

Charity of St Giles

St Giles Charity Estates - Nicholas Rothwell House

Inspection report

90 Harborough Road
Northampton
NN2 8LR
Tel: 01604 841882
Website: www.nicholasrothwell.co.uk

Date of inspection visit: 23rd and 28th September
2015
Date of publication: 03/11/2015

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 

Overall summary

This inspection took place on the 23rd and 28th September 2015 and was unannounced.

The service is registered to provide accommodation and personal care for up to 20 older people. The service provides both respite and long term care for older people who are mobile but who may require some support with personal care. People who stay for respite may come

whilst carers are on holiday or may stay following an illness or operation. At the time of our inspection there were 15 people living there and five people staying for respite.

The service has a registered manager supported by a care 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that people were well cared for and the home had a relaxed atmosphere. Everyone we spoke to complimented the staff who supported them.

There were appropriate recruitment processes in place and people felt safe in the home. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff that respected their individuality and were kind and compassionate. Their needs were assessed prior to coming to the home and individualised care plans were in place and were kept under review. Staff had taken time to understand people's likes, dislikes and past life's and enabled people to participate in activities either within groups or on an individual basis.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and engaged in conversations with them. Relatives commented positively about the care their relative was receiving and it was evident that people could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. Management and trustees were visible and open to feedback, actively looking at ways to improve and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People and their families said they felt safe.

People had access to telephones in their own rooms and were able to contact family and friends at any time.

Staff understood their role and responsibilities in relation to keeping people safe.

There were risk assessments in place to identify areas where people may need additional support and help to keep safe.

There were regular health and safety audits in place and fire alarm tests were carried out each week.

Disclosure and barring service checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

There were sufficient staff on duty throughout the day and night to meet the needs of the people.

There were safe systems in place for the management of medicines.

Good



Is the service effective?

The service was effective

All staff, managers and the provider knew people well and provided individualised care.

People were supported and cared for by a well trained staff team.

Staff had regular supervision and end of year appraisals.

People were fully involved in decisions about the way their support was delivered.

People were regularly assessed for their risk of not eating and drinking enough and supported at mealtimes if needed.

People had access to healthcare as and when required and a GP visited each week.

Good



Is the service caring?

The service was caring

People and staff were all happy at the home.

Staff and people had worked together to personalise their environment to make them feel at home and comfortable.

Staff respected people's dignity and right to privacy.

People were treated as individuals.

People were encouraged to express their views and to make choices.

Family and friends were welcomed at any time.

Good



Summary of findings

Is the service responsive?

The service was responsive

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met.

Care Plans contained all the relevant information that was needed to provide the care and support for each person.

Staff appeared relaxed and responded quickly if people needed any support.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint.

People's feedback was sought and improvements made to the service following the feedback.

Good



Is the service well-led?

The service was well led

People consistently commented how happy they were with the care provided at the home.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved.

There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality assurance audits were completed by the manager and trustees.

Records relating to the day-to-day management of the service were up-to-date and accurate.

Good



St Giles Charity Estates - Nicholas Rothwell House

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 23rd and 28th September 2015 and was unannounced. The inspection team comprised of an inspector and 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. In this instance our expert-by-experience had cared for a relative and supported them to find an appropriate care setting to live.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home and other authorities who may have information about the quality of the service.

We spoke with 10 people who used the service, six care staff, a cook and assistant cook, two domestic staff, the care manager, the registered manager and the provider, plus a podiatrist and GP. We were also able to speak to a number of relatives and friends who were visiting at the time.

We looked at five records for people living in the home, four staff recruitment files, training records, duty rosters and quality audits.

Is the service safe?

Our findings

People we spoke to said they felt safe living in Nicholas Rothwell House. One person said “I feel safe here, they look after us very well”. Another person said “Staff never get short with us or get frustrated. They are never annoyed or show a lack of patience – they are very good to us.”

Everyone seemed supportive of each other and there was a family feeling to the relationship displayed between the people living in the home and the staff. People had telephones in their rooms so that they could keep in contact with family and friends. This also enabled people to report any concerns they might have to either their relatives or health professionals privately from their rooms.

Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern. All the staff we spoke with said they would not hesitate to raise any concerns around people’s safety to the manager and outside agencies if they felt they needed to. They were supported by an up to date policy and as part of their on-going training they undertook regular refresher training in relation to safeguarding of vulnerable adults. In the last twelve months they had not needed to raise any safeguarding concerns.

There were risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed as having the potential of becoming malnourished were weighed regular and the dietitian was contacted if concerns were identified. Anyone who may have difficulty with their mobility had plans in place to ensure they maintained their mobility. We observed how staff encouraged and supported people to walk and use equipment safely when transferring people from a wheelchair to a chair.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Each person had a personal evacuation plan in place and equipment was stored safely and regularly maintained. Members of the board of trustees visit the home each month to ensure people are happy, cared for and safe.

Nicholas Rothwell House is a well maintained, clean and tidy home. There were detailed cleaning schedules available within the home and all staff had completed infection control training.

People were cared for by suitable staff because the provider followed robust recruitment procedures. Disclosure and barring service checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

People said that they felt there was enough staff available throughout the day and night. One person said “Everyone gets the help they need in here”. We found three care staff were on duty throughout the day and 1 waking night staff plus a sleep-in senior carer at night. Additional support was provided by two catering staff, three domestic staff, the care manager and the registered manager. Extra staff were brought in if needed for example to support a person to attend a GP appointment. Records showed that staffing levels were always in line with the assessed needs. The care manager explained that they had never had to use agency staff as everyone was always prepared to work additional hours if needed to ensure that the people knew who was caring for them.

Each room had a call bell and we observed that staff responded to call bells within a couple of minutes. The relatives and staff felt there were enough people on shift. Everyone supported the kitchen staff at meal times and anyone who needed help with their meal were supported.

There were safe systems in place for the management of medicines. The people on respite care were encouraged to continue to take their own medication which was stored in a locked cabinet in their rooms. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. We observed as staff gave medicines out and saw that they checked the name of the person they were giving the medicine to, sought their consent and explained what they were giving the person. They ensured there was sufficient water to take the medicine and made sure that people took their medicines. Records were well maintained and regular audits were in place to ensure that all systems were being safely managed. A local pharmacist also undertakes regular audits to ensure the management of medicines is safe.

Is the service effective?

Our findings

All staff, managers and the provider knew people well. They spoke fondly of the people they cared for and demonstrated their knowledge of people's care needs and individual personalities. There was genuine warmth displayed between the staff and people living in Nicholas Rothwell House.

People were supported and cared for by a well trained staff team. All new staff undertook an induction programme which was specifically tailored to their roles. In addition to classroom and on-line based training they shadowed more experienced staff over a period of time and had regular supervision with the care manager to support their on-going training and development needs. New staff were not allowed to care for people independently until they had undertaken all mandatory training which includes moving and handling training. The home had also implemented the use of the new Care Certificate which came into place in April 2015. The Care Certificate helps new members of care staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. One member of staff said "the induction is good. Undertaking the Care Certificate is helping me to understand the terminology used. I have been well supported by everyone."

Staff had regular supervision and end of year appraisals. The staff training program was focused on ensuring they understood people's needs and how to safely meet these. All staff had completed the training they needed and there is regular updated training available to help refresh and enhance their learning. Staff said they were encouraged to develop their skills and knowledge and felt they could talk to management about training opportunities. People also expressed that they felt the staff were well trained and they were confident in the care given.

People were fully involved in decisions about the way their support was delivered. We observed staff talking to people about the task they were undertaking with them, asking what they wanted and explaining what they were doing, constantly reassuring people if needed. For example one person needed to be encouraged to walk regularly; the staff encouraged the person continually as they walked from the dining room back to their bedroom saying how well they were doing. The staff were very reassuring and the person

did walk further than they thought they would. Everyone's care plan was regularly reviewed and people and their families were fully involved in this process. We observed when relatives were visiting there was an open and friendly dialogue between staff and relatives.

Although people in the home had capacity to make decisions for themselves, the managers and senior carer we spoke with had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. Training records and information in the home demonstrated that training in relation to MCA and DoLS was available.

