

Dual Care Limited

The Rookery Care Home

Inspection report

130 Church Street
Eastwood
Nottingham
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Tel: 01773713176

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected The Rookery on 10 June 2016. The Inspection was unannounced.

The Rookery is a care home in the Eastwood area of Nottingham, owned by Dual Care Limited. The accommodation consists of a large Georgian building which has been extended to provide additional bedrooms. Care is provided over two floors of the building and a lift was available. The service is registered to accommodate up to 30 older people who require nursing or personal care. The service does not provide nursing care. At the time of our visit 14 people were living at the Rookery.

The service had a registered manager in place at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people were safe at The Rookery and did not have any concerns about the care they received. Staff knew how to protect people from harm and referrals were made to the appropriate authority when concerns were raised.

Risks to people's safety were identified and managed and assessments carried out to minimise the risk of harm. The building was well maintained and regular safety checks were carried out.

People received care and support in a timely way and there were sufficient numbers of suitably qualified and experienced staff employed. Appropriate pre-employment checks were carried out before staff began working at The Rookery.

People received their prescribed medicines when required and these were stored and administered safely.

People received effective care from staff who received training and support to ensure they could meet people's needs. Ongoing training and assessment for care staff was scheduled to help staff maintain their knowledge.

Where they were able to, people provided consent to any care and treatment provided. Where they did not have capacity to offer informed consent their best interests and rights were protected under the Mental Capacity Act (2005). People's wishes regarding their care and treatment were respected by staff.

People told us they enjoyed the food offered and we saw they had sufficient quantities of food and drink to help them maintain healthy nutrition and hydration. People had access to healthcare professionals when required and staff followed their guidance to ensure people maintained good health.

People were treated with dignity and respect and their privacy was protected. We observed positive, caring relationships between staff and people using the service. Where possible people were involved in making decisions about their care and daily activities.

Staff understood people's support needs and ensured they received personalised responsive care. People had the opportunity to take part in enjoyable, constructive activities. They knew how to raise an issue and were confident these would be listened to and acted on.

There was an open and transparent culture at the service. People, their relatives and staff were encouraged to have their say on their experience of care and their comments were acted on. Quality monitoring systems were in place to identify areas for improvement and ensure these were acted on.

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

Sufficient numbers of skilled and experienced staff were employed to meet people's needs.

People received their medicines when required and they were stored and administered safely.

People were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

People were protected from risk of bullying and abuse.

Is the service effective?

Good ●

The service was effective.

People received enough food and drink to maintain healthy nutrition and hydration.

People were cared for by staff who received support and training to help them meet their needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

Is the service caring?

Good ●

The service was caring.

People and their relatives had positive relationships with staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their needs.

People were provided with meaningful activities that they enjoyed.

People and their relatives felt able to raise a concern or complaint and were confident it would be acted on.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture in the service.

People who use the service, their relatives and staff were encouraged to give feedback about the service and their feedback was acted on.

There was a clear management structure in place.

There were quality-monitoring systems in place which were used to drive improvement at the service.

The Rookery 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 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, to check if the provider had made improvements following our inspection in October 2015 and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 June 2016 and was unannounced. The inspection was carried out by one Inspector.

Prior to the inspection, we reviewed information we held about the provider including reports from commissioners (who fund the care for some people) and notifications we had received. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with two people who used the service. We spoke with a visiting health professional, four members of staff, the provider and the registered manager. We observed staff delivering care and considered information contained in some of the records held at the service. This included the care records of three people who lived at the service and the recruitment files of three members of staff.

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.

Is the service safe?

Our findings

At our inspection on 13 October 2015, we found the service was not safe and the provider had breached regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider did not have appropriate procedures in place to ensure people employed at the service were of good character and had the skills to meet people's needs.

During this inspection we saw that the required improvements had been made. People could be assured that necessary checks were in place to help determine if staff were of good character and had the necessary skills and experience to meet their needs. We looked at the recruitment files of three members of staff and saw that they contained evidence that the provider had carried out all appropriate pre-employment checks including obtaining references from previous employers, proof of identity and a current DBS Check. A Disclosure and Barring Service (DBS) check supports employers to make safer recruitment choices. We also saw that where information was not immediately available, the registered manager had processes in place to reduce the risk to people using the service. This included completing risk assessments, staff working with a supervisor and pursuing alternative means of obtaining information.

At our inspection on 13 October 2015, we found the service was not safe and the provider had breached regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because sufficient numbers of suitably qualified, competent, skilled and experienced staff were not employed in order to meet the requirements of people who use the service.

