

# Trustcare Management Limited

# Rookhurst Lodge

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

About the service:

Rookhurst Lodge is a residential care home that was providing personal and nursing care to people living with a learning disability, autism and/or mental health needs. At the time of the inspection, six people were receiving care and support at Rookhurst Lodge.

Rookhurst Lodge was compliant with the values underpinned in Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People had access to local amenities, facilities and services such as healthcare and were supported to access these regularly.

People's experience of using this service:

- Staff had access to a wide range of training which in turn supported them to meet people's needs effectively. They sought advice from a wide range of healthcare professionals, and took initiative to support people according to their needs at the time. Staff knew people extremely well, and what approaches were effective with them, which added to the effectiveness of the service.
- The provider supported staff in providing effective care for people through person-centred care planning, training and supervision. This ensured the provision of best practice guidance and supported staff to meet people's individual needs.
- There was a friendly atmosphere in the service and staff were caring and compassionate in their approach towards people. Staff knew people extremely well and supported people to access the local community and engage in activities of their choice. Staff knew people's daily routines and what was important to them.
- There was a positive culture within the service where people, staff and relatives felt listened to. Quality assurance systems were in place which ensured high standards were maintained.
- The management of medicines was safe and the provider was following best practice guidance around stopping the over-medication of people living with a learning disability.
- People were truly placed at the centre of the service and were consulted on every level. Respect for privacy and dignity, and supporting people to feel truly, 'at home', was at the heart of the provider's culture and values.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff empowered people to make day to day decisions and people were supported by staff to prepare their evening meal.

This service met the characteristics of Good. More information is in the 'Detailed Findings' below.

Rating at last inspection: Last rated Good. Inspection report published on 25 October 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Good ●

The service was 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 well-led.

Details are in our Responsive findings below.

# Rookhurst Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

#### Inspection team:

When planning the inspection visit we took account of the size of the service and that some people at the service could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services.

#### Service and service type:

Rookhurst Lodge is a care home. People in care homes receive accommodation and nursing or 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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

#### Notice of inspection:

The inspection was unannounced and took place on 8 April 2019.

#### What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is

required to tell us about by law. We reviewed the Provider Information Return (PIR). This is information we request to provide some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

- Notifications we received from the service
- Two staff members
- Three people who lived at the service and one visiting relative. We also observed staff interactions with people.
- Three people's care records and progress records.
- Records of accidents, incidents, complaints and compliments
- Audits and quality assurance reports
- Medication Administration Records (MAR) charts and medicine audits
- The registered manager, regional operations director and training director.
- Business continuity plan and records relating to the premises and environment
- Training records and staff recruitment

After the inspection we gathered information from:

- Two relatives
- One healthcare professional

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse:

- People were relaxed and at ease around staff. People told us they felt safe and content living at Rookhurst Lodge. Relatives also confirmed that their loved one was safe residing at the service. One relative told us, "(Person) is very safe here. We have no concerns." Another relative told us, "(Person) is safe and happy here."
- Staff understood people's individual circumstances and how to keep them safe from the risk of harm or abuse. Where people were identified as being at risk of financial exploitation, measures were implemented to safeguard people. For example, staff and the registered manager supported people to manage their money and financial audits were carried out on a regular basis.
- Staff had access to the local authority safeguarding policy, procedures and the organisations guidance on safeguarding people. They had received training on how to recognise abuse and were aware what to do in the event of a concern being raised with them.
- People had access to an easy read guide on safeguarding and staff worked in partnership with people to empower them to feel safe and understand what safeguarding meant for them.

