caring staff.

People told us they were able to make choices and decisions about their care and support. One person gave the example, "Staff ask what I want to wear". People told us they could choose whether to have support from staff of the opposite sex and we saw people's choice was followed. Staff told us they gave people choices and we observed them offering choice throughout the inspection. People had their communication needs assessed. There was guidance in place for staff which they followed. For example, one person had been assessed as having difficulty communicating as they were living with dementia. The person's care plan gave staff guidance on how to communicate with the person and observe the person's body language and facial expressions to determine what they liked and disliked and what they were comfortable with. This showed people were supported to communicate. People were supported to retain their independence. For example, one person was able to mobilise around the home independently in a self-propelled wheelchair. This enabled the person to move freely which they told us they enjoyed being able to do. We saw staff encouraged people to maintain their independence at mealtimes. This showed people were encouraged to maintain their independence.

People and their relatives could give examples of how staff treated people with respect and maintained their dignity and privacy. For example, one person said, "I don't feel rushed when they are assisting me". A visitor told us, "When staff are assisting [person's name] with personal care they ask that I leave the room and they close the door". Staff told us they understood the importance of maintaining people's privacy and we saw staff were sensitive and considerate when supporting people. For example, one person was displaying behaviours that challenged. Staff were able to maintain the person's privacy whilst distracting them in line with their care plan. This showed people were treated with respect and their privacy was maintained.

Good

Is the service responsive?

Our findings

At our last inspection we found the service was not always responsive. At this inspection we found the service was responsive.

People's preferences were understood by staff. One person told us, "The staff know what I like and don't like". One visitor told us, "[Person's name] has a favourite television programme; staff make sure the television is on right channel, staff know their likes and dislikes, it's a lot more person centred here now". Relatives told us the home's communication had improved. One visitor told us, "Very good at ringing if anything happens with my relative". Another visitor commented, "Communication is much improved". Relatives were encouraged to visit, without any restrictions and told us they were made to feel welcome. One visitor told us, "We were made welcome from the day I came to view without an appointment, all staff are welcoming, they know all the family by name". Staff could describe people's preferences to us and we found staff used this knowledge when interacting with people. People's care plans included details about people's likes and dislikes and what was important to them, we saw the home considered people's individual needs and preferences with regards to their culture, beliefs and sexuality for example. Staff were able to describe how they would consider and meet individual needs of people, for example, with a range of religious beliefs, offering individual spiritual support, dietary requirements and personal care. We saw assessments considered all aspects of people's lives and informed their care plans. We found care plans were reviewed regularly and updated when things changed. People and their relatives were involved in the reviews. This showed people received person centred care.

People were able to take part in activities and things that were of interest to them. One person told us, "I read a book to pass the time, I go to singers and out in the garden in the Summer". Another person told us, "I have lots of visitors and the staff come in and have a chat, I am content with my own company too". A visitor told us "I take [person's name] out in the car occasionally, they joined in and enjoyed a recent physical activity and they enjoy the church service". Another visitor added, "There are two staff that coordinate activities, they are very good, the recent Valentine's Day celebrations were lovely and They are arranging a summer barbeque with a World War Two theme". Staff spent time talking with people and we saw people were engaged in activities during the inspection. For example, one person was dancing with a member of staff another was playing a musical instrument. People were having their hair done on the day of the inspection and one person showed us their nails had been painted and they were very pleased with how they looked. We saw there had been a range of different activities on offer to people which included exercise classes and entertainment along with people having access to one to one time with staff to pursue their own interests or have a conversation. We saw people were encouraged by staff to engage in conversation and people clearly had developed good relationships. Staff told us they had visitors who would befriend people that did not have relatives and spend time with them. We were told following the work to identify people's interests and past times, work was planned to begin additional activities which were driven by peoples past interests. This showed people were engaged in meaningful activities.

