

Dual Care Limited

The Rookery Care Home

Inspection report

130 Church Street
Eastwood
Nottingham
Nottinghamshire
NG16 3HT

Tel: 01773713176

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Rookery Care Home is a residential care home providing personal care to older people, some of whom live with dementia. The service can support up to 30 people. At the time of our inspection there were 21 people living at the service. Care was delivered over two floors in one building, with lift access.

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

Improvements were found to the recruitment and training processes; People lived in a clean home where infection control measures followed government guidelines. The provider had updated their Infection Prevention and Control (IPC) procedure to reflect national COVID-19 guidance. Issues identified at our last inspection to assess and manage all risks had been actioned and rectified to ensure people were kept safe. Medicines were managed safely, and people received them as prescribed. Systems were in place to keep people safe

The provider and the manager demonstrated a willingness to make further improvements and had implemented service improvement plans to evidence how they were committed to improve the running of the service.

Systems and new processes to drive improvement had been implemented to ensure quality care was being delivered. More robust monitoring processes were in place and improvements had been noted. However, the service still required improvement in some areas.

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 requires improvement (published 03 March 2021). 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 Regulation 12 (Safe care and treatment), Regulation 17 (Good Governance), Regulation 18 (Staffing) and Regulation 19 (Fit and Proper Persons employed).

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (Safe Care and Treatment) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked whether the provider had followed their action plan and to confirm they now met legal requirements regarding Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 Registration Regulations 2009 Notifications.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked

at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

The Rookery 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 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

This inspection was carried out by one inspector.

Service and service type

The Rookery 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.

Notice of inspection

This inspection was unannounced

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed people's and staff's interaction. We spoke with three members of staff including the registered

manager, care manager, senior care worker and care worker.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, audits of the service and policies.

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 inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were adequately protected from the risk of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks for people were now being assessed, managed and monitored effectively.
- People had risk assessments in place which were specific to their individual needs. For example, risk assessments had been completed for people's whose condition meant they were high risk of contracting COVID-19. All risks had been reviewed to identify the level of risk and the documents were colour coded for staff to easily assess the information and keep people safe.
- Environmental risks were being monitored and mitigated where necessary. All people had a revised personal plan for evacuating in an emergency. This meant people would be evacuated safely from the home in case of fire.
- At the last inspection, people were at risk of trips or falls and at risk of infection from high number of dog toys that were scattered around the home. The risk of cross infection had not been assessed and measures

had not been put in place to ensure dog toys were disinfected regularly. At this inspection control measures were in place. We saw risk assessments had been implemented. The home was much tidier, and the dog's toys were stored out of sight. The risk of people tripping over toys had been severely reduced or mitigated.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Medicines were being administered and managed safely.

- At the last inspection medicines were not always administered to people as prescribed. 'As required' (PRN) medicines had been given routinely to people and not in accordance with the instruction given by the prescribing GP. At this inspection new systems were in place and showed us a more robust working and monitoring process for PRN medicines. The staff were working well with the pharmacist. Staff medicine competencies had been assessed and checked. There was an improvement since the last inspection.
- Medication care plans listed dose, side effects, and what the medicine was used for. The registered manager told us this was a positive working practice which was easily accessible and had proved to be invaluable. For example, when a person had been admitted to hospital; information was at hand and easily shared.
- Medication audits had been implemented. The storage of medicines had improved and records for medicine room temperatures were up to date.

Staffing and recruitment

At our last inspection the provider was unable to demonstrate there were enough suitably qualified, competent and experienced staff deployed at all times to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough had been done and the service was no longer in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider demonstrated some improvement where staff had received the training and support, they needed to carry out their roles. This was being monitored on a regular basis,
- A newly employed staff had participated in an induction programme. It was too early to assess that the training received would be effective.
- Supervision had been scheduled; however, it was too early to assess if this would be effective at this time.
- Online training was more robustly monitored to ensure staff completed the process in a timely manner. The training matrix had been updated for all staff, including the registered manager. This meant information would be more accessible to monitor.
- Infection prevention and control training including safe use of PPE had been updated. Domestic staff had increased. The home was following current guidance for cleaning processes.

At the last inspection effective recruitment processes were not in place. At this inspection staff files had been reviewed and any outstanding checks had been addressed.

Enough had been done and the service was no longer in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff files showed there had been some improvement, but still lacked completion for the interview notes. The registered manager said this was an oversight and would address this immediately.
- There were sufficient staff to meet people's needs.

Learning lessons when things go wrong

- After our last inspection the registered manager had organised staff meetings to specifically discuss how lessons could be learnt and reiterate the importance of following government guidance regarding infection control. Robust control measures had been implemented to ensure people would be kept safe.
- The registered manager shared good practice for introduction of a more effective medicine process. Which had improved medicine management within the home.

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 Requires improvement. At this inspection this key question has remained the same. Whilst improvements had been made these need to be sustained and embedded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider failed to ensure there was adequate leadership and quality monitoring in the home Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Plans were in place for night staff to attend medicine training and the registered manager was on site during the day and night. This meant we saw improvements had been made and we will continue to review this to ensure improvements become embedded.
- The registered manager had prioritised improvements that were required to ensure the quality of care provided and people's safety. This included robust quality control audits to identify issues and concerns. For example, PPE being worn by all staff and following government guidelines.
- Risk assessments had been reviewed and full instructions for staff to manage and mitigate risk. Risk assessment for people and staff at high risk of contracting COVID-19 were in place. However, more work was required as the level of risk was not complete. The registered manager told us they will review, amend and update this immediately.
- At the last inspection we found discrepancies in the length of time it took for some staff to complete their online training. This was now being monitored more closely.
- At the last inspection staff files were incomplete with information and documents missing, such as application forms, interview notes and references. The provider had addressed these issues, but we were not assured this was sustained. improvement was still required.
- Weekly and monthly water tests were carried out in a more robust way. Records were clear and concise.
- The registered manager and providers observation of the service were recorded, and issues of concern identified. Information was cross referenced with maintenance logs and a rolling action plan to ensure issues and concerns would be addressed in a timely manner.
- Process for reporting incidents were more robust to make sure systems were in line with the providers policy and procedures.
- Care plan reviews had taken place and records were now correct and up to date.

- The registered manager was open with people and relatives when incidents occurred.

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

- Staff had good knowledge of people's likes, dislikes, preferred routines and communication needs. One staff member described how they were enabled to support people in ways they preferred to reduce people's anxiety and stress.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when the COVID-19 outbreak occurred in the home, this was immediately communicated to relatives and reported to professionals.

Continuous learning and improving care

- The registered manager told us they had learnt lessons since our last inspection, they felt more proactive than reactive. Robust action plans were in place to monitor and address any concerns as they arise.
- Improved monitoring processes to ensure any shortfalls would be identified and managed in a timely effective manner. Documentation completed by staff to be checked, daily and weekly by the Management Team for better oversight.
- Areas of good practice implemented such as, a list of people's medications to include dose, frequency, what the medication was for and the possible side effects. A copy was placed on each person's care file as well as their medicine records. This was to ensure care would be effective.

Working in partnership with others

- Having Implemented the medicines lists the service have been able to identify important side effects for people and have been able to discuss with the GP in advance and improve people's care and treatment.