# Shaw Healthcare Limited

# Rotherlea

## Inspection report

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Date of inspection visit:
29 January 2019

Date of publication:
09 April 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

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|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# Summary of findings

## Overall summary

About the service:
• Rotherlea is situated in Petworth, West Sussex and is one of a group of homes owned by a national provider Shaw Healthcare Limited. It is a residential 'care home' registered for up to 70 older people who are living with dementia or frailty. At the time of the inspection there were 61 people living in the home. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:
• There were serious concerns about the care people had sometimes received and the provider's lack of oversight to ensure that appropriate improvements were made.
• Risk were not well-managed and there were concerns about people's safety.
• One person had not always had access to prescribed medicines to manage their health condition.
• Risks had not been considered for people. One person had experienced a serious scald.
• Staff sometimes lacked understanding about potential risks and about gaining people's consent.
• People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible. The policies and procedures in the home did not support this practice.
• The management of the home had changed since the previous inspection. They showed commitment and enthusiasm to implement the changes needed to improve the care people received.
• People were protected from abuse.
• People were protected by infection prevention and control.
• There were sufficient staff to meet people's needs.
• People told us that they were happy living at the home, that they felt well-cared for and safe.
• Staff were observed engaging and interacting with people in a kind and compassionate way.
• More information can be found within the full report.
Rating at last inspection:
• At the last inspection the home was rated as Requires Improvement. (Published on 27 November 2018). This home had been rated as Requires Improvement in the last three consecutive inspections. At this inspection on 29 January 2019, we continued to have concerns.
Why we inspected:
• This was an unannounced focused inspection to look at the key questions of Safe, Effective and Well-led. This was because at our last inspection, on 27 September 2018, the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action against the provider and gave them a date to meet the Regulations by. This inspection took place to check that improvements had been made and that they were now meeting the Regulations.

Enforcement:
• The provider had not met the Warning notices that had been issued following the previous inspection on 27 September 2018.
• We continued to have concerns.

• The overall rating for this home is 'Inadequate' and the home is therefore in special measures.
• Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.
• If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.
• For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.
• Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:
• We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated as Inadequate.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service was not safe<br>Details are in our Safe findings below | **Inadequate** |
| **Is the service effective?**<br>The service was not always effective<br>Details are in our Effective findings below | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not well-led<br>Details are in our Well-Led findings below | **Inadequate** |

# Rotherlea

**Detailed findings**

## Background to this inspection

The inspection:
• This focused inspection took place on 29 January 2019. 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:
• The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
• Rotherlea is a care home providing accommodation and personal care for older people living with dementia or frailty with associated healthcare conditions. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The home is registered for 70 people. There were 61 people accommodated in one adapted building, over two floors, which were divided into smaller units comprising of ten single bedrooms with en-suite shower rooms, a communal dining room and lounge.
• The home did not have a manager who was registered with the Care Quality Commission. A registered manager 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 management team consisted of the manager, who was in the process of applying to become the registered manager, a deputy manager and team leaders. An operations manager also regularly visited and supported the management team.

Notice of inspection:
• The inspection was unannounced.

What we did:
• We did not ask the provider to complete a Provider Information Return (PIR). This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
• We looked at information we held about the home including notifications they had made to us about important events.
• We reviewed information sent to us from the local authority and members of the public.

During the inspection:
• We spoke with seven people, one relative, five members of staff, a visiting healthcare professional, the deputy manager, the manager and the operations manager.
• We reviewed a range of records about people's care and how the service was managed. These included the individual care records and medicine administration records for nine people, seven staff records, quality assurance audits, incident reports and records relating to the management of the home.
• We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
• We observed the care and support people received as well as the lunchtime experience and the administration of medicines.

Inadequate

# Is the service safe?

## Our findings

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

People were not safe and were at risk of avoidable harm. Some Regulations were not met. People told us that they felt safe, however despite this, we found significant concerns about people's safety.