People and their relatives understood how to make a complaint. One person told us, "On admission I was given an information pack and I know who the senior staff are and would speak to them if I had any

concerns". One visitor told us, "I will say if I am not happy about something and it is always dealt with". We saw there was information on display which told people how to make a complaint. We found complaints had been investigated and responded to in line with the provider's policy. We found the provider had a system in place which shared learning from complaints to make improvements to the service. This showed people's complaints were investigated and responded to.

People were supported at their end of life to have a comfortable, dignified, pain free death. One visitor told us, "[Person's name] health deteriorated and all issues were discussed with the family. They had an end of life medicines plan put in place". Staff could describe for us the things which were considered at the end of people's lives and how plans were put in place. We saw plans which detailed the type of funeral and named undertakers and who, how and when relatives wanted to be informed about the person's condition and eventual death. We saw care plans were in place for personal care and pain management which were designed to keep people comfortable. This showed people had plans in place for the care they wished to receive at the end of their life.

Good

Is the service well-led?

Our findings

At our last inspection we found the service was not always well led. At this inspection we found the service had made the required improvements and was well led.

The manager understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

People, relatives and staff were engaged in the service. One visitor told us they had become involved in managing the relatives meetings. They told us they chaired the meetings and had set up a social media page to keep people and relatives informed about what was going on. Another visitor said, "Items raised are dealt with to a certain extent, the last one was chaired well". People and relatives were all aware of the opportunity to come together and express their views about the service and become involved. We saw the provider had recently issued a survey to people and relatives. Once these were complete the provider intended to analyse the results and arrange a meeting with people and relatives to discuss any planned actions. Staff felt supported and told us they could access support and share their views with the manager. We saw staff had access to regular meetings and supervisions which enabled them to make suggestions for improvements. Records we saw supported this. This showed people, their relatives and staff had opportunities to express their views about the service.

We found the service had systems in place to ensure there were sufficient staff to meet people's needs. A dependency level was given for each person and this was used to decide how many staff were needed. We saw where there were not sufficient staff in place additional staff were identified through an agency to maintain the levels of staff needed. Recruitment to vacancies was also ongoing.

Accidents and incidents were monitored. The manager carried out reviews of accidents to look for any changes that were required. For example, one person had experienced some falls, action had been taken to reduce the number of falls and the person's care plan and risk assessment had been reviewed and updated. We saw one person had experienced some skin tears and action had been taken to optimise the person's skin and look at what may have caused the tears to avoid reoccurrence. This meant the manager had a system in place to learn from accidents and incidents.

The manager had systems in place to check the quality of the service. We found the service had undertaken a range of audits to ensure services were delivered. Medicines audits were carried out monthly and we saw these identified issues with medicines and action was taken to address this. We also saw daily checks on medicine administration were carried out to maintain stock control. In another example there were audits in place to check on infection control these included checks on staff, procedures in place and the cleanliness of the home. Other audits included kitchen, the environment and health and safety. This showed there were systems in place to check the quality of the service.

Care plan audits were completed monthly and these identified issues with records and action was taken to

address any concerns found. In addition the manager told us they had recently introduced daily checks on people's care plans and daily records. They told us these were intended to ensure people were receiving the care they needed and help senior staff identify any areas of concern on a daily basis. We saw this was in place, however this had not been fully embedded at the time of the inspection and some staff were unclear of their responsibilities. The manager took action to provide a written briefing to staff about the newly introduced system on day two of the inspection. We will review the use of this system at our next inspection.

We found there was a system in place to track the status of DoLS applications and safeguarding concerns. We saw this enabled the manager to ensure they were up to date and progress was monitored.

We found the provider had developed a continual improvement plan which set out the current practices of the home and areas for development. The manager provided regular updates to the provider as part of the management reporting arrangements.

The provider worked collaboratively with other agencies. We found there was contact with a range of different professionals to work collaboratively with staff on developing individual care plans. Engagement with stakeholders such as the local authority and clinical commissioning group was also undertaken by the provider. This meant people received consistent care and advice was sought from other professionals to improve outcomes for people.