

Dual Care Limited

The Rookery Care Home

Inspection report

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Date of inspection visit:
02 January 2019

Date of publication:
19 February 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People told us they felt safe and well cared for. They told us they felt safe when staff supported them with transfers.

People had a personal emergency evacuation plan to be used in the event of an emergency, such as a fire. Fire safety arrangements for people were safe. A fire exit for staff in a cellar was not easily accessible. This was addressed by the provider on the day of our inspection.

Care plans had risk assessments that included information for staff about how to support people safely with their care. We saw staff do this.

The premises were clean. Staff followed infection control and prevention procedures, they wore personal protective equipment when they supported people with their personal care.

We saw there were enough suitably recruited staff to meet people's needs.

People received their medicines when they needed them. Arrangements for the storage of medicines were safe.

The registered manager and senior care worker's assessed people's needs and developed care plans. People, if they were able, were involved in developing their care plans and their relative's views were sought and listened to.

People told us that staff understood their needs and appeared to be well trained. Staff told us their training equipped them with the skills and knowledge they needed.

Staff supported people to have enough to eat and drink. People told us they liked their meals. However, not all people had a positive meal time experience.

Staff supported people to access health services when they needed them.

The premises provided a homely and comfortable setting for people.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us that staff were kind and caring. We saw that staff were attentive to people's needs. People were supported to express their views.

People received care that was responsive to their needs. Care plans were detailed and included information for staff about how to support people.

People and relatives knew how to raise concerns or make a complaint using the provider's complaints procedure.

Care plans included information about people wanted to be cared for towards the end of their life

People told us the registered manager was friendly and approachable and often seen.

The provider's quality assurance included seeking feedback from people, their relatives, staff and health and social care professionals who visited the home.

About the service: The Rookery Care Home is a residential care home for up to 30 older people, some of whom may be living with dementia. At the time of the inspection 12 people lived in the service.

Rating at last inspection: Good (published 2 August 2016).

Why we inspected: This was a planned inspection based on the rating of Good at the last inspection. The overall rating at this inspection is Requires Improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Requires Improvement ●

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Good.

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 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.

Inspection team: This inspection was carried out by an inspector, an assistant inspector and an expert by experience who had experience of caring for someone who uses this type of care service.

Service and service type: The Rookery Care Home is a care home. People in care homes receive accommodation and personal care. 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as when people sustain a serious injury. We assessed the 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. We used all this information to plan our inspection.

During the inspection visit we spoke with eleven people to ask about their experience of the care provided. We spoke with the registered manager, the nominated individual who is also the owner (provider), four care workers and the cook.

We reviewed a range of records. This included two people's care records. We also looked at two staff files around staff recruitment and records in relation to training and supervision of staff and the management of

the home.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The provider had a safeguarding procedure to follow and staff had been trained to understand the signs of abuse and how to report incidents.
- People told us they felt safe. A person told us, "The staff come around every two hours to check you are alright. It's reassuring to know they are keeping an eye on you."
- People felt safe when they were being supported by staff, for example with transfers using hoists and wheelchairs. A person told us, "They always have two people to use the apparatus [hoist]." We saw that two staff always supported people with transfers.
- The premises were safe. People had personal evacuation plans in case of an emergency such as a fire. A person told us, "I feel safe. They check fire alarms." The provider had an up to date fire risk assessment.
- We found some issues around the safety of the premises, but the registered manager took immediate action to further reduce risk to people.

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed for most people. However, two people regularly declined support with personal care, sometimes for up to four consecutive days. Risks to those people's care and hygiene were not assessed until we brought this to the registered manager's attention.
- Risk assessments were effective. People assessed as at risk of falls were supported to mobilise safely and had protective equipment such as falls mats in their rooms. There had been only two incidents in 2018 where people had suffered an injury because of a fall.