• At the last inspection on 27 September 2018, we asked the provider to take action to make improvements.
• This was because risks to people's safety were not well-managed.
• Risk assessments had not been completed until after an accident and serious injury had occurred.
• There was inappropriate storage of substances that had the potential to cause people harm.
• A Warning Notice was issued stating that the provider was required to meet the Regulation by 23 November 2018.
• At this inspection we continued to have concerns about the assessment of risk.
• One person did not always have access to one of their medicines when they needed it.
• There continued to be unsafe storage of substances that could cause harm.

Using medicines safely:
• People were at risk because staff had not always administered medicines safely.
• One person had Parkinson's disease. Due to an administrative error the person had gone without their medicines for five days. Once the medicines were reinstated these were not always given according to prescribing guidance. This could have led to a decline in their mobility.
• Most people told us that there had been no problems with their medicines. However, one person told us, "I know what tablets I need to take and when. The other day I noticed that there were three tablets being given to me that I don't usually take at the time they were given. I told the member of staff and they apologised stating that they had been distracted".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:
• The provider had not considered potential risks to people's safety.
• One person was living with dementia. They had been sleeping throughout the morning. Staff had not considered potential risks when giving the person a mug of hot soup. The person spilt the soup causing serious scalds to their legs which required hospital treatment and on-going support from community nurses.
• One person had experienced unexplained and unplanned weight loss. Staff had been provided with guidance but this had not always been followed. The person's weight had steadily decreased. They were at high-risk of malnutrition. Staff told us this had been discussed with the person's GP, however, it was not evident that this had happened. Plans to support the person to maintain a healthy weight were not always followed. There were no plans to identify if there were underlying reasons for the person's continued weight loss.
• The storage of thickening powders continued to be a concern. The potential risks of people accidentally ingesting the powder had not been considered.
• A West Sussex Fire and Rescue Service audit found that some people were at risk in case of fire. Continued

issues that had been identified as part of their previous audit, had not been addressed by the provider.

The provider had still not always assessed risks or done all that was reasonably practicable to mitigate such risks. They had not always ensured the safe and proper management of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection:
• There was mixed feedback about the cleanliness of the home. A relative told us, "My loved one's room is often in need of a clean".
• Some areas of the home required a better system of monitoring infection control standards. For example, toilets were not always kept clean.
• Overall the home was clean. A recent outbreak of infection had been managed safely and appropriate protocols were put in place to minimise the further spread of infection.

Staffing and recruitment:
• Staff had been recruited safely to help ensure they were suitable to work with people.
• There were sufficient staff to meet people's needs and they received help promptly.

Systems and processes to safeguard people from the risk of abuse:
• Staff knew how to recognise abuse and how to protect people from the risk of abuse.
• The provider had reported abuse to safeguarding when it was identified.

Requires Improvement

# 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.

• Following the last inspection on 27 September 2018, we asked the provider to complete an action plan to show what they would do and by when to improve the key question to at least good.
• This was because there were concerns about the management and oversight of Deprivation of Liberty Safeguards (DoLS).
• At this inspection there was better oversight and management of DoLS and the provider was no longer in breach of the Regulation.
• The effectiveness of people's care, treatment and support however, did not always achieve good outcomes or was inconsistent.
• Staff lacked understanding and were not working in accordance with the MCA.
• The assessment of people's needs and working in accordance with recommended guidance needs improvement.

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.
• Some people's relatives, who did not have the legal authority to be the sole decision-maker, had made decisions on people's behalf. For example, consenting to flu injections.
• Staff had not considered or assessed people's own ability to consent to this.
• 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 home 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.
• There were clear systems in place that showed when a DoLS had been applied for and authorised. Conditions associated to people's DoLS were clearly recorded and met.

Staff support: induction, training, skills and experience:
• Staff had undertaken training, however, we had concerns about their understanding. For example, they did not always identify or minimise risks. One person had not always had access to one of their prescribed medicines when they needed it. Decisions had been made on people's behalves without considering people's own abilities.
• People and relatives told us that staff had the appropriate skills and experience to meet people's needs. One person told us, "The staff are excellent, they know what they are doing and they do it very well".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
• There was a coordinated approach to people's healthcare.
• Feedback from a visiting healthcare professional was positive. They told us that staff were kind, caring and responsive when people were unwell.
• People told us that they had confidence that staff would identify when they were not well and contact the GP when needed.

