

Heltcorp Limited

Rotherwood Care Home

Inspection report

Doncaster Road
East Dene
Rotherham
South Yorkshire
S65 2DA

Tel: 01709820025

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 23 November 2017 and was unannounced. The last comprehensive inspection took place in January 2017, when the service was rated requires improvement. We found that the registered provider was not always meeting the requirements of the Mental Capacity Act 2005. The registered provider sent us an action plan indicating what action they would take to address this breach. This inspection took place to check if improvements had been made. You can read the report from our last inspections, by selecting the 'all reports' link for 'Rotherwood' on our website at www.cqc.org.uk.

At this inspection we found the registered provider had taken appropriate actions to meet the requirements of the breach. The registered provider was meeting the requirements of the Mental Capacity Act 2005. Staff gained consent from people prior to completing care tasks.

Rotherwood Care Home is situated on the outskirts of Rotherham close to local shops and public transport. It provides accommodation for up to 27 people who require personal care. Care is provided for people who have needs associated with those of older people.

At the time of our inspection there was a registered manager in post. 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.

We looked at care records and found risks associated with people's care had been identified. Appropriate risk assessments were in place to ensure risks were minimised.

Staff we spoke with knew how to recognise and report abuse and told us they would inform the registered manager if they had any concerns. They were confident that the registered manager would take appropriate actions to ensure people were safe.

We observed staff interacting with people and found there were enough staff available to meet people's needs in a timely way.

We found some concerns regarding the management of medicines. The service could not always evidence the medicines had been stored at the correct temperature. We also found some medicines had not been recorded correctly in line with the current guidelines for storing controlled medicines.

We completed a tour of the home with the registered manager and found the laundry/sluice area was not clean and needed further attention to ensure the area was fit for purpose. The registered manager had begun work in this area and intended to complete this action.

Staff were knowledgeable and had the skills and support to carry out their roles and responsibilities. Staff

received training and support from the management team.

People received a well-balanced diet which met their needs and their preferences. Meals looked appetising and people enjoyed them. Snacks and drinks were also available throughout the day.

People had access to healthcare professionals when required.

We observed staff interacting with people who used the service and found they were kind, caring and compassionate. People and staff shared appropriate and friendly banter and there was a lot of laughter which showed people were happy. Staff respected people's privacy and dignity and were respectful in their approach with people.

The registered manager had developed a new care planning system and had received good feedback from visiting professionals. We looked at care records and found they reflected people's current needs.

People were supported to follow their interests and take part in social activities which were appropriate and met their needs.

The provider had a complaints procedure and people were encouraged to talk with the registered manager and staff about any concerns.

People told us the registered manager was supportive and they felt able to approach them. People felt they were listened to and their comments were acted up on. We saw evidence that people were involved in residents and relatives meetings and were able to comment about the service.

We saw regular audits took place to check the quality of service provision. Action plans were devised to follow up any issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The laundry/sluice area was not clean and needed further attention to ensure the area was fit for purpose.

We found some concerns regarding the management of medicines. The service could not always evidence the medicines had been stored at the correct temperature. Some medicines had not been recorded correctly.

We observed staff interacting with people and found there were enough staff to meet people's needs.

Risks associated with people's care had been identified and plans were in place to help minimise the risk occurring.

People were protected from the risk of abuse.

Is the service effective?

Good 

The service was effective

Staff were knowledgeable and had the skills and support to carry out their roles and responsibilities.

The registered provider was meeting the requirements of the Mental Capacity Act 2005.

People received a well-balanced diet which met their needs and their preferences.

People had access to healthcare professionals when required.

Is the service caring?

Good 

The service was caring.

People who used the service and the staff had a good relationship with each other. They shared friendly banter and people appeared comfortable in the presence of staff.

Staff were considerate in their interactions with people and showed a caring and compassionate manner.

Staff respected people's privacy and dignity and ensured their choices were respected.

Is the service responsive?

Good ●

The service was responsive.

The registered manager had developed a new care planning system and had received good feedback from visiting professionals.

People were supported to follow their interests and take part in social activities which were appropriate and met their needs.

The provider had a complaints procedure and people were encouraged to talk with the registered manager and staff about any concerns.

Is the service well-led?