There were no restrictive practices within the home and we observed people moving freely around the building and they were able to go out if they wished to. People chose how to spend their time. Breakfast was served in people's rooms so some people liked to have a leisurely morning in their bedrooms before they got dressed, others spent time in the conservatory chatting with each other.

People were supported by staff at mealtimes. There was a menu with a variety of choices each day and alternatives were offered if someone did not want was on the menu. If anyone needed support during the meal this was done discreetly. Everyone chatted together on their dining tables and there was a really nice relaxed atmosphere. People could eat at their own pace and came and went as they pleased. Some people had requested to have their meals in their room which they did. The cook was kept up to date about any special dietary requirements and staff knew what people liked and did not like; for example one carer said to a person "Here you are [name] It is sponge with extra custard just as you like it." People told us the food was excellent. One person said "I am here for respite care. The food is very very good. I will need to go on a diet when I get home". There was a choice of drinks before and after lunch and we observed that drinks were available to everyone throughout the day. People had jugs of water in their bedrooms.

People were regularly assessed for their risk of not eating and drinking enough, staff used a tool to inform them of

Is the service effective?

the level of risk which included weighing people. Where people were deemed to be at risk staff recorded what they ate and drank and referred people to health professionals such as the dietitian.

People had access to healthcare as required. One of the local GP practices visited people in the home each week. One of the health professionals from the practice told us that the staff were responsive to people's needs and knew the people well and the home was well organised. Another health professional told us "this is a fantastic home, very

welcoming, helpful and the carer's are spot on knowing about the people". The care manager had identified the need for regular contact with a podiatrist and had arranged for a podiatrist to visit on a regular basis. The same podiatrist had continued to visit for over three years. People were also supported to visit the GP practice if they needed to and were supported to attend any other appointments they may have with other health professionals.

Is the service caring?

Our findings

People and staff were all happy at Nicholas Rothwell House. The atmosphere throughout the day of the inspection was warm and friendly. People received their care and support from a staff team who treated everyone with respect, kindness and compassion. We observed all staff working at the pace of the individual they were supporting. One person said “the staff are patient, they really are marvellous with us.” Another said “I am very happy, all the staff are very good and wonderful, nothing but good to say.” All the visitors we spoke to said they felt everyone was well looked after, one person said “My friend is very well looked after here. They are looking very well.” Staff said how much they loved working at the home and how lovely everyone was. One staff member commented “I would be happy to put my Mum in here”.

Staff and people had worked together to personalise their environment to make them feel at home and comfortable. People were able to bring in personal items from their homes and we could see that one person had a particular interest in aeroplanes and they had been able to hang model aeroplanes in their room. The registered manager sometimes brought her dog in which people loved to have around.

Staff respected people’s dignity and right to privacy; we saw that when people were supported with personal care doors were closed and staff explained what they were

doing. This was particularly evident when staff were supporting people to transfer from a wheelchair to a chair. People had their own rooms and staff were considerate of their wishes when asking if they could enter their rooms. When offering support to people staff spoke politely and made efforts to ensure that the person they were speaking to could hear them without raising their voice, making sure they were at their eye level and speaking closely to them.

People were treated as individuals being spoken to by their chosen name. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they were unhappy or anxious. There was a friendly banter between everyone. During the staff handover the staff shared information as to how people were that day and what encouragement they may need, everyone contributed during the handover.

People were encouraged to express their views and to make choices. Care plans were detailed containing information about the person’s life history, their likes, dislikes and preferences, including end of life plans. Where appropriate relatives had been involved and the plans were regularly reviewed with everyone.

Family and friends were welcomed at any time. Relatives had commented “We appreciate as a family all the care that is being given to our relative”. “Excellent care throughout our relatives difficult time and very supportive of me”.

Is the service responsive?

Our findings

People's needs were assessed before they came to live at the home to ensure that all their individual needs could be met. People and their families were encouraged to visit Nicholas Rothwell House before moving in or coming for respite care. This gave people the chance to meet the people who lived there, get to know the staff and gain an understanding of how the service operated. Anyone planning to come to live at the home came on a trial basis first to ensure for both the person and the home this was the right place for the person and they felt happy and confident that their needs could be met. We saw detailed assessment information and this was used to build a person centred care plan detailing what care and support people needed and their likes and preferences.

