

Derbyshire County Council

# Rowthorne Care Home

## Inspection report

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Date of inspection visit:  
23 November 2017

Date of publication:  
05 January 2018

### 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

Rowthorne Care Home provides accommodation, care and support for up to 40 older people. At the time of our inspection there were 38 people using the service.

At the last inspection on 9 May 2016 the service was rated as Requires Improvement and we found one breach of the regulations. After this inspection the provider wrote to us to say what they would do to meet legal requirements in relation to a breach in Good governance. We rated the safe and effective domains as requiring improvement. At this inspection we found the required improvements had been made and the service was rated Good overall.

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.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm. Risks to people were assessed and monitored regularly. The premises were maintained to support people to stay safe.

Staffing levels ensured that people's care and support needs were met. Safe recruitment processes were in place. Medicines were managed in line with the prescriber's instructions. The processes in place ensured the administration and handling of medicines was suitable for the people who used the service.

Systems were in place to ensure the premises were kept clean and hygienic so people were protected by the prevention and control of infection. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff who had received training and support to carry out their roles.

People were supported to maintain their health and well-being. Staff supported people to attend appointments with healthcare professionals. People were encouraged to eat healthily and staff made sure people had enough to eat and drink.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act 2005 and they gained people's consent before providing personal care.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

Staff had a good understanding of people's needs and preferences.

People were listened to; their views were acknowledged and acted upon. Care plans were focused on the person and their wishes and preferences. People and their relatives were involved in the assessment process and reviews of their care. People were asked about their wishes at the end of their life.

People were supported to take part in activities which they wanted to do, and encouraged to participate in events within the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

The service had a positive ethos and open culture and people were involved in decisions about changes. People, their relatives and staff felt confident to approach the registered manager and felt they would be listened to. Quality assurance systems were in place to monitor and review the quality of the service which was provided to drive continuous improvement.

## 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.

People were protected from abuse and harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The provider followed safe recruitment practices when employing new staff.

People's environment had been assessed to make sure it was safe.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

### Is the service effective?

Good 

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were involved in making their own decisions where they could. Staff asked people for consent before supporting them.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

### Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and compassion.

People were supported to be as independent as they wanted to be.

People were involved in making decisions about their support.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed with them. Support plans provided detailed information for staff about people's needs, their likes, dislikes and preferences.

There was a range of activities that people participated in and enjoyed.

There was a complaints procedure in place. People felt confident to raise any concerns.

### Is the service well-led?

Good ●

The service was well-led.

There was an audit system in place to measure the quality and care delivered and so that improvements could be made.

People had been asked for their feedback on the service they received.

Staff were supported by the manager. The service had a manager who was aware of their responsibilities.

# Rowthorne 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.

This comprehensive inspection took place on 23 November 2017 and was unannounced. The inspection was carried out 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service such as notifications, which are events which happened in the service the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During this inspection we spoke with eleven people using the service and four of their relatives. We also spoke with the registered manager, the deputy manager, two senior care staff, three care staff, the cook and a visiting health professional. We observed the interactions between people who used the service and staff.

We reviewed the records and charts relating to five people and two staff recruitment records. We looked at other information relating to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

At our last inspection on 9 May 2016 we rated Safe as requiring improvement. This was because people had not always received a pain gel they had been prescribed, medicines had not been disposed of within the manufacturers guidelines and guidance for when medicines were taken as required were not detailed. There were not enough staff deployed to meet the needs of people. At this inspection we found the provider had made the required improvements.

People received the support they needed to take their medication as prescribed. One person said, "I always get my tablets on time." Medicines management systems in place were clear and consistently followed. The registered manager had implemented processes to ensure medicines were disposed of when they had been opened for a period of time, and also to ensure all medicines had been given as prescribed. Staff could explain these to us. One staff member said, "I feel confident to give medicines. There are a lot of processes in place to make sure we get it right." Staff had received training in this area and been assessed and deemed competent to administer medicines. People had a Medication Administration Record chart (MAR) which included the person's picture and information about the medicines they took. People had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

There were enough staff to support people safely. However, people had mixed views about this. One person told us, "We could do with more [staff] because they are always busy." Another person said, "The girls are working their socks off." Staff told us they felt there were sufficient staff to meet people's needs. One staff member said, "There are enough staff on duty to meet the needs of the people who live here." The registered manager explained the staffing levels were based on the dependency levels of the people who used the service and were reviewed regularly. They told us they put one additional staff member on shift above what the dependency tool identified and the senior carer, deputy manager and registered manager were all available to support if needed.