Good ●

The service was well led

People who used the service, their relatives and staff felt supported by the registered manager.

The registered provider had systems in place to monitor the service and to ensure a good standard was maintained.

People were involved in the service and their views were sought. People were involved in meetings and completed questionnaires to give their views about the service.

Rotherwood Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 November, 2017 and was unannounced. The inspection was carried out by an adult social care inspector 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.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the quality of the care and support provided.

We spoke with 12 people who used the service and six relatives, and spent time observing staff interacting with people.

We spoke with three care workers, the cook, the registered manager, and the regional manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "I am definitely safe here." Another person said, "I can honestly tell you I am safe and secure here." Another person said, "It's the lovely staff that make you feel settled and safe."

We spoke with relatives and they also told us they felt their family member was safe living at the service. One relative said, "I cannot tell you how as a family we feel such relief that [our relative] is in a safe environment." Another relative said, "I can assure you, if [my relative] was not safe here, they would not be here."

We looked at systems in place to ensure medicines were stored safely and administered as prescribed. The registered manager had recently changed the location of the medication store room, but the temperatures were not being taken of the new store room. This meant that some medicines may have been stored at a temperature which was higher than recommended. We saw that temperatures were taken of the fridge which was used to store items which required cool storage. However, there were many days when this had not been recorded. We also saw that people who had been prescribed topical creams, did not have a topical Medication Administration Record (MAR). The medication file stated 'staff to apply.' Therefore, although staff confirmed these had been given, there was no record to evidence the creams had been applied as prescribed.

The service had arrangements in place for storing controlled drugs (CD's). Controlled drugs are medicines that are liable to misuse. A controlled drugs book was in place which was used to record controlled medication. This was double signed in line with current guidance. We checked controlled drugs belonging to two people and found these were recorded correctly. However, a third person's CD's had not been recorded in the CD book. This was corrected on the day of our inspection. Since our inspection the registered manager has confirmed that supervision sessions have been held with staff who administer medicines, to ensure they address the concerns we raised.

Staff competencies were completed on an annual basis to ensure staff were administering medications in a safe way.

We looked at systems in place to ensure people were protected from the risk of abuse. We saw the registered manager kept a record of safeguarding concerns and could evidence that appropriate actions had been taken to resolve any concerns. Staff we spoke with were knowledgeable about how to keep people safe and how to recognise and report abuse. One care worker said, "I would definitely report any abuse immediately."

We looked at care records belonging to people who used the service and found that risks associated with people's care had been identified. Risk assessments had been put in place to ensure any risks were minimised. For example, one person was at risk of falling. The actions taken to address this was the use of a sensor mat and cushion to alert staff when the person was mobile.

We also saw that people had Personal Emergency Evacuation Plans (PEEP's) in place to ensure that staff could assist people correctly and efficiently in an emergency situation.

The registered provider used a dependency tool to ensure there were enough staff available, with the right skill mix, to meet the needs of people who used the service. We observed staff interacting with people on the day of our inspection and found they could respond to people in a timely manner. People who used the service and their relatives that we spoke with did not raise any concerns regarding the numbers of staff available.

We completed a tour of the home with the registered manager and found that most of the environment was well maintained and appropriate to meet the needs of the people who lived at the service. However, we looked at the laundry area and found that the sluice facility was accessed via the laundry, which had no separate door. We saw that on the day of our inspection the maintenance person was using the sluice area to sand down some handrails. This was creating dust and debris and was not a suitable area to be completing maintenance work. We also found the sluicing sink was also being used as a hand washing facilities which was not appropriate as it posed a risk of cross contamination. There was no other sink available in this area, designated to hand washing only.

We raised this with the registered manager who informed us that they had identified this as a concern. The registered manager told us that they had already started to make improvements in this area. Another room had been identified and was being used at the time of our inspection to store freshly laundered clothes; this had been moved out of the laundry/sluice area. This was in the early stages and required appropriate shelving to store items off the floor, which the registered manager was aware of.

All relatives we spoke with felt that all areas of the home were clean and well presented. Some commented on recent improvements in décor and facilities. However, some items of furniture were showing signs of wear. For example some chairs had dark staining to the fabric.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Staff told us they had to complete an application, attend a face to face interview and provide suitable references before they were able to start work. Files we saw contained pre-employment checks which had been obtained prior to new staff commencing employment. These included a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Our findings

At the last inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, consent to care. The registered provider was failing to act in accordance with the Mental Capacity Act 2005 in relation to obtaining people's consent to care.