Assessing risk, safety monitoring and management:

- Risks to people were identified with clear strategies in place to mitigate the risks. For example, risks associated with behaviours, eating and drinking, personal care and medical conditions such as epilepsy were managed. Risk management plans were kept under review and updated as people's needs and conditions changed.
- Where people were identified and assessed as at risk of falling, staff worked in partnership with other healthcare professionals to manage the risk. For example, one person had been referred to the Occupational Therapist (OT) and adaptations to the service had been made to mitigate their risk of falling, such as handrails to the entrance of the service.
- Staff had a flexible approach to risk management which ensured good outcomes for people. For example, one person could become anxious and upset. Staff told us that through listening to the person and providing space they could ease the person's anxiety.
- People had effective positive behaviour support (PBS) plans in place. These plans provided a person-centred approach to supporting people who display or were at risk of displaying behaviours which may challenge.
- Systems were in place to promote fire safety. Fire equipment was serviced and regular fire checks such as fire drills took place. People had personal emergency evacuation plans in place and a fire risk assessment had been completed by an external contractor and actions from that were being addressed.
- Servicing of equipment such as gas and electricity was up to date and regular health and safety checks were carried. Staff empowered people to be involved in health and safety checks and one person assisted staff with the monthly hot water temperature checks.

- A business continuity plan was in place which detailed actions that would be taken in different scenarios, for example loss of power supply. Additional guidance was also in place detailing the provider's strategy in the event of a 'no deal Brexit.'

#### Staffing and recruitment:

- Staff members felt staffing levels could be improved. One staff member told us, "We are meant to have three support workers on shift but on Monday's we don't. We have two people who are 1:1 and it can be difficult to manage with just two support workers. The manager does help out and we manage."
- Staff rotas demonstrated that primarily three support workers were on shift during the day but on Monday's only two support workers were deployed. The registered manager told us, "Staffing levels are based on people's feedback, staff's feedback, funding and people's level of need. We need three support workers during the day and unfortunately, we have had some staff turnover and struggled to recruit. However, a new staff member is starting next week."
- Observations of care, demonstrated that people's needs were met. People and their relatives told us they were happy with staffing levels. One relative told us, "There are always staff available and we've never been concerned that staffing levels are not sufficient."
- Whilst the assessed staffing levels was not consistently maintained. Action was being taken to ensure staffing levels were consistently maintained in line with people's assessed need.
- People were supported by staff who had been recruited safely. Prior to a new member of staff commencing work checks were carried out such as exploring their employment history, health check, obtaining references from previous employers and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- New staff members were interviewed by people living at the service. This empowered people to be involved in the running of the service and enabled the registered manager to ensure the right staff for the job.

#### Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and provided staff with effective guidance about each individual medicine.
- Staff who administered medicines were trained and had regular competency checks which supported their practice to remain safe.

#### Preventing and controlling infection:

- Staff were aware of infection control risks and received training in this area. People lived in a clean and hygienic environment.
- Personal Protective Equipment (PPE) was readily available and an annual infection control audit was completed.

#### Learning lessons when things go wrong:

- Accident and incidents were managed safely and lessons learned to improve the care people received.
- The registered manager and senior management completed trends analysis of incidents, accidents and safeguarding to derive learning and promote better outcomes for people. For example, following some incidences of physical aggression, the registered manager identified that staff's approach could be a trigger for people displaying behaviours which challenge. Through working with staff and reviewing staff's approach, the number of incidences of physical aggression towards staff has reduced.

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider was following best practice guidance such as the stopping over-medication of people with learning disabilities (STOMP) initiative. Staff made appropriate referrals to healthcare professionals for medicines to be reviewed to prevent people receiving unnecessary medicines. The registered manager told us, "We've reduced one person's risperidone from 13.5mg to 1.5mg and it's had such a positive outcome for the person. They are more alert, more animated. It's been really positive for them."

Staff support: induction, training, skills and experience:

- Staff had a good understanding of people's individual care and support needs. A relative told us, "The staff are skilled and competent. They look after (person) extremely well."
- Staff received a range of training opportunities which enabled them to provide safe and effective care. Staff received training specific to the needs of people they were supporting. For example, training was provided on mental health, autism, learning disability, Makaton (use of signs and symbols to help people communicate) and seizure management.
- New staff received a comprehensive induction which included training and shadowing senior members of staff. One staff member told us, "I had a week's training induction and it was really helpful."
- Staff champions were in place for topics such as dignity, fire and activities. The registered manager told us how the appointment of champions was to promote staff's development as staff choose their own area of practice they would like to become a champion in.
- The provider employed a training director who oversaw the delivery and programme of training. The training director was present during the inspection and told us, "The training empowers staff and provides them with the skills required. It is clear that the training is embedded into practice. Staff treat people as equal and communicate with them, explaining everything and giving them a choice. This in return, reduces the amount of behaviours which challenges."
- People living at Rookhurst Lodge also attended training modules to help further staff's understanding on how best to support them but to also encourage and promote their independent living skills. For example, some people had attended the training on food preparation to help with preparing meals independently.

