

The RAF Association (RAFA)

# Rothbury House Hotel

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 16 December 2015 and was unannounced. This meant that the provider and staff did not know that we would be visiting.

We carried out an inspection in April 2014 and found they were not meeting the regulation relating to medicines management. We undertook a follow up inspection in August 2014 and found that improvements had been made and the service was meeting this regulation.

Rothbury House is run by The Royal Air Force Association (RAFA) to provide short welfare breaks for people who serve or have served with the Royal Air Force (RAF). It provides personal care for up to nine people. Nursing care is not provided. The service also operates as a hotel for other RAF personnel who do not require personal care during their stay.

The service had its own mini bus and was able to collect people or take them home following their stay.

There were two people using the regulated service and seven 'guests' staying at Rothbury House Hotel at the time of the 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.

People and others with whom we spoke were extremely complimentary about the service and staff. The secretary of the local MS Society said, "The standard of care is fantastic – I have been all over and been in the hotel business and catering for over 30 years and I couldn't fault anything" and "When people arrived outside the hotel there was a oohh, then when they got in there was a ooohhhh and then after they had stayed there was a wacking great big WOW!" Everyone we spoke with described the care as "outstanding." They explained how staff went "above and beyond" to meet their needs. This included ensuring they were safe when they returned home. They also said that their privacy and dignity was promoted. Mobile bath hoists were available which fitted in people's en suite baths and meant that people could bathe in the privacy of their own bathroom.

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. We saw that the building was extremely clean and well maintained. Medicines were managed safely and systems were in place for people to deal with their own medicines.

Staff told us and our own observations confirmed that there were enough staff to meet people's needs. Safe recruitment procedures were followed. There was a training programme in place. Staff were trained in safe

working practices and to meet the specific needs of people who lived at the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals."

There was no evidence that assessments had been undertaken to check whether people's plan of care would amount to a deprivation of their liberty.

There was a DoLS procedure in place; however, there was no MCA policy or procedures in place to inform staff how they should assess people's mental capacity, if there were any concerns about their ability to make decisions for themselves. In addition, with the exception of the registered manager, staff had not yet undertaken MCA training.

People were supported to receive a suitable nutritious diet. We looked in the kitchen and food storage areas and observed that there was a wide variety of fresh fruit and vegetables. There was a range of drinks available. This included tea and coffee and apple, orange and tomato juices. At night, wine was served with the meal. There was also a bar, which people told us was appreciated and enjoyed.

Feedback was obtained from people in the form of surveys and complaints were recorded. Accidents and incidents were documented, reported and analysed. We noted that feedback and accident analysis was carried out for all people who stayed at Rothbury House Hotel including those who did not receive any care. This meant it was difficult to separate specific information and analysis which related to the service regulated by CQC. The registered manager told us that the provider was aware of this issue and this would be addressed.

The registered manager carried out a number of audits and checks to monitor all aspects of the service. Staff told us they enjoyed working at Rothbury House Hotel and morale was good.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the need for consent. The action we have told the provider to take can be found at the back of the report.

## 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 told us they felt safe. There were safeguarding procedures in place.

We found the premises were extremely clean and well maintained. Medicines were managed safely and systems were in place for people to deal with their own medicines.

People, relatives and staff told us there were enough staff to meet people's needs. This was confirmed by our own observations. Safe recruitment procedures were followed.

### Is the service effective?

Requires Improvement 

Not all aspects of the service were effective.

There was no evidence that assessments had been undertaken to check whether people's plan of care would amount to a deprivation of their liberty.

There was a DoLS procedure in place; however, there was no MCA policy or procedures in place to inform staff how they should assess people's mental capacity, if there were any concerns about their ability to make decisions for themselves. In addition, with the exception of the manager, staff had not yet undertaken MCA training.

Staff told us that they felt well supported and supervision and appraisal arrangements were in place.

People's nutritional needs were met and they were supported to access healthcare services.

### Is the service caring?

Outstanding 

The service was extremely caring.

People, relatives and visitors told us that staff were exceptionally caring and described the care as "outstanding." People received care from staff who were consistently extremely kind and

compassionate.

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

People told us that they were involved in all aspects of their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

There was an emphasis on meeting people's social needs.  
People had full access to the local community.

Care records were concise and documented people's likes and dislikes so staff could provide personalised care and support.

There was a complaints procedure in place and people knew how to complain. Feedback systems were in place to obtain people's views.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager carried out a number of audits and checks to monitor all aspects of the service.

