

South Coast Nursing Homes Limited

Rookwood Residential Home

Inspection report

26 Silverdale Road
Burgess Hill
West Sussex
RH15 0EF

Tel: 01444462100

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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

The inspection took place on the 31 May 2017 and was unannounced.

Rookwood Residential Home is registered to provide residential care for up to 25 older persons. On the day of our inspection there were twenty four people using the service with a range of support needs, including people living with dementia. The home is a large detached property spread over two floors with a large well maintained garden and patio.

At the last inspection on 14 May 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. One person told us "I feel very safe and well looked after. I am very secure here". People remained protected from the risk of abuse because staff understood how to identify and report it.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. 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. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People and their relatives felt staff were skilled to meet the needs of people and provide effective care. One person told us "They are so good at what they do and they do know what they are doing". Another person said "I am treated very well, they do look after me".

People remained encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People and relatives also said they felt listened to and any concerns or issues they raised were addressed. Although the service had not received any complaints since the last inspection, we were told any minor issue was dealt with straight away. People told us they have no need to complain but would know how to if they needed to.

Staff supported people to eat and drink and they were given time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us "The food is delightful and delicious, always has been".

Staff felt fully supported by management to undertake their roles. Staff were given training updates,

supervision and development opportunities. Staff spoke positively about training and supervisions they received from the management and provider and commented on how they found they could ask questions freely.

The home's atmosphere remained to be a happy one with a homely feel where people were supported to live the lives they wanted. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection. Comments from people included "The staff are all lovely, just lovely" and "The staff are all so kind and caring ,they really couldn't do anymore for me here".

People's individual needs continued to be assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Quality assurance audits completed by the registered manager and provider were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control.

People, staff and relatives found the management team approachable and professional. One person told us "There is always plenty of staff on duty, the manager is lovely, they are always popping in". A relative told us "The Manager has been very supportive in getting my relative settled, it's early days yet but she's been great, and I know I could go to her if I have any concerns".

Further information is in the detailed findings below:

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rookwood Residential Home

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 was planned to check 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 31 May 2017 and was unannounced. The inspection team consisted of two 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. The expert-by-experience for this inspection was an expert in care for older people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback three health and social care professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke to seven people, four relatives, four care staff, three domestic staff, the chef, deputy manager, operations director and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We reviewed 6 staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at 10

people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us "I feel safe. There is always plenty of staff on duty, they are all so friendly and some of them I have a real laugh with". Another person said "I feel very safe and well looked after. I am very secure here". A relative told us "I do feel confident Mum is safe here, it's been such a worry her being at home".

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "Any concern over a resident is always reported to management and acted on straight away".

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

People and relatives felt there was enough staff to meet their needs. One person showed us their call bell and told us that staff were always available if needed. The person told us "They come so quick if I ever need them". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a recurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager analysed this information for any trends.

People continued to receive their medicines safely. Staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Risk assessments remained in place for people which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, access the community and make choices that placed them at risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

The premises remained safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet their needs and continued to provide effective care. One person told us "They are so good at what they do and they do know what they are doing". Another person said "I am treated very well, they do look after me".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting one.

From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink continued to be provided and people could have snacks at any time. We observed lunch and saw that it was an enjoyable and sociable occasion. Staff offered choices of soft drinks including wine and sherry if people preferred and supported people to eat when needed. One person was seen to struggle to cut the meat on their plate. A member of staff discreetly came up to the person to offer assistance to help. After helping the person they then offered the person condiments to go with their meal. People enjoyed their meals and snacks throughout the inspection. One person told us "The food is delightful and delicious, always has been". Another person told us "The food is excellent". A relative told us their daughter visited for lunch once and said "This food is like a hotel".

When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff records remained to show they were up to date with their essential training in topics such as moving and handling and safeguarding. The online training plan documented when training had been completed and when it would expire. Staff were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs.

Staff continued to have regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met

regularly with their manager to receive support and guidance about their work and to discuss training and development needs. Staff we spoke with said they felt they always had support and guidance from the registered manager. Staff spoke positively about supervisions and support they received from the management and provider and commented on how they found they could ask questions freely. One member of staff told us "They are very approachable, when you need to ask things".

People continued to receive consistent support from specialist healthcare professionals when required, such as GP's and social workers. Access was also provided to more specialist services, such as a chiropodists and falls prevention team if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. Comments from people included "The staff are all lovely, just lovely" and "The staff are all so kind and caring ,they really couldn't do anymore for me here". A visitor told us "There always seems to be lots of staff. They seem very caring, you see the same faces too which is nice for the residents, we know some of the staff as they come to church also with the residents, (name-referring to activities coordinator) comes along on her days off to take residents to church". A health professional told us "I have always found the home to be very caring. As per the 'Friends and Family' test I would be more than happy for my mother to be cared for at Rookwood".

The home's atmosphere remained to be a happy one with a homely feel where people were supported to live the lives they wanted. Everyone we spoke with spoke highly of the caring and respectful attitude of a consistent staff team which we observed throughout the inspection. One person told us "It's a nice serene environment here". Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas or in their rooms.