During this inspection we saw that the provider had recruited additional staff and changed working patterns to ensure people's needs were met. Staff we spoke with told us they felt enough staff were employed to meet people's needs and there had been an improvement since our previous visit. One staff member told us, "We've definitely enough staff. (Registered manager) has put in a 12pm to 7pm shift which helps with dinner, tea and getting ready for bed. Its loads better". A second staff member told us, "We seem to have much more staff now". This was confirmed by our observations on the day. We saw that people's requests for assistance were answered quickly and staff did not appear rushed.

We looked at the staffing rota for the two months preceding our visit and saw that the staffing levels identified by the registered manager were achieved for every shift. The registered manager told us, "Staffing is based on an assessment of people's needs and we've got a computer programme that helps. Often though, we know from people's physical needs when we need more staff and we get them". A visiting health professional told us "Very often we will see three or four people on a visit. Staff come to us instantly and help by moving people to their rooms and making sure they are ready".

We observed that the service had a calm and pleasant atmosphere with people interacting comfortably with care staff and each other. Information was available in care plans regarding behaviour people may exhibit including the signs and triggers that a person was becoming agitated. Care staff demonstrated a good understanding of this and ensured all people using the service were safe.

People could be assured that staff knew how to respond to any incidents of abuse. The staff we spoke with demonstrated a good understanding of safeguarding procedures including the signs and types of abuse and their role in raising a concern. The staff we spoke with were confident to raise any concerns if they needed to and had faith that the registered manager would act on these. Training records showed that all staff had completed safeguarding training and were aware of the services' whistleblowing policy. All staff told us they could raise an issue without fear of reprimand.

At our last inspection on 13 October 2015 we asked the provider to ensure risk assessments were updated to reflect the person/s current need and to include guidance for staff on how to minimise the risk.

During this inspection we looked at the care plans and risk assessments for three people who use the service. We found that all risk assessments had been fully updated and guidance was in place to help staff minimise risk of harm. For example, one person was assessed as being at increased risk of falling. Staff were advised to monitor them when walking, check the person's footwear was safe and ensure they had regular eye checks and always had their glasses with them. People were involved in decisions about risks they took; for example, another person had been assessed as being at risk of falling. The assessment recommended moving furniture in the person's room to make it clearer to move around. However the person did not want to move their furniture. As they had been assessed as having capacity to make decisions about their care, staff recorded their wishes and the person signed to say they consented to this. Care staff we spoke with were aware of people's needs and the support they required to reduce risk.

We saw that people received their medicines when required and that medicines were managed and stored safely. The providers training matrix showed that all staff had successfully completed medicines management training since our last inspection. One staff member told us, "The medication training was really interesting. You do meds all the time and take it for granted you know what you are doing but this really helped". Staff told us they had to complete a competency assessment before the training was completed. Medicines were stored securely in a locked room and the temperature was monitored. We saw that any creams and lotions used were labelled with the person's name and the date of opening.

At our previous inspection of 13 October 2015 we asked the provider to ensure the environment was clean and hygienic and protected people from the risk and spread of infection. During this visit we found that the environment was noticeably cleaner and more pleasant. The registered manager had employed an additional cleaner and we saw that along with regular cleaning duties, any accidents or spillages were cleaned quickly. We reviewed daily infection control checks carried out by the manager and night staff which include checks of communal areas and bedrooms. The providers training matrix showed all staff had received updated infection prevention and control training since our last inspection

The provider demonstrated an ozone machine they had purchased to help manage the risk and spread of infection. We saw that this machine was used in people's bedrooms only whilst they were using communal areas to ensure their privacy and dignity was maintained. We noted the use of the machine reduced all odour in rooms alongside managing infection risk.

Is the service effective?

Our findings

At our previous inspection on 13 October 2015, we found the service was not always effective as staff did not receive regular training and the provider did not have a record of what training staff had completed.

During this inspection we saw that all staff had completed training identified by the provider as mandatory. This included fire safety, safeguarding, health and safety, mental health awareness and food safety. Additionally, staff had access to training that would help them meet the specific needs of people living at The Rookery including; dementia awareness, dealing with challenging behaviour and infection prevention and control. We saw examples of staff using this training to support people including administering medicines, supporting people with their mobility, and preparing food safely. Staff we spoke with told us they welcomed the training they received and felt it helped them to support people and understand their requirements. One staff member told us, "We've had a lot of training courses, they've been quite useful". A second staff member told us, "The refresher training has been really good. There is always something new coming out so it's nice to have refreshers".