Staff told us that they enjoyed working at the service and morale was good.

Feedback systems and accident analysis was carried out for all people who used the service. The provider was going to separate this feedback and analysis to ensure that it was specific to the regulated service.

# Rothbury House Hotel

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. We visited the service on the 16 December 2015. The inspection was unannounced. This meant that the provider and staff did not know that we would be visiting.

We displayed a poster to inform people and visitors that we were inspecting the service and inviting them to share their views.

We spoke with two people who were receiving care at the time of the inspection. We also spoke with five 'guests' who were staying at Rothbury House Hotel and were not receiving care. Two of these guests were relatives of people who were receiving the regulated service.

We contacted another person who used the service by phone following our visit. We also spoke with a tenant from the neighbouring sheltered housing accommodation and phoned the secretary of a local MS Society [Multiple Sclerosis]. She had organised trips for people with MS and other neurological conditions to visit Rothbury House Hotel.

We spoke with the registered manager, the deputy manager, two team leaders, a care worker and an honorary welfare officer. We examined two care plans and two staff recruitment files. We also looked at information relating to training for all staff. In addition, we checked records relating to the management of the service such as audits and surveys.

We consulted with a Northumberland local authority safeguarding officer and a local authority contracts officer. We also spoke with a care manager from the local NHS Trust and a best interest's assessor from Northumberland local authority's Deprivation of Liberty Safeguards team. We used their comments to support this inspection.

We did not request a provider information return (PIR) prior to the inspection due to the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

# Is the service safe?

## Our findings

People told us that they felt safe. One person said, "It's safer than the bank of England here." We spoke with a local authority safeguarding officer who informed us that there were no organisational safeguarding concerns with the service.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected. They told us that they had not witnessed anything which had concerned them.

The building was set out over four floors with access to all floors via stairs and a passenger lift. As the service also operated as a hotel for RAF personnel, there were a total of 20 rooms. All of these rooms had en suite facilities.

People were complimentary about the premises. One person said, "It's pure luxury here." They also praised the gardens which were extensive and led down to the river Coquet. One person said, "Look out there, and see what marvellous views we have."

People informed us that the environment was extremely clean. We observed this when we walked around the service. The service had been awarded the highest food hygiene rating of 5 by the local authority's environmental health department. Hygiene ratings show how closely the business was meeting the requirements of food hygiene law.

Infection control procedures were followed. Gloves and aprons were available to reduce the risk of cross infection. We spoke with an infection control practitioner from the local NHS Trust. She spoke highly of the registered manager and staff and infection control procedures at the service. She told us, "[Name of manager] is excellent. They work well with us."

We read the minutes of a recent staff meeting which was held in October 2015. The registered manager had reminded staff of the symptoms of the Norovirus. He had stated, "Be aware that we are approaching Norovirus time of year. Anyone with symptoms of vomiting or diarrhoea should be isolated immediately and remain so for 48 hours after their final outbreak. We have colour coded mops and buckets and a steam cleaner to kill the virus on carpets. Remember cleaning up is not sufficient in itself. Two cases constitute an outbreak."

We noted that a number of checks had been carried out to ensure that the premises were safe. This included, gas, electrical and water temperature and quality tests. Fire safety checks had also been undertaken. No concerns were noted

We observed that the service had equipment necessary to assist people with moving and handling. This included mobile and fixed ceiling hoists and electric scooters. The manager told us that before a person was given the use of an electric scooter, an assessment of the person's ability was carried out to ensure their



safety whilst using this equipment both inside and outside of the service.

Risk assessments were in place for risks relating to individuals and those relating to general work practices and the premises. This meant that information was available to inform staff what actions needed to be taken to minimise risks and avoid harm.

We checked medicines management. There was a safe system in place for the receipt, storage and disposal of medicines. We found that appropriate arrangements were in place to confirm people's medicines requirements were available on admission to the service. We looked at one person's medicine administration record and noted that it was completed accurately. Systems were in place for people to deal with their own medicines.

All medicines were stored securely in a locked cabinet. A medicines refrigerator was also available for those medicines which needed to be stored below room temperature. We saw that documentation was in place to fully record any medicines returned to people, or sent to the pharmacy for disposal.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to starting work at the service to help ensure that staff were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a police report which details any and all offences the police have on their system against a specific person. They help providers make safer recruitment decisions. People spoke positively about the attributes of staff. One person said, "They must hand pick the staff – they are all excellent."