The registered manager told us staff had tasks they completed and each shift was organised to ensure all jobs were completed and care needs were met. They told us they had tried to put additional staff on duty following our last inspection but this had meant some tasks had not been completed as there were too many staff and it was not as organised. A senior commented, "You can never have enough staff to please everyone. If you have the right staff on then everyone has a job and they do it: which is what we do. If someone is off sick we pull together." People's requests for support and call bells were answered promptly during our inspection. The rotas confirmed the staffing levels as described by the registered manager. Recruitment procedures were followed to ensure all staff were suitable to be working at the service.

People continued to feel safe with the support they were receiving. One person told us, "I feel very safe here." Staff told us they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would tell the seniors or [registered manager] and record it if I had any concerns." Staff knew how to raise whistleblowing concerns and one commented, "I would report it to either higher management or go to the local authority or you (CQC)." The registered manager was aware of their responsibility to report any concerns to the local authority and had done so.

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included people who were at risk of falls. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. One person commented, "They don't stop you doing anything but they will try and advise you if they are concerned. They take all kind of precautions." The assessments had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances.

People's environment had been assessed and appropriately maintained. Environmental risks had been assessed and were monitored to make sure people were protected as much as possible from avoidable harm. Checks on the building and equipment in use had been completed including fire safety checks and drills.

People were protected by the prevention and control of infection. The premises were kept clean. Regular monthly audits were completed including the environment, infection control procedures, COSHH, legionella and water checks. Staff had access to personal protective equipment such as gloves, aprons and hand gel available which they used during our inspection. Staff had completed training in infection control to improve their understanding.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Incident and accident forms were reviewed by the registered manager to ensure actions had been taken and in order to learn from any areas of practice that had gone well or not so well.



# Is the service effective?

## Our findings

People's care was effectively assessed to identify the support they required. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their needs. The registered manager told us they worked closely with health professionals to identify people's needs and training in these areas. This meant staff had understanding and training to meet people's needs in line with up to date legislation, standards and best practice.

Staff had the knowledge and skills to carry out their roles and responsibilities. One person commented, "The staff are marvellous. They'll do what they can for you." Staff were provided with appropriate support and training to enable them to carry out their roles. One staff member said, "I have done a lot of training. It is something they focus on here. It is good quality and I learn how to do my job from it." A second member of staff commented, "I did an induction. I started on nights so the manager rang me and arranged to meet me in the evening at the home. It was a useful for me to get to know how things worked." The registered manager explained staff had access to a variety of courses to enable them to develop their knowledge. They said they encouraged staff to develop themselves so they could progress. Staff had completed a range of training and refreshed this to make sure the information they had was up to date. This included training that was specific for the needs of people who used the service such as Dementia training to support staff to understand this diagnosis.

Staff told us that they were provided with regular supervision and felt well supported. One staff member said, "I have three or four supervisions a year. If I want to talk about anything in between I can just go to [registered manager]." Staff had received regular supervision and an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. One person told us, "The food is good." Another person commented, "I have had worse." A relative told us, "The food is always nice. If someone is not very keen, they are presented with other things. There is always an alternative." If a person had been identified as being at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being. Staff encouraged people to make healthy choices. There was guidance for staff in relation to people's dietary needs and the support they required with eating and drinking in their care plans. The cook had information about people's dietary needs and how to meet these.

People were supported by staff to use and access a wide variety of other services and social care professionals. Reviews were held with people and professionals who were involved in their care. These included meeting with their GP, practice nurse and district nurse. This helped to promote good communication resulting in consistent, timely and coordinated care for people. Input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People told us staff supported them in a timely manner with their healthcare needs. People's medical history and current health needs were documented in their care plan. A member of staff told us, "If we have any concerns we will always speak to the GP or health professional involved to make sure it gets resolved." On the day of our inspection a health professional was visiting the service and saw a number of people. They

told us, "Some of my colleagues come here regularly. Staff know what people need and are available to support us. I do not have any concerns."