Staff told us they felt supported by the registered manager, deputy manager and provider, and felt able to raise any issues with them. One staff member said, "You definitely get a lot of support. If you need to know something you just ask her (Registered manager). If you have problems here, or personal problems, you can always go to her. At the end of the day home and work overlap". A second staff member told us, "I know I could go to her (registered manager) at any time, she's really nice". Staff told us they had regular supervision meetings with the registered manager and valued these meetings and felt able to be open and honest.

At our previous inspection on 13 October 2015 we raised a concern that people may not always be supported to maintain healthy skin integrity and reduce the risk of developing pressure ulcers. During this inspection we saw that risk assessments were in place for people at risk of developing pressure ulcers and that these were reviewed regularly. Where assistance was required from external health professionals this was sought. A visiting health professional told us "Everything I have asked them to do they have done. They always use the appropriate aids and position people as they should do".

Additionally we saw that since our previous inspection, all meals were taken in the conservatory dining room. This meant that not only did people have a shared meal time experience that promoted wellbeing and positive relationships, they also received pressure relief by moving an additional six times in a day. We noted that people who required assistance to change position as part of their pressure relief care plan received this.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005) (MCA). The 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. Staff we spoke with displayed a good understanding of the MCA and had received training in its

application.

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 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. Care plans we reviewed showed that where a DoLS authorisation had been given, the conditions were being met by the service.

People were supported to maintain healthy nutrition and hydration. We observed the lunch and tea time meals during our visit. We saw that people sat comfortably and chatted in a relaxed manner during mealtimes. The food looked appetising and people appeared to enjoy it. We saw that the menu was on a four week cycle and care staff asked people what their preference was. If the person did not like the offered meal an alternative could be prepared. We saw that people had access to drinks and snacks throughout the day and that staff were aware of any dietary requirements such as people who required soft food or a diabetic diet.

Nutritional assessments were carried out monthly and where risk was identified, people's weight was monitored and staff took action if the person's weight changed. For example, by making referrals to the dietetic service. A staff member told us, "People get weighed every week; if they've lost weight we can give them a fortified diet".

People were supported to attend healthcare appointments and had access to health professionals and the service was proactive in making referrals and requesting input when required. People's care records showed regular visits from their GP, optician, dentist, chiropodist, district nurse and health care assistants.

A visiting health care professional told us staff were good at communicating with them and followed instructions to ensure people received the care and treatment they required. They said, "Mostly they follow what we say. They are usually very good at getting in touch if anything needs doing".

Is the service caring?

Our findings

At our previous inspection on 13 October 2015 we found that that people were not always treated with dignity and that their privacy was not always protected. This was because staff did not always speak to people with respect and did not always meet their needs in a way that protected their dignity

During this inspection we saw that people were treated with dignity and respect and their privacy and confidentiality were protected. Staff told us they always ensured they protected people's dignity and privacy. One staff member said, "When I'm giving personal care I always make sure the door and curtains are shut. I'll always ask if they need help, but if they are able to do it for themselves I just assist". A second staff member said, "Always make sure the bathroom door is shut. I explain what I'm doing beforehand, I don't assume what they can and can't do and I never talk about people in front of other people".

People's confidentiality was protected as staff never discussed care and support in public areas and ensured telephone calls to or meetings with, health professionals were conducted behind closed doors. People had the opportunity to have undisturbed private time in their bedrooms. We saw that staff respected their privacy by always knocking on doors and waiting for a response before entering. Visitors were able to come to the home at any time.

During our visit, we observed positive interactions between staff and people living at The Rookery. Care records showed that people received a comprehensive assessment before they came to the service including recording of their preferences for male or female carer, support needs, treatment plans, capacity and dietary requirements. Staff we spoke with demonstrated good understanding of people's characters and treated everyone as individuals. They were aware of people's likes and dislikes and how this would affect the care they provided. People's religious and cultural needs were identified and catered for. A staff member told us, "If people want to go to church, we take them up (to the church)".

Staff we spoke with told us they aimed to provide person centred care and they respected the choices people made. Staff offered people support where required but encouraged people to be independent when they could and to be as involved as possible in making choices and decisions.

We observed people being given choices of food and drinks. The cook spent time asking people what they would like for their next meal and during lunch we saw people were given the meal of their choice. People had choice about how to spend their day, when to go to bed and when to get up and staff respected these wishes.