People, relatives and staff did not raise any concerns about staffing levels. We saw that staff supported individuals in a calm unhurried manner. Staffing levels were flexible and based on the needs of people who were staying at the service.

## Is the service effective?

### Our findings

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 when this is in their best interests and legally authorised under the MCA. The application 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. The registered manager said that most individuals had the capacity to decide to come to Rothbury House Hotel and make their own decisions. They stated that because most people had capacity, he had not submitted any DoLS applications to the local authority to authorise. We noted however, that there was no evidence that assessments had been undertaken to check whether people's plan of care would amount to a deprivation of their liberty.

The registered manager explained that they did not provide care for people with advanced dementia. However, on occasions, people with a dementia related condition did stay at the service. We read that one person with a dementia related condition had stayed at the service. They required supervision when going out into the local community. This person however, had left the building unaccompanied and walked into the village by themselves. The registered manager explained that unfortunately they were unable to meet this person's needs and alternative arrangements had to be made.

There was a DoLS procedure in place; however, there was no MCA policy or procedures in place to inform staff how they should assess people's mental capacity, if there were any concerns about their ability to make decisions for themselves. In addition, with the exception of the manager, staff had not yet undertaken MCA training. The registered manager told us that he would address this issue.

This was a breach of regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Need for consent.

People informed us that they considered that staff were well trained. Comments included, "They are all trained and extremely helpful," "Oh yes, they know what they're doing," "They all have caring qualifications" and "They have all been there a long time - when staff don't leave I think that says something about a place."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. The registered manager provided us with information which showed that staff had completed training in safe working practices. This included safeguarding adults, health and safety, first aid and moving and handling. Staff had also completed training in dementia care and Multiple Sclerosis and senior staff had undertaken diabetes training.

Staff told us that they felt well supported. We noted that regular staff supervision sessions were held and an annual appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements

We checked whether people's nutritional needs were met. We spent time with people over the lunch period. A menu was provided on each table. We noticed that if people did not like the main choice, there were alternative options from which people could choose.

We looked in the kitchen and food storage areas, and observed that there was a wide variety of fresh fruit and vegetables. There was a range of drinks available. This included tea and coffee and apple, orange and tomato juices. At night, wine was served with the meal. There was also a bar which people told us was appreciated and enjoyed.

The cook was knowledgeable about people's needs. We saw that she was able to cater for a range of special dietary requirements including diabetic, gluten free and low fat diets.

People told us that staff supported them to access healthcare services. People confirmed that individual health needs were identified and met during their short stay. One person said, "They got the doctor out when I became unwell. They were very good to me."

The design and décor of the premises met people's needs. There was a range of communal areas including a main lounge, television lounge, dining room, conservatory, licensed bar, bathrooms and toilets. The premises had been adapted to meet the needs of people with physical impairments. Electronic control buttons were fitted which opened the door's when pushed. This made movement around the service easier.

## Is the service caring?

### Our findings

People told us that staff were extremely caring, their comments included, "They are all outstanding. It's in their nature to be caring," "I became unwell during my stay and they looked after me day and night," "They're so kind, they have something – a quality that you want," "My mobility went and I hadn't been out on one of the trips for two weeks and [name of staff member] noticed this and organised for me to go out to my favourite place – Newbiggin. [Name of staff member] when we stopped, got out the hot chocolate and marshmallows – it was lovely. It's the little things like that that make a difference," "If you're frightened you're in the right place here. I had someone sit with me for most of the night, sitting and talking with me. It helped me relax and I eventually went to sleep," "They are proper human beings here, they actually care about you," "They are golden – they have marvellous hearts" and "You're like an old friend here."

We spoke with the secretary of a local MS Society. She organised holidays at Rothbury House Hotel for people who had MS. She was very positive about the service. Her comments included, "It's the little things they do. When we arrived, one lady at lunchtime asked whether they had any decaf tea, they didn't, but the next day at breakfast there was the decaf tea, they had gone out especially to get it. They are very aware of people's likes and dislikes, "One of our lady's is quite bad and she always has her head down, after 24 hours, there she was with her head up laughing," "We were thoroughly spoilt - on one of the trips we had little bottles of Rosé [wine] and boxes of chocolates – they are so thoughtful" and "You can't see the care, it's seamless and the place does not look clinical."