Supporting people to eat and drink enough to maintain a balanced diet:
• People told us that they enjoyed the food. One person told us, "I can always find something I enjoy. The food is very good".
• One member of staff took time to sit with people and enjoy their lunch with them. This created a sociable experience and warm and positive interactions took place.
• A member of staff noticed that one person was experiencing difficulties eating their meal as the food kept slipping off their plate. A member of staff provided the person with a plate guard so that they were able eat their meal independently.

Adapting service, design, decoration to meet people's needs:
• People's needs were met by the design and layout of the home.
• One person told us, "I like the way the home is set out. I like to exercise by doing a circuit of the floor to help maintain my mobility. I like it that I don't have to turn around part of the way".
• People had their own rooms that they could use if they wanted to have their own space or wanted privacy to receive visitors.

Inadequate

# 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.

• At the last inspection on 27 September 2018, we asked the provider to take action to make improvements.
• This was because there were continued concerns that had not been improved upon since the last inspection on 14 and 15 September 2017.
• The provider's quality assurances processes had not identified the concerns found at the inspection on 27 September 2018.
• The home was rated as Requires Improvement for a third consecutive time.
• A Warning Notice was issued stating that the provider was required to meet the Regulation by 31 December 2018.
• At this inspection there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some Regulations were not met.

Planning and promoting person-centred, high-quality care and support; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:
• Since the last inspection on 27 September 2018, the registered manager had left. For a temporary period, a registered manager from one of the provider's other homes had provided management support to one of the deputy managers who has also since left.
• There was a new management team. The manager and deputy manager had worked at the home in other roles previously and were enthusiastic and committed to making improvements.
• The manager was in the process of applying to become the registered manager.
• The provider had not always identified the concerns that were found as part of the inspection.
• The provider had not identified that one person had not had access to their prescribed medicines.
• Despite being identified at the last inspection, thickeners had still not been securely stored.
• People's capacity had not always been assessed in relation to specific decisions relating to their care. People's relatives, who did not have the legal authority to be sole-decision makers, had made decisions on people's behalves.
• Assessment of risks to people's safety had not always been considered.
• There have been reoccurring themes throughout the provider's other services in relation to MCA and medicines management for people who are living with Parkinson's disease.
• The lack of understanding about MCA has been now been identified in nine out of 12 of the provider's services in the Sussex area.
• People's access to prescribed medicines when they are living with Parkinson's disease has now been identified in six out of 12 of the provider's other services in the Sussex area.
• The provider had not ensured that they improved through shared learning of the concerns being found at some of their other services.
• Staff were not always provided with guidance about people's healthcare needs.
• Records, to document staff's actions were not always completed in a timely manner, sufficient or

consistently maintained. For example, staff had not always documented discussions and agreed actions with external healthcare professionals. Food charts did not provide assurances that people at risk of malnutrition had been provided with fortified food. Records to document the support one person had received to minimise the risk of pressure damage were not in place.
• As some records were not always completed it was not evident if people had received appropriate care or if staff had failed to complete the required records.

The lack of robust quality assurance meant people were still at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. The provider had not always lessened risks relating to the health safety and welfare of people. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:
• Some people fed back that they had not always been kept informed of the management changes that had occurred at the home. One person told us, "I noticed a lot of management type people around lately and thought that the home was being sold. Nobody told me what was going on". This was fed back to the management team who showed us a letter that had recently been sent to people to reassure them and inform them of the new management changes.
• Regular residents' and relatives' meetings ensured that people could air their views and discuss any ideas or suggestions.
• There was good partnership working with external healthcare professionals and local authorities.
• Staff told us that they were involved and encouraged to make suggestions. One member of staff told us, "We had a staff meeting a few week ago. We got feedback and we put forward ideas about the Valentine's meal and activities".
• Staff were complimentary about the change in management and told us that they felt assured by the actions already taken by the management team.

How the provider understands and acts on duty of candour responsibility:
• The provider had complied with the CQC registration requirements. They had notified us of certain events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken.
• People and their relatives told us and records confirmed, that the provider had informed them when there had been changes in people's care.