The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs; for example in one care plan we noted that the person was on respite and preferred to administer their own medication. Staff demonstrated a good understanding of each person in the service and clearly understood their care and support needs. One person commented in reference to one carer that she never forgets and always knows what I like. New staff commented that they felt the staff team knew everyone very well and supported them in gaining that knowledge. We observed staff interact with people in a confident and carefully considered manner and they were responsive to individual needs. Care plans were reviewed on a regular basis and people had a care plan agreement in place and where appropriate relatives too had been involved.

People were encouraged to follow their interests; for example one person loved to make air fix aeroplanes and have their own fish tank. The home had ensured that a

volunteer came regularly to help in making the craft or clean the fish tank and took the person out to air displays. A number of people liked to make things so one of the relatives provided an art and craft session. Throughout the day people chatted with each other, read books or listened to the radio in their own rooms. Some people did feel though there was not enough entertainment. We spoke to the managers about this and they said everyone was regularly asked what entertainment they would like but rarely did anyone suggest anything. Activities had been planned but were sometimes cancelled as not enough people wanted to take part.

Staff appeared relaxed and responded quickly if people needed any support. They encouraged people to remain as independent as possible and only assisted where necessary. One person said "If I can't get some of my clothes on someone is there to help." We read one comment from a relative "Full of praise and gratitude for the way you treated [name] when they were taken poorly". Two professionals visiting the home during the inspection commented "staff are responsive to people's needs"; "staff are spot on and attentive to people".

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint, they said if they had any concerns they were happy to speak to staff. Visitors we spoke to said that the manager was approachable and that if they had any concerns they would also be happy to talk to the staff that provided the care to their family member. The manager told us that they always tried to resolve any concerns as quickly as possible. The only feedback we found was positive and we could see that people were asked about the care and support they received at residents' meetings, visits from the trustees and through a satisfaction questionnaire.

Is the service well-led?

Our findings

People consistently commented how happy they were with the care provided at Nicholas Rothwell House. One person said “I would not change anything, it’s all very good” Staff commented they would not want to work anywhere else. Some staff had worked for over ten years at the home, the care manager had been there for 28 years. The communication between people, their families and the service was good. Visitors were made to feel very welcome. One relative said “there are no restrictions on coming into the home and everyone makes you feel welcomed.” People spoke about the manager with great respect and comments from both staff and the people living in the home led us to conclude that the managers were well liked and took time to listen to people.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Regular audits and surveys were undertaken and these specifically sought people’s views on the quality of the service they received. The trustees visited regularly and spoke to everyone. There was a suggestion box in the main reception and a regular newsletter. People were generally happy and content and we saw letters and cards from relatives and people who had received respite care that complimented the standard of care that had been provided. One comment we saw said “My relative’s needs are recognised and the staff go the extra mile to help”; another commented “my relative is always listened to and their choices are respected”. One person who had been for respite wrote “My sincere thanks for the care and comfort given to me – I shall remember you all with great affection and hope to see you again sometime”.

It was evident that the staff worked well together as a team. At the handover meeting all staff contributed to how things had gone on the previous shift and what moods etc. people were in. There was a genuine commitment from all the staff to ensure they were providing the best possible care. Team meetings took place on a regular basis and minutes of these meetings were kept. The meetings enabled staff to give feedback on current practices in the home and an opportunity to share good practice. Staff commented that they felt that they were listened to and that the managers and trustees took time to speak to them and communicated well with each other. One member of staff said that following a conversation with the manager about the need to replace the cushions in the lounge new ones were purchased. There was a culture of openness and a desire to continually improve to provide the best possible person centred care and experience for people and their families.

Quality assurance audits were completed by the manager and trustees. These were used to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them; for example it was identified that one of the bathrooms needed to be refurbished and a more comfortable bath be purchased. The people in the home had been consulted and even given the opportunity to try out the potential bath before the final decision was taken.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people.

The care manager mentored all new staff whilst they undertook training to gain their Care Certificate. It was evident how passionate she was in ensuring that they had the right staff that cared for the people.