At our inspection of 23 November, 2017, we found the registered provider had taken action to address this issue. We observed staff seeking consent from people prior to completing tasks. People's views were respected. We also found clear documentation to support people who lacked capacity and decisions were made in people's best interests.

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this subject, and people who used the service had been assessed to determine if a DoLS application was required. We looked at care records and found that where people lacked capacity, best interest decisions had been made.

We spoke with people who used the service and they told us that staff were knowledgeable about how to support them. They all said that staff looked after them well and they were able to access the doctor if they needed to.

We spoke with staff and they told us they felt supported to carry out their role. They told us that they received regular training which gave them the necessary skills to carry out their role. We looked at records in place regarding training and found they reflected what staff had told us.

Staff we spoke with also told us that they received supervision sessions. These were individual meetings with their line manager to ensure they received the right training and support. We saw the registered manager had a schedule in place to ensure staff received supervision.

People were supported to eat and drink enough to maintain a balanced diet. During our inspection we saw that people were offered good quality food along with a range of drinks and snacks including fresh fruit.

We observed lunch being served and the meal looked appetising. Staff were aware of people's food preferences and alternatives were offered to accommodate them. Everyone appeared to enjoy their meal. People we spoke with told us they enjoyed the meals that were provided. One person said, "You can have whatever you like for breakfast. I just love the porridge." Another person said, "I like the menus, they are really easy to read. It makes it easier to choose." Another said, "The food's good. If you don't like what's on, you just tell them."

Prior to the meal being served we observed that menus were displayed on the dining tables at all times. The printed menus matched the meal that was served; therefore the menus clearly informed people and their relatives of the meals available.

The majority of dining tables were neatly set out and looked welcoming with tablecloths, napkins and condiments. The catering team delivered the meals from a heated trolley. Staff were seen to be very patient when delivering meals to people and described the meals to people as they served them to ensure they were happy with the meal provided.

Six people dined in their lounge chairs close to the television in the main lounge which was adjacent to the dining area. The people in the lounge chairs had their meals placed on low coffee tables and were able to assist themselves to eat their meal. However, two people did not eat their meals and people appeared to be struggling to eat their meals. Staff did not offer these people any condiments. Following the meal some of the people that ate away from the table had food debris on their clothes. We spoke with the registered manager about this and they told us people chose to sit in this area. However, they agreed to look for ways this could be managed better.

People were supported to access healthcare services and receive on-going healthcare support as required. People we spoke with told us the staff looked after them well and made sure other professionals were involved in their care and support when needed. One person said, "I see the doctor and the chiropodist." Another person said, "I see the district nurse whenever it's necessary." People's relatives were involved when their family member was unwell. One relative said, "They [the staff] always let me know if [my relative] is seeing or has seen the doctor." Another relative said, "[My relative] always gets to see the community nurse regularly." Another person said, "They [the staff] call the opticians and chiropodist. They [the staff] always let me know when they have visited."

Is the service caring?

Our findings

We spoke with people who used the service and they told us the staff were very kind and caring. One person said, "I would recommend Rotherwood to others looking for good quality care and a warm welcome." Another person said, "I am completely satisfied with the care I receive." Another said, "The manager and the staff team show genuine care."

We spoke with people's relatives and we received positive comments about the care people received and the approach from staff. One relative said, "They [the staff] make sure every day is special for people and they know everyone so well." Another relative said, "The staff at Rotherwood are excellent. I never have to worry about my relative." Another said, "I like the home. It's always warm and clean. It's homely."

We observed people interacting with people throughout the day and found they were polite, friendly and caring in their nature. Staff knew people well and had a good rapport with them. Staff and people who used the service looked comfortable together and there was a lot of laughter and friendly banter.

People's relatives were welcomed in to the home in a friendly manner. Relatives were free to visit the home when they wanted to. One relative said, "Communication is great. They [the staff] always let me know if my relative is not well."