People's diverse needs were met by the adaptation, design and decoration of premises. For example, we saw that there were a number of communal areas where people could choose to spend their time. These included the entrance hallway where people chose to greet visitors to the home. The registered manager told us most people chose to spend time in the lounge closest to their bedroom however some people preferred to go to other lounges to sit with their friends. People's visitors could access a kitchenette and have access to a private room if they wanted this. The environment was in the process of being decorated. A number of bathrooms had been recently redecorated and were designed to enable people to have full access to them even if they had problems with their mobility. The registered manager told us other changes were planned and these had been designed based on good practice guidelines for people living with dementia to meet the needs of people who used the service. Signs were available around the service to clearly direct people and inform them where they were.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their roles in assessing people's capacity to make decisions. People told us they were asked about consent to care and treatment and about decision's relating to their care. If a person did not have the capacity to make a specific decision a capacity assessment had been completed and a decision had been made in their best interest in line with the MCA. Applications for DoLS had been submitted where appropriate. If a relative had the legal authority to make decisions on behalf of their family member the documentation for this had been seen, which is good practice.

## Is the service caring?

### Our findings

People continued to receive good care from staff who knew them well. They had developed positive relationships over time as they saw the same staff on a regular basis. One person said, "They certainly do care." A relative told us, "The staff are very caring towards [relative]." During our visit staff spent time talking with people and reassuring them if they were unsure about anything. They spoke in a respectful tone and did not rush their speech, giving people time to respond. The staff members had a good rapport with people and knew all about their likes and dislikes when speaking with them.

People were treated as individuals and had care plans which were focused on them. People told us that they were encouraged to express their own wishes and opinions regarding their care. Information in people's care plans included their likes, dislikes and history. People had been asked for this to enable the staff to provide care in the way they wanted it. One staff member commented, "When you know people as well as we do it really helps you to care for them how they want to be cared for." There was information about advocacy services available for people in case they wanted the support of someone to help them to make decisions about their care.

People had been asked if they had any specific cultural needs, personal preferences, religion or ethnic background they followed that needed to be considered as part of their care. This was important to ensure staff knew about people's beliefs and supported them to follow these.

Staff told us they always tried their best for the people they supported, as they wanted them to receive good quality care. One staff member said, "I enjoy my role. I think we do a good job and we are here for the people." The registered manager told us having staff with the right values and skills was important. They used the interview process to highlight prospective staff member's values and attitudes to ensure they matched the values that were at the heart of the service.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain about the care and support people needed. Staff actively involved people in making decisions and asked them what they would like. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were able to comment about their care and the support they received through regular reviews, resident's meetings, informal discussions, comments cards and surveys sent out by the provider.

People's relatives were encouraged to visit and made to feel welcome. A relative told us, "I am made to feel welcome and the staff are approachable." The visitor's book showed people visited throughout the day and at different times.

The privacy and dignity of each person was respected by all staff and people we spoke with confirmed this. A relative commented, "[Person's] dignity is respected." Staff knocked on people's doors before entering, and

care plans outlined how people should receive care in a dignified manner. The registered manager told us they had achieved the dignity in care award in July 2017 and were very proud of this. Staff understood about confidentiality and had received training in this. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

## Is the service responsive?

### Our findings

People were supported to follow their interests and take part in social activities. One person said, "I have done some colouring today." They were happy to show us their picture. A relative of another person was visiting. They had a conversation about people who enjoyed colouring and said their art work was displayed in their room. The activities co-ordinator offered a range of activities which were individual, group activities or trips out. One person commented, "I went to the Christmas market yesterday. I brought some presents for my grandchildren. It was a nice trip." There was a plan of activities for the month displayed on the wall so people knew what was available. These included visiting a pantomime, a bus trip, a Christmas party, a carol service and Christmas jumper day. People were also offered activities such as arts and crafts, nail painting and dominoes. Pictures from activities people had participated in were displayed around the home.

Staff were actively involved in supporting people to engage, promote and build key relationships with family and friends outside of the service. The registered manager explained how they were working to promote links with the local community groups. This included the Girl Guides visiting to sing in December and the local church visiting to hold a service. Records showed family members were encouraged to be involved in activities and support staff with these to enable more people to go on trips. This allowed people and their families to participate in their local community and events which were taking place.