We spoke with a health care professional who said, "The staff are wonderful – very caring. If only everywhere was like Rothbury House. I personally think they are outstanding." The honorary welfare officer told us, "They are excellent and exceptional – so caring... There's another person who goes... Their circle of friends are dwindling. They go up there to have their social batteries recharged... They allow another person to take their little dog. It's a little poodle very well behaved and very important to them, which they understand."

We spoke with a tenant from the neighbouring sheltered housing accommodation. She said that tenants from this development were always welcome at Rothbury House Hotel. She said she often visited on an evening to listen to the entertainment or joined people for lunch. She said, "They are very caring. I've seen them go up and provide comfort to people who are upset because they have recently lost their husband or wife. That's the thing they do – they are so caring." This was confirmed by the registered manager who said, "We try to involve them [tenants from the neighbouring sheltered accommodation] in the life of the House [Rothbury House Hotel]."

We spoke with staff who confirmed that providing emotional support was equally as important as the physical support they provided. We talked with the driver who said, "There was person who had recently been bereaved and this was the first time they had stayed since their bereavement. We went out on a trip to a shopping mall and they said, 'Would you mind if I stopped on the bus?' I said to them, 'Well, do you mind if I just sit with you?' I didn't want to leave them alone, so we sat and had a chat. Invariably they off load, we ask open questions about how they are managing at home – are their social circumstances alright? Do they need care? It's just the little things you have to watch out for, like are they alright with the cooking, or their

wife may have always done the washing up. Losing someone – it's a hard adjustment to make and we have to be there for people." People explained that the emotional support that they received was "excellent" and "second to none." One person said, "It's like being around your family when you come here."

We read a compliment which had been received following the death of one person who used the service. This stated, "It was a very kind gesture for Rothbury House to host the reception afterwards [funeral]."

We saw positive interactions between staff and people. One person blew kisses to a staff member as they came into the dining room; the staff member smiled and blew kisses back. There was much laughter when another person got out a small puppet called Twinky who was over 80 years old. People and staff listened intently as she put on an impromptu puppet show, recreating the time when Twinky met the Duke of Edinburgh!

People explained that staff, "went the extra mile." One person said, "Due to my mobility, I hadn't been out so [name of staff member] said 'Would you like [names of staff] to take you out on the scooter?' I had been feeling quite down, but when I went out I have never laughed as much. [Name of staff member] walked on one side of the scooter to make sure I was alright and we passed a shop and because of the scooter I couldn't go in. But [name of staff member] noticed this and said, 'Don't worry; I'll go in for you.' So in he went and came out with a variety of long sleeved tops for me to choose from – I ended up buying two!"

Staff explained how they ensured people's needs were held at the forefront of everything they did. One staff member said, "I never get tired of working here with all my lovely guests" and "I always think that we are so lucky to have them [guests]. People come through that door with their arms open for a hug. We are a family and we are welcoming these people into the family." Other comments included, "We pride ourselves in the job we do. We treat our guests the way we want to be treated or the way we would treat our loved ones," "We bend over backwards to make our guests feel special," "If it's not good enough for your family, it's not good enough for our guests," "All the time you are thinking what can I do to make the guests happy," "We have a hairdresser who comes in – all these little things like getting your hair done makes them feel better... Entertainment is also very important and we have lots going on here. I always think if you're laughing – it's quality of life and you feel better. Everyone has a quality of life – you just need someone to help bring it out."

People were not only complimentary about the care staff, but also other members of the staff team including the maintenance staff, driver, cooks and housekeeping staff. Comments included, "The young gardener is so lovely" and "All of them care, from the cleaners to [name of registered manager] are fantastic." One person told us that she had not been well during her previous stay and said, "[Name of registered manager] phoned me up after I got home just to check I was alright, he's very caring." One person told us, "When I was there last time, I had gone off my food and the cook came to my room and said, 'Can I make you something that you will eat and enjoy – whatever you want?' I told her that I would like carrots, mashed potatoes and gravy and she made this especially for me – they are just so kind."

People told us that staff were very considerate when collecting them from where they lived or taking them home. Comments included, "They take me right in, [name of staff member] gets me settled into my recliner chair and has a coffee and makes sure I'm alright before he leaves" and "There's never any leaving you at the door step and letting you get on with things, they come in and make sure I'm alright. All of them have such a friendly manner." We spoke with the driver who said, "If I am taking people home, you build up a rapport. It's when you pick them up you notice certain things – are they coping alright? How is the house? Are they coping by themselves? There has been a couple of times, where and I have found that people are not coping reported this [to the manager] where they need more support... Taking them home, it's knowing the little things like where they want their luggage put. Do they want their luggage on a chair if they have

mobility problems and can't bend over, or do they want their bags taken upstairs if they are more independent, or sometimes they want them left next to the washing machine – you get to know." He also said, "If I know they are on their own, I'll stop at the shops and get some milk and bread." This was confirmed by one person who said, "They are very good, if I need anything, they will always stop off on the way home."