Preventing and controlling infection

- Staff followed infection control procedures. The premises were clean. A person told us, "Yes it feels clean. They always seem to be cleaning in the mornings. They wear gloves when helping you." We saw staff wearing personal protective equipment, plastic gloves and aprons, when they prepared to support people. This reduced the risk of cross infection.

Staffing levels

- Staffing levels were safe because these were based on assessments of people's dependency levels. If people's dependency increased, staffing levels increased.

- People told us that staff responded promptly when they used their call alarms to request help. We saw and heard that staff responded quickly. This demonstrated there were enough staff.
- We saw from staff rotas and information about staff training that enough suitably trained staff were on duty.
- The provider followed recruitment procedures that ensured as far as possible, that only staff who were suitable to support vulnerable people worked at the service. All the required pre-employment checks were carried out.

Using medicines safely

- People had their medicines when they needed them. A person told us, "Staff look after my tablets and medicines, they always get it right."
- We saw people being given their medication. Staff spoke very clearly and calmly and rephrased sentences to help people understand what their medication was for and to make a choice over whether they wanted it.
- The provider's policy for medicines management reflected best practice. Medicines were stored safely and there were safe arrangements for disposing of medicines that were no longer required.

Learning lessons when things go wrong

- When people had accidents such as falls or suffered an injury, these were investigated. Actions were taken to reduce the risk of similar incidents happening again. For example, falls risks assessments were carried out and equipment such as sensor and falls mats were supplied to reduce the risk of injury.

Is the service effective?

Our findings

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

Requires improvement: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Eating, drinking, balanced diet

- People had access to sufficient food and drink throughout the day.

- People enjoyed their meals, but two people told us their meals were cold. One told us, "Well it could be warmer really; it's never quite hot enough." When we checked the food temperature record for that day, we found food temperatures had not been recorded. We found no record had been made a few days before either. Not checking food temperatures posed a risk to people's health.

- A person requested bread and butter during their meal, but waited 10 minutes before it was brought to them, by which time they had finished their meal. One person was unable to have their preferred choice of sandwiches and another person was given a pudding they were known not to like. We found that not all people's dining experience on the day of our inspection was positive. We discussed this with the registered manager and they told us they would add checks and observations of people's meal times to the checks they already carried out.

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

- Assessments of people's needs were carried out and regularly reviewed. Staff were attentive to people's health and supported them to access health services when they needed. A person told us, "I had a chest infection, so they called the GP and he came the next day."

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. A person told us, "The staff are very good. They look after you well."

- The registered manager monitored a staff training plan to ensure that staff training was up to date.

- The registered manager supported staff through supervision, appraisal and staff meetings. Staff told us they felt supported.

- Staff acquired knowledge about people's needs by reading their care plans and speaking with people. They shared their knowledge with colleagues at staff meetings and 'handovers' between shifts. This ensured that staff had a consistent approach to people's care and support.

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 with appropriate legal authority. 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 conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- Staff ensured that people were involved in decisions about their care and they knew what they needed to do to make sure decisions were taken in people's best interests. Staff we spoke with demonstrated an awareness of the MCA.

- Staff obtained people's consent before providing care and support. A person told us, "They do let me lead the way with things too. It's my choice as well."

Adapting the service, design, decoration to meet people's needs

- The premises were in a Georgian grade two listed building. The premises were generally well maintained and kept safe.

- People had a choice of communal areas where they could spend their time either with other people or, if they wanted, quiet time alone.

- A conservatory was used for activities such as dancing, singing and games.

- People's rooms were personalised and communal areas were decorated with photographs of people and pictures they had painted. The decoration of communal areas reflected people's interests.

- The registered manager was in the early stages of planning a refurbishment of the premises. They were accessing information about 'dementia friendly' decors and had made this one of their priorities for the provider to address.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff treated people with kindness. Staff complimented people on how nice they looked and used terms of endearment during conversations.

- People were unanimous in telling us staff were kind and considerate. A person told us, "It's lovely here, they are so kind."