People were encouraged to be as independent as possible. One person told us they were involved in feeding the fish, winding up the clocks and changing the date on the calendar. Care plans identified what people could do for themselves. One staff member told us, "I try to get people to do what they can on their own. It makes them feel good."

People's needs were fully assessed either prior to admission or as part of a planned discharge from hospital where people's needs were assessed at the service. This was so a comprehensive care plan could be developed which met their needs. As part of the pre-admission process, people and their relatives were involved to ensure staff had a good insight into people's personal history, their individual preferences and interests. Care plans were focused on the person and included their preferences, communication and support needs. For example, a member of staff described how one person became confused in the morning and the actions they took to reassure the person.

People and their relatives were involved in the assessment and planning of their care through review meetings. Reviews had been held with the person, their relative and their social worker to consider what the person had achieved and if any changes were required to their care. Throughout our inspection we observed staff supported people in line with the guidance in their care plans.

People had been asked about their wishes at the end of their life. People had a care plan in place to record what they wanted to happen when they reached the end of their life. This took into account wishes and preferences and was focussed on the person having a dignified death in line with their wishes.

The service looked at ways to make sure people had access to the information they needed in a way they

could understand it, to comply with 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. The registered manager told us information was available in large print or other formats if people wanted this. A hearing loop was in place if this was needed. The menu was available in a pictorial format to make it easier for people to make choices.

People we spoke with knew how to report any concerns. There was a complaints procedure in place and this was displayed in the entrance to the service. One person told us, "I know how to make a complaint and I would be happy to do so if needed." There were procedures in place to deal with complaints effectively. All complaints had been dealt with in line with the provider's policy.

# Is the service well-led?

## Our findings

At our last inspection on 9 May 2016 the provider was not meeting the legal requirements and was in breach of Regulation 17; Good governance. We required the provider to make improvements and they submitted an action plan setting out what they were going to do.

At this inspection we found the provider had met the legal requirement.

The quality of care was regularly monitored and continuous improvements made to ensure sustainability. Audits were carried out and included infection control practices, medication, environmental checks, care plans, daily records and health and safety. Where areas required attention actions had been taken. For example following our last inspection the registered manager had increased staffing levels and provided more staff than was deemed necessary by the dependency tool which was used. They explained they reviewed staffing levels each shift to ensure there were enough staff deployed to safely meet the needs of people using the service.

Following the last inspection an action plan was put in place to address the concerns we identified. The registered manager told us this had been continued as a way to drive continuous improvement in the service and learn from the experience. They explained they had worked to ensure the systems in place were effective and identified areas of concern so these could be addressed. The registered manager met with other managers from the provider in order to share good practice and learn from each other. Minutes from the meeting showed people had discussed what was working in their services and this had been developed to share good practice.

The service had a registered manager and they were supported by a deputy manager. We received positive feedback about how they managed the service. One person said, "I am happy living here. I like it." A staff member told us, "The place is run so well. [Registered manager] knows what they are doing." People and their relatives felt the registered manager was usually approachable and listened to what they said. A relative commented, "I am very happy to talk with [Registered manager]." However, another relative told us they did not see the registered manager very often. Staff told us that the registered manager and senior staff were approachable. One member of staff said, "I feel valued by [Registered manager]. They listen and support us."

The service had an open culture where people had the opportunities to share information and be involved in the running of the service. One person said, "We are asked for our opinion if they are buying anything for the home." There was an amenities panel which included people who used the service and relatives. They were involved in decisions about expenditure. Residents and relatives meetings had been held regularly. One person said, "We have regular meetings. Nobody turns up though." The registered manager had held meetings each month to give people the chance to attend and discuss the service they received. Actions from the meetings were recorded and targets set to complete these by. These included changes to the menu based on feedback from people including one person who wanted curry. This was provided for them on a regular basis.

Surveys were sent out to relatives, people who lived at the service and professionals who visited each year. They had been completed in January and August 2017. People had said they did not want to have one big dining room but would prefer smaller dining rooms. In response to the feedback changes were made to the dining room and people were given three new dining areas.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues. One staff member told us, "We get asked for our feedback and things change a result. I feel listened to and valued." Meetings had been held with staff members and these included discussion and learning from events within the service. Minutes of meetings showed information had been shared with staff including discussions about good practice.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, accidents and fire safety.

There were internal systems in place to report accidents and incidents and the registered manager investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service and on their website.