We observed staff speaking to people in a warm and caring manner throughout the inspection, and spending time to chat with people about issues they were interested in. One member of staff was discussing a person going out later that day and shopping for a birthday present for a relative, sharing ideas of what the person could get their relative. Staff spoke fondly about the people being cared for. Comments from staff included "They become like family members you know, we all can have a good laugh and we try and make it more than just a care home for them" and "We are proud of how we look after our residents, we get such good feedback from relatives, its makes you feel proud that you are doing something so good for someone else".

Peoples' differences remained to be respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records, for people staying at the home, showed that people were able to maintain their religion if they wanted to. We were able to look at all areas of the home, including being invited into people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. One person told us "I have a lovely room with my things in, I can relax in there or come in to the dining room or lounge, its up to me".

People told us they were involved in decisions that affected their lives. Observations and records confirmed that people were able to express their needs and preferences. The registered manager recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the home showed that staff assisted people in a sensitive and discreet way. Staff were observed knocking on peoples' doors before entering, to maintain peoples' privacy and dignity. One member of staff told us "I always respect their dignity. I know they need help but we do it sensitively". Another staff member said "We get to know people from talking to them, and from information in their care plans".

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence. People told us that they were able to go for walks with staff when they wanted or into the garden. One person sitting in the garden told us "It's lovely here and the garden is beautiful. I come out for a walk in the garden when it is sunny like today". People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us "I am very happy here and it's near to my siblings so they can come and see me anytime and take me out". Another person told us "I am very well looked after, staff come so quick if I ever need them". A relative told us how their relative thought their mattress felt lumpy so in the morning they had asked the registered manager for a new mattress. We observed a member of staff and the registered manager changing the mattress later in the day. The person appeared to be delighted that their request had been acted on so promptly.

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people or their relatives were involved where possible in the formation of an initial care plan and were subsequently asked if they would like to be involved in any care plan reviews. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. Each section of the care plan was relevant to the person and their needs.

Care plans continued to be reviewed regularly and updated as and when required. People and relatives told us they were involved in the initial care plan and on-going involvement with the plans. The registered manager told us they were currently moving care plans to a new electronic care plan system the provider had introduced. They told us "It is going to be a great system when it is fully operational. It will be detailed and staff can input data on hand held devices for up to the minute information. It also will alarm you if something has been missed or needs doing". We were shown the system and how the system was currently being used to monitor people's food and nutrition preferences and intake.

The home continued to provide a buzz of activities for people. We observed people involved in arts and crafts making paper flowers for a person's birthday later in the week. There was great conversation amongst people and the activities coordinator with laughter and enjoyment throughout. People sitting in the lounge were involved in various activities one person was doing a jigsaw and told us how they enjoyed completing them. Other people were asked if they wanted some music on and what they would like to listen to. Once the music started playing, some staff started singing and dancing and involving people. People appeared happy and smiling while enjoying the music. In the afternoon of the inspection people were asked if they would like to do some exercise and throw a soft ball to each other, many people agreed and took part in this activity, engaging in conversation and laughter. One person told us "There is always something going on, it's nice to see". Another person told us "Every day there is an activity on and we can choose what we want to do".

Monthly newsletters continued to be displayed around the home. These included details of upcoming events at the home which included trips out of the home, arts and crafts and external entertainers. In the dining room was a large display of colourful pictures people had painted and created. We were also shown a memory tree in the dining area. This was a tree people had got involved with where they could write down

happy memories in their life around their childhood and their mothers.

People and relatives remained aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Although the service had not received any complaints since the last inspection, we were told any minor issue was dealt with straight away. People told us they have no need to complain but would know how to if they needed to.

Is the service well-led?

Our findings

People, relatives and staff all told us that they were happy with the service provided at the home and the way it was managed and found the management team approachable and professional. One person told us "There is always plenty of staff on duty, the manager is lovely, they are always popping in". A relative told us "The manager has been very supportive in getting my relative settled, it's early days yet but she's been great, and I know I could go to her if I have any concerns ". Another relative told us "The manager and deputy manager have gone over and beyond what I would expect in terms of support with settling my relative". One professional told us "There is a good management structure in place which is responsive to both the patients and staff's needs. This is reflected in very low turnover in staff. Once admitted patients are generally happy to stay at Rookwood".

The home had a registered manager. 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 remained to be happy and relaxed throughout our time in the home. Staff said that they thought the culture of the home was one of a homely, relaxed and caring environment. When asked why the service was well led, one staff member told us "Our manager is always available and supports us. She is really hands on and we all get on so well as a team". Other comments from staff included "The manager always has time for you, if you have a problem or an issue that needs sorting out she will stop what she is doing and offer her advice and support" and "The home has always been very good to me, they helped me through some rough times and I appreciate it and why I've been here so long".

The registered manager continued to show passion and knowledge on the people who lived at the home. Throughout the inspection we observed the registered manager interacting with people and staff. It was evident that the registered manager had a good understanding of each person's needs and supportive towards members of staff. They told us "It is a lovely home. I have a great team of staff and residents are fully supported. I also feel supported myself by my operations director".

The registered manager played an active role in the service and communication between staff was open and friendly. Staff meetings were held on a regular basis and staff communicated with each other when they handed over between shifts. One member of staff told us how they had always enjoyed working at the home and they felt the registered manager and all staff were supportive of each other and how good communication was. Another member of staff told us "I am very satisfied working here, I would not want to work anywhere else.

Quality assurance audits completed by the registered manager and provider were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to

recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.