Supporting people to eat and drink enough to maintain a balanced diet:

- People's care plans outlined the support required with their meals and risks associated with meal times.
- Speech and language therapists were accessed for people who presented with risks around eating and drinking.
- People were supported to plan their weekly menu and were also empowered and promoted to prepare their evening meal. The registered manager told us, "We introduced this initiative in January 2019 and it's worked really well. It provides people with a choice and promotes their independence as they are working

alongside staff to prepare their evening meal."

- One person told us, "I made chicken curry at the weekend. It was lovely and everyone loved it. I'm making beef stew with dumplings today."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- People were consistently supported to access health services, for example annual GP health checks and dentists. This was evidenced through individual logs of all attended appointments and any follow up actions needed.
- Staff worked in partnership with healthcare professionals and people's relatives to promote good outcomes and to enhance their quality of life. One relative told us, "The manager is very good at communicating with us and (person) has got better and better since moving into the service."
- In the event of a hospital admission, people had individual care passports in place. These provided key information that hospital staff would need to know about the person.

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

- Bedrooms were personalised to reflect the person's personality and preferences. One person told us about the pictures on their bedroom wall and how these pictures were of a place they wanted to travel too.
- The design and ethos of the service was in line with the principles of Registering the Right Support. This guidance details the importance of people being involved in the design of the service, living in their local area, enabling people to access their local community, with good access to local healthcare services and not living in a group of homes clustered together on the same site.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met

- Staff and the registered manager fostered a culture of positive risk taking and supporting people to live their lives in a way that maximised and promoted their independence. Staff had received training on the MCA 2005 and DoLS and worked in line with the principles of the Act.
- Staff gained consent from people and empowered people to make day to day decisions. One staff member told us, "It's about supporting people to make their own decisions but also being mindful of their best interest."
- Where required DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care.
- People were empowered to understand the restrictions that were in place at the service. For example, the kitchen door was locked and a key pad was in place at the front door. One person told us, "I'm under a DoLS and my advocate checks I'm ok with everything."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence 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; respecting equality and diversity:

- We observed that staff were kind and caring with people and responsive to their needs. Staff supported people in a friendly, warm and compassionate way.
- Staff and the registered manager knew people extremely well and provided care and support that promoted their quality of life. Throughout the inspection, people approached staff and the registered manager with ease. The registered manager had been on annual leave prior to the inspection and the inspection took place on their first day back. People spent time during the inspection welcoming the manager back, hugging them and enquiring how their week off was.
- Staff spoke passionately and respectfully about people and the challenges they faced due to their complex needs. One staff member told us, "I love working here and supporting people. It can be hard but it's just about communicating with them."
- People were supported to maintain their personal identity. People were encouraged and supported to dress how they wished and in a way, that reflected their personality. One person was supported to visit a local hairdresser to have their hair braided in a way that was reflective of their faith and culture.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation. A number of people were supported to attend church every Sunday and staff told us how people's faith and religion was extremely important to them.
- Staff and the registered manager recognised the diverse and individual needs of the people they supported. Staff members recognised that each person had unique communication needs that were key to them and also understand that it was important for them to respect what was important to people. One person's care plan identified that they liked to change their shirt throughout the day and this was observed throughout the inspection.