People explained that staff promoted their privacy and dignity. One person said, "They are so good, they never make me feel like a silly old woman – all embarrassed. They're kind, thoughtful and always respectful." Other comments included, "They never come in without knocking," "I've never had a shower like I have at Rothbury House. They have a knack of making you feel alright" and "Sometimes I can't move because of these strange muscle contractions and sometimes it happens when I'm on the toilet and they will just stick their heads around the door and say 'Are you stuck?' and just treat you as normal." Another person said, "One day I had a little accident [urinary incontinence] and I was so embarrassed, but the carer said, 'Don't be embarrassed that's what we are here for, I'll sort out your clothes if you give them here.' The next morning without any fuss, there was a bag of cleanly washed and ironed clothes placed quietly behind my door. Not for one moment did they make me feel embarrassed, they treat you like a mother."

People said that they could choose whether they wanted a male or female member of staff to support them. One person said, "They asked me whether I wanted [names of male care workers] to take me into Rothbury. I was a bit unsure, but was so pleased I said yes because I had a fantastic time."

Staff gave us examples about how they ensured people's privacy and dignity were promoted. One member of staff said, "We always have to make sure people's needs are met with dignity. Like if we are going on the bus somewhere and a person is blind, you don't want to be patronising, but you want to make sure that they are aware of what is going on, so you describe things... One person that stayed recently has Parkinson's disease and they get very embarrassed when eating and drinking in front of people. So I always make sure they are on the bus in plenty of time before the others get on so I can give them their medication in private so they don't feel conspicuous."

Equipment was available to promote people's privacy. Mobile bath hoists were available. These fitted in people's en suite baths and meant that people could bathe in the privacy of their own bathroom.

Staff said that they always involved people in their care. One staff member said, "We involve our guests in their care and everything to make sure they have a good experience here." People told us that their views were always sought and they were involved in how they wanted their care delivered. People's comments included, "We are always asked what we want to do while we are there" and "We fill in a questionnaire after we leave – mind you, it's all very positive – there's nothing they can improve on." We spoke with the honorary voluntary welfare officer who told us that following people's stay at Rothbury House Hotel, he phoned people to ask how their stay had been. He stated that most of the feedback he received from people was positive. He said he contacted the manager with any comments which required attention.

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs. Comments included, "Whatever I want, they get for me," "They got the doctor out when I became unwell," "The bed was the wrong way round in the room and they noticed that and when we came back to the room they had changed it all around to make sure everything was right for us" "They know what you want before you even ask for it" and "They are fantastically responsive." The secretary of the local MS Society said, "They organised for a district nurse to come in when needed."

We spoke with a health and social care professional who said that staff provided a responsive service. She said, "They always contact us if there are any concerns, they are responsive."

Staff were able to provide examples about how they were able to respond to people's needs. This was confirmed by records we viewed. Staff explained that one person visited Rothbury House Hotel who had skin damage. A care plan had been written to promote healing. We read the person's daily progress records and saw that the person left the service with their skin intact. The registered manager told us that they shared this care plan with the person's relative and domiciliary care provider when they left the service to help ensure there was no further skin damage. The registered manager informed us that he was looking into using body maps to record more accurately people's skin condition when they arrived and left Rothbury House Hotel.

We read a compliment which had been received. This stated, "The demonstration of basic nursing principles to get his leg ulcers to heal was simply exemplary. I thought it was wonderful."

Preadmission assessments were carried out. The honorary welfare officer said that he sometimes carried these out if people required financial assistance with their stay. The registered manager told us that staff at the home always contacted the person prior to their stay to make sure that they could meet their needs. He said that people all over the country accessed the Hotel. However, this meant that they were reliant on people being honest and telling staff whether they had any care needs and providing information about any health conditions. He explained that sometimes people and relatives did not always provide full information about people's health and needs and it was not until people arrived at Rothbury House Hotel that their full needs could be assessed. One person had recently stayed at the service who had diabetes and staff had not been aware of this health condition until they arrived. Another person had advanced dementia and staff were unable to meet their needs. Information from people's GP's was not routinely obtained unless people required support with their medicines. The registered manager informed us that he would look into contacting people's GP's before they arrived to ensure that the service was fully aware of people's health.