We saw staff treated people with dignity and respect. Staff knocked on doors and waited for a response prior to entering a person's room or the bathroom and toilet. We spoke with staff and they told us how they respected people. One care worker said, "I treat the home like I would anyone's home, with respect. I maintain people's dignity and I am respectful of their wishes." Another care worker said, "I always knock on doors before I enter and tell the person who I am. It's the most respectful thing to do."

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they told us they were involved in care planning and reviews. People felt they received personalised care which met their needs.

The registered manager had developed a new care planning system and had received good feedback from visiting professionals. We looked at care records and found they reflected people's current needs. For example, one person had a care plan in place to ensure correct care was provided while they were cared for from bed. This included pressure relieving checks and ensuring the person remained comfortable. Equipment had been sourced and was in use to assist with this, for example a specialist bed had been provided. Another person was at risk of falls and had a care plan in place to ensure staff minimised this risk. For example, a sensor mat and cushion was in place and the care plan detailed how to use them.

The organisation employed a dedicated activities coordinator. The range of activities was appreciated by most people. Events which took place included, coffee mornings, quizzes, bingo, table games and exercise classes. People also told us they enjoyed outside entertainers coming in to the home. One person said, "They [the staff] arrange some great entertainers to come in." Another person said, "They [the staff] ask what we would like to do. I am never bored." Another person said, "I like playing dominoes. We have right laugh."

The co-ordinator endeavoured to make the activities enjoyable and beneficial. People were involved in going on trips and outings. People said that they were currently involved in planning the Christmas events and were looking forward to them. We saw that regular meetings took place with people to discuss their needs and preferences. Each person had an activities record which highlighted people's involvement in activities and included an evaluation of whether the activity was enjoyed or not.

During our inspection we saw care workers were actively sitting with people and chatting. Staff looked for opportunities to interact with people.

Meeting people's religious and cultural needs was part of everyday practice. The registered manager recognised that religions have certain customs that needed to be respected. A range of pastoral visitors and church leaders visited the home. One person said, "The local priest comes to visit me on a regular basis it means a lot."

The provider had a complaints procedure which was on display in the main entrance of the home. People were encouraged to raise concerns and they were used to develop the service.

People we spoke with knew how to raise complaints and felt they would be acted on efficiently if they had to raise concerns. One person said, "The staff put a lot of effort into making things just right for us." Another person said, "I would see the manager about any concerns I had." One person who had raised concerns said, "I have complained and things are dealt with quickly."

We looked at records in relation to complaints and found the registered manager had appropriately dealt

with complaints received.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who was supported by a team of senior care workers. People we spoke with felt they could speak with the management team and felt they were approachable. People were complimentary about the way the service was managed and held the registered manager in high regard. One person said, "The new manager is absolutely wonderful. [Name of manager] gives you confidence." Another person said, "I have not been here long but the manager has worked so hard to make me feel at home."

We spoke with people's relatives and they also had positive comments about the management of the home. One relative said, "The manager and staff are always welcoming and are always available for any questions we might have." Another relative said, "The manager gives the staff so much encouragement." Another said, "All the management and staff are approachable."

A number of people said that the home had a homely atmosphere. The registered manager and the staff team were actively available during our inspection. We saw that people and their relatives knew the registered manager well and told us that they were always available.

The registered provider had systems in place to monitor the quality of the service. The registered manager completed several audits such as medication, infection control, catering, and managers walk round audit. We saw that the audit system identified areas which required action and contained recommendations to be met. For example, the infection control audit highlighted the need to re-organise the laundry area and we saw that some work had commenced in this area. The registered manager was working to resolve this issue. A recent kitchen audit highlighted that catering staff required training in one area and this was provided.

People who used the service told us they were encouraged to speak out at one to one meetings and filled in surveys about the quality of the service and care provided. From the meeting minutes we were shown and speaking with relatives and friends of people who used the service, it was clear that people's thoughts and ideas were acted upon. Relatives had every confidence in the manager.

The registered manager and staff team worked in partnership with other agencies to support care provision so that people received joined-up care. For example, the service worked well with professionals involved in hospital discharges where people were medically fit to be discharged but required additional support prior to returning home. One professional we spoke with said, "The staff are very helpful, sensitive and know how to manage people's needs. It's a calm relaxed environment for everyone." Another professional said, "The staff are knowledgeable and happy to assist. They are very good at settling people in to a new environment."