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

- People had access to information in a format which reduced barriers to communication. Staff had a good understanding of how people communicated and expressed themselves. Where people were non-verbal and used a form of Makaton signs to communicate, staff understood these signs. For example, staff told us how if one person crossed their arms in front of their chest that was their way of saying no.
- People were involved in the planning of their care as much as possible. Staff ensured that relatives, advocates and others who were important to people were kept updated with any changes to the person's care.
- 'Resident' meetings took place, which was an opportunity for people to be involved in making decisions on the running of the service and for people's views to be captured. At the last meeting in March

2019, people spent time talking about what person-centred care meant to them. People spoke about the importance of activities and independence.

Respecting and promoting people's privacy, dignity and independence:

- Staff had a visible person-centred approach to supporting people to maintain their independence and to promote new skills.
- We saw that staff treated people with the utmost respect. Staff knew people extremely well, their individual likes, dislikes, life history and interests.
- People's right to privacy was respected and people had keys to their bedrooms which meant that they could lock their bedroom door if they were out.
- Staff respected people's privacy and dignity. Staff were observed knocking on people's bedroom door before entering. People's independence was valued by staff and staff worked in partnership with people to be as independent as possible.
- A dignity wall was in place at the service. This included a visual display of people and staff's photographs alongside a quote which underpinned what was important to them and their understanding of dignity. The wall included one person's quote which stated, 'Please don't ignore me. I like to be listened too and felt that I am understood.'

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans had detailed information and robust guidance to support staff to recognise and respond appropriately to their social and emotional needs. Guidance was in place for staff with information detailing the signs and symptoms that a person may be distressed alongside the actions required to support them.

- Care and support was provided to people living with a mental health need. Staff had clearly spent time getting to know people and were able to recognise any triggers that indicated a decline in their mental health. One staff member told us, "For one person if they start drinking a lot of water, that's a sign of their mental health deteriorating. If we notice that, we just talk to them and give them the opportunity to talk about how they are feeling."

- People's life history, likes, dislikes and what was important to them were recorded. For example, people's care plans included a section titled, 'getting to know me.' This included information on the people who know them best, their family, life so far and what they would like staff to know about them. Staff were knowledgeable about these and could explain how they supported people in line with this information.

- The service worked to the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Easy read guides were available alongside pictorial menus to help empower people to make day to day decisions.

- We saw evidence of positive outcomes for people due to thorough care planning and delivery. Care and consideration was given to goal setting and supporting people to achieve their goals. Staff told us how they were supporting one person to achieve their goal of finding more volunteering opportunities.

- Feedback and learning reviews took place on a monthly basis. These considered activities that people were involved with, how they found the activity and any learning.

- Relatives spoke highly of the service and the support provided to people to promote their living skills and level of independence. One relative told us, "If it wasn't for Rookhurst, I don't think (person's) level of communication would have improved."

- The needs and wishes of individual people was at the heart of the service's culture and values. People and staff felt respected and listened to. Staff worked together at all levels to provide a person-centred service. People chose what they would like to do on a daily basis, staff supported people to live their life how they wanted and their care and support was designed to support this. The registered manager told us, "We offer them everything that everyone else has access to and does. We are there voice and we ensure they have choice and control within their lives."

- Relatives and friends could visit the service at any time. Staff helped people to stay in touch with relatives through phone calls and visits. During the inspection, one person was supported to phone their relative. Technology was also utilised to support people to maintain relationships with their loved ones, such as the use of electronic tablets.

- In line with 'registering the right support' people were part of their communities. People were engaged in activities that were meaningful to them. Staff told us how people enjoyed going out for coffee, dinner, drives, shopping, to the cinema and to the local pub. People also volunteered at local churches and one person enjoyed going to the local shop. Staff were knowledgeable about people's daily routines and what was important to them.
- People had access to a range of activities, both on-site and within the community. The registered manager told us how people enjoyed music therapy and subsequently brought the activity in-house and now every Friday have a music therapy session.