We looked at two care files and saw that both had a plan of care in place. This plan aimed to maintain the individual's welfare and helped ensure that all aspects of the person's health were maintained. We noted that the care plan details for each individual were brief but concise. The registered manager explained that the brevity of the care plans were a reflection of the short time people spent at Rothbury House Hotel. We saw that these plans were updated each time people returned for subsequent stays at Rothbury House

Hotel. Staff were required to sign these at the beginning of each shift to indicate that they had read them. The registered manager told us, "I am keen that staff are aware of the ebb and flow of our care guests and any conditions they should be aware of like if they have a UTI [urinary tract infection]."

People informed us and our own observations confirmed, that there was an emphasis on meeting people's social needs. The service had its own mini bus. We noted that trips into the local community were organised. These included trips into the local countryside, shopping centres and places of interests such as a local lifeboat station, a Victorian house and gardens and a colliery museum. We spoke with the driver who told us that if the weather was too bad, he came up with different ideas to involve and occupy people's attention. He said, "I used to be the chef, one day I sat and made scones with everyone. They all got clarty [messy] but it was a laugh."

The registered manager told us and records confirmed that the service had a complaints procedure. We noted that the procedure was included in an information pack which was available in each person's bedroom. The complaints policy and procedure clearly identified the people who had been nominated within the company to manage and investigate complaints. It confirmed the expected timescales for responses and advised people of the process if they were dissatisfied with the outcome. One complaint had been received. Records were available of the investigation process and outcome.

The registered manager told us and records showed, that questionnaires were given to people following their stay. One person told us, "I always tick the top [highest rating] box, but it seems inadequate for what they do." The honorary welfare officer told us that he contacted people following their stay to find out their views. He stated that any feedback which needed to be addressed was passed to staff at the service to be actioned.



## Is the service well-led?

### Our findings

There was a registered manager in place. People and staff spoke positively about him. One person said, "He is lovely, he always comes around to make sure I'm alright." Staff informed us that they felt well supported by the manager. One staff member said, "[Name of manager] is very good as a manager." Other comments included, "He is the kind of manager that you want to do your best for" and "You always feel you can go to him with anything. He's very approachable."

The registered manager carried out a number of checks to monitor the quality and safety of the service. These included health and safety, care plans and medicines audits. Action was taken if any deficits were found. We noted that information on allergies had been collected and published at the service for people in case they had any allergies and sensitivities to any ingredients.

Feedback was obtained from all people in the form of surveys and complaints were recorded. Accidents and incidents were documented, reported and analysed. We noted that feedback and accident analysis was carried out for all people who stayed at Rothbury House Hotel including those who did not receive any care. This meant it was difficult to separate specific information and analysis which related to the service regulated by CQC. The registered manager told us that the provider was aware of this issue and this would be addressed.

Most of the feedback was extremely positive. We noted however, that it was not always clear what actions had been taken following feedback. We read that one person had written on their questionnaire, "Staff name badges are too small to read." We ourselves found the writing small. The registered manager told us that he would speak with the provider about this issue.

The registered manager told us and records confirmed that 'Significant event analysis' was carried out after any significant events or incident in each of the provider's three services. We read the minutes of a recent staff meeting. The registered manager had stated, "This is not about apportioning blame but finding the root cause of an event and trying to minimise the risk of a recurrence across the three houses. So if you are one of the people who are being talked about here, it is not in a sense of saying 'someone did something wrong' rather, let's share what happened and try to do something different next time." We read that one person had fallen in one of the communal toilets because she had not put the light on. The registered manager had written, "An emergency light has been fitted to ensure that there is always a light in both the disabled and standards toilets in the basement. If staff feel there are other such hazards around the home, or discover lights which are not working, please pass this information on."

Staff informed us that moral was good at the service. Comments included, "We're like one big happy family here" and "I'm so passionate about my job – I love it here." Staff meetings were held and staff informed us that they felt able to raise any issues at these meetings and felt involved in the running of the service. One staff member said, "It's a two way process. I feel I can go and suggest ideas. [Name of manager] is very good, he listens."

The provider had submitted notifications of all notifiable events at the service. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Systems were not fully in place to ensure that the principles of the Mental Capacity Act 2005 were followed and documented.