- People's care plans included their life history. Staff used this to get to know people and to build positive relationships.

- Where people were unable to express their needs and choices through conversation, staff adapted their communication to ways people understood, using body language, eye contact and simple sign language to interpret what people needed.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. This happened through conversation, interaction and when their care plans were reviewed.

- Relatives were involved, where appropriate, in designing the care and support for their family member.

- Staff involved people when they supported them, for example when supporting them with transfers. A person told us, "They are good at respecting and including me when they are helping me." We saw and heard staff speak calmly and using reassuring phrases and they explained what they were doing when they supported people.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity when they supported them. They adjusted their clothing if it slipped during transfers, though not always immediately.

- Staff respected people's choices about how they wanted to be supported.

- People's right to privacy and confidentiality was respected. A person told us, "I can chat to them here [lounge] or in my room, it's up to me." People's records were securely kept in the manager's office.

- People could spend time as they chose and where they wanted. Their relatives could visit them when they

wished to.

- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Personalised care

- A person told us, "Oh yes, the staff know me as an individual – they get it right just for me." People's care plans included information about what they liked and disliked. Staff used that information to support people the way they wanted to be supported.
- People had routines that staff respected. A person told us, "I have a wash down or a shower. I like to have a shower. I request one in the morning and then I sometimes have one in the afternoon. They wash my hair for me."
- People were supported to follow their interests. We saw staff support a person to complete a crossword. Staff involved people in conversations about their own lives and activities. People and staff exchanged stories of their life experiences.
- People and staff discussed the news over Christmas and encouraged people to reminisce about things from their past such as ration books and the cost of food as part of an activity.
- We saw evidence that people had played board games such as chess and that they had participated in art and craft activities. The walls in the home had photographs and pictures including art work by people.
- Other activities people had participated in included bingo, films, music to movement, dominoes, befriending another resident, quizzes, pet therapy and sensory time.
- People with faith needs were supported to follow their faith.
- People's needs were identified relating to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the staff identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints. They said they would be listened to. A person told us, "I'd tell [the registered manager]. I'm sure they'd sort it. I've been here two years and haven't had to do that yet." The provider told us they welcomed critical feedback and complaints. They said they would manage

these in an open and transparent way and used them as an opportunity to improve the service.

End of life care and support

- People's care plans included details about how they wanted to be cared for and supported in the latter stages of their life. When people and relatives wanted to, they discussed funeral arrangements.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Quality assurance procedures were in place. These included obtaining people's and relative's feedback of their experience of the service.

- The provider carried out weekly checks of the premises and identified areas that required maintenance. Not every area requiring attention was recorded, for example a broken window pane. However, the provider and registered manager knew about these and had arranged repairs. An improved maintenance log-book was introduced to keep records of all required repairs and actions taken.

- The provider told us after our inspection visit that environmental and safety audits of all rooms would be carried out every month. This would ensure that all areas requiring attention in a room however small would be addressed promptly.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider's policies promoted high quality person-centred care. These emphasised treating people with dignity.

- The registered manager had plans to develop their own and staff's skills and knowledge. These included delegating roles to staff to support them to be involved in running the service.

- The registered manager was aware of their regulatory requirements. They knew, for example, what notifications had to be made to CQC. They ensured the rating from our last inspection was on display.

Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to provide person-centred, high-quality care. They were in the early stages of developing a plan of how to achieve this that would be shared with staff, people and relatives.

Engaging and involving people using the service, the public and staff

- The registered manager involved people and their relatives in day to day discussions about their care in a meaningful way. They made daily 'walk-a-rounds' of the home and engaged with people.

- The registered manager sought people's, relatives' and staff views about their experience of the service through a questionnaire survey. At the time of our inspection they were planning the next survey. The survey questions had been improved to ask more incisive questions about the quality of the service.

Working in partnership with others

- The service participated in projects led by other organisations that focused on identifying and overcoming challenges faced by residential and nursing homes.