Improving care quality in response to complaints or concerns:

- There was a complaints procedure in place. This included an accessible easy read format for people using appropriate symbols and pictures.
- People were encouraged and empowered to share any concerns with their key-worker and the registered manager. Relatives spoke confidently about raising concerns and felt assured that any concerns raised would be acted upon and listened too. One relative told us, "If we have any concerns, we sit down with the manager and he sorts everything out."
- Since the previous inspection in 2016, the provider had received two complaints from local neighbours. The registered manager was working with the neighbours to address the concerns.
- Compliments were logged and also utilised as learning opportunities.

End of life care and support:

- At the time of the inspection, no one was receiving end of life care at Rookhurst Lodge.
- End of life care plans were in place which considered people's wishes and preferences. For example, one person wished to be buried and had expressed their wish for music to be playing at their funeral.
- The registered manager was in the processing of sourcing end of life training from the local hospice for staff members.

# 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.

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

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

- The ethos of the service was fully embedded into practice and understood by staff. The registered manager told us, "This is people's home and we are here to deliver the best person-centred care possible." Staff members echoed this viewpoint and told us how the service delivered care in line with people's wants, wishes and focused on their independence. One staff told us, "This is a great place to work as we do everything for people to make their lives better."
- People were supported to be independent and to have opportunities to live a meaningful life. People made day to day decisions about what they did and staff supported this.
- The care and support people received was designed in a person-centred way and delivered to a high standard.
- Relatives praised the delivery of care and spoke highly of the service. One relative told us, "It's a fantastic company. I am so happy we found this place."
- The provider had a clear procedure to meet their Duty of Candour requirements. Duty of Candour is a legal requirement for care providers to act in an honest and transparent way. Staff and the registered manager told us they promoted a culture in the home to be open and honest.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff, people and relatives consistently told us of the positive management structure in place that was open, transparent and supportive. One person told us, "He's the best manager ever." A member of the management team told us, "People have flourished here. You can tell it's well managed through how engaging people are and how staff communicate with people. This is people's home and staff work with people to maximise and enhance their quality of life."
- At the last inspection in 2016, the key question of 'Well-Led' was rated Requires Improvement and a recommendation for improvement was made. This was because accurate records had not been maintained. At this inspection, we found that improvements had been made. Records were stored securely, reflective of people's needs and accurate.
- The registered manager had a highly effective oversight of what was happening in the service, and we saw this from the audits as well as from feedback we received from people and staff.
- A clear management structure was in place and the registered manager was supported by a regional operations director alongside a quality and compliance manager.
- The provider monitored compliance at Rookhurst Lodge through a range of audits, feedback and surveys.
- The registered manager had a positive relationship with external parties such as the safeguarding team,

and sent any notifications to CQC as required.

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

- The service was striving to improve. The registered manager was in the process of reviewing care plans and care delivery in line with best practice guidance around sex and relationships in adult social care services.
- The provider fully respected people's diversity, and ensured that people had equal opportunities to engage with the community and utilise services irrespective of their disability or other protected characteristics, in adherence to the Equality Act 2010. This included staff adapting their approach to support people to access healthcare, transport and local groups.
- Staff felt involved in the running of the service and staff members were utilised as a forum to gain staff ideas, thoughts and feelings.
- A newsletter was drafted every month and sent to relatives alongside commissioners to keep them updated as to what people at the service had been up to, what they had enjoyed that month and what had gone well.

Continuous learning and improving care:

- A range of audits had been developed to measure and monitor the service overall. The Quality and Compliance Manager monitored compliance and in 2018 the service was identified as the highest performing service out of all of the provider's services.
- The registered manager was dedicated to ensuring the delivery of high quality care. Learning was continually derived from safeguarding concerns and incidences. The registered manager worked in partnership with the local authority and staff to share learning and lessons learnt whilst also promoting the safety of people living at the service.

Working in partnership with others:

- The provider and all staff worked closely with other health and social care professionals to ensure people received consistent care.
- Links with the local community had been established. People volunteered at local churches and the registered manager was exploring the possibility of a student placement at the service. The registered manager was also exploring volunteering with a local soup kitchen. They told us, "Some of the service users have been homeless and know what it is like to be without a home so we are engaging with the local soup kitchen."