At our previous inspection we found that care plans did not always contain useful information and were not regularly updated. During this inspection we found that care plans we viewed were person centred and focused on giving staff an understanding of the person as well as their care and support needs. Staff told us they found these useful and we found that they gave a very good understanding of the person, their needs and personality. A staff member told us, "They are a lot better than they were. They're more self-explanatory now". A second staff member added, "I do read and look at them. I like the history and the updates. Seeing if

anything has changed. They are helpful for that".

Care records we viewed showed that where possible, people and their relatives were involved in the design of their care plans and had signed these to indicate they agreed with them. Since our previous inspection the registered manager had instigated systems to ensure greater involvement of people in these reviews. A staff member told us "With the care plan reviews we always reassess the dementia score so we ask residents how they feel. I love sitting and discussing with people about their life stories. You learn a lot more about the person".

We saw that a system was in place to ensure all care plans were reviewed. A staff member said, "We (senior staff) each do one day a week updating and reviewing care plans. So we do four a week between us. They are definitely more useful now".

At the time of our visit none of the people at the service used an advocate. Details of a local advocacy service were available in the service and we saw evidence that people had used this previously. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Is the service responsive?

Our findings

At the time of our last inspection on 13 October 2015 we found that that the service was not always providing care that was responsive to people's needs. During this inspection found that improvements had been made and people received personalised care that was responsive to their needs.

People were cared for by staff who had a good understanding of their care needs and ensured that the care was provided at the right time, for example when administering medicines. We saw that staff communicated well with each other and people using the service to ensure that everyone received the care and support they required.

Staff we spoke with had a good understanding of people's needs and told us they found the care plans contained useful information. One staff member said, "They are definitely useful". We looked at the care plans for four people using the service. All four contained detailed information to allow staff to respond to people's needs. The care plans were updated every month or when a person's needs changed. We saw that people who lived at the service and their relatives had the opportunity to be involved in reviewing their care. There was an effective system in place to ensure that staff were informed of changes to people's planned care; this included a handover of information between shifts and regular team meetings.

We found that where people required adjustments to be made to help maintain their independence and involvement, staff provided these. For example, people who required them had their hearing aids and glasses. Staff made timely referrals to other health professionals to ensure that, when additional support or guidance was required, this was provided quickly.

We observed that a wide range of positive, meaningful activities were provided for people and they enjoyed taking part. For example, one person had worked as teacher, staff provided them with sheets of simple maths questions and asked them to mark these. We saw the person clearly enjoyed this activity and discussed it with staff and other residents. Additionally we saw that staff encouraged and supported people to go for walks around a park opposite the service and one staff member came to work on their day off to let people see their dog and take it for walks.

The registered manager had attended a training session on dementia awareness and from this had made their own sensory blankets. These were small blankets made of different textures and materials, including pockets, zips and bells. We saw that people found these comforting and entertaining and were happily occupied with them for long periods of time. Staff told us there had been an improvement in activities offered since our previous inspection. One person said, "When the weather is nice we go into the garden, people help with decorating a mural and making decorations". Another person told us, "If people want to go out and there aren't enough staff (on duty), we ring each other to see if we can help them".

We saw that staff supported people to be as independent as possible. One staff member told us, "We always promote independence, we don't just assume someone can't do something. We always try to encourage them".

People told us they would be happy to raise an issue or complaint at the service and were confident they would be listened to. One person said, "If you've got something to say, and I've said a couple of things, you can always go to her (registered manager). The things I've said have been dealt with".

The complaints procedure was displayed in the entrance hall and main communal areas of the building. Staff were aware of the complaints procedure and knew how to advise complainants. We saw from the provider's complaints records that no complaints were received since our last inspection.

Is the service well-led?

Our findings

At the time of our last inspection on 13 October 2015 found that that the service was not always well led and the provider did not have effective quality monitoring systems in place.

During this visit we found there was an open and transparent culture at The Rookery and people felt able to have their say on the running and development of the service.

People we spoke with told us they felt the service was relaxed and they were encouraged to give their feedback about the home. Throughout our visit, we observed that there was a relaxed atmosphere at the service and people were comfortable speaking with care staff, the registered manager and each other.

Staff we spoke with felt there was an open culture at the service and would feel comfortable in raising an issues with or asking for support from, the registered manager. One staff member said, "If you've got a real problem or something you'd like to try out, she'll listen and give it a go".

We saw records of staff meetings for the months preceding our visit. These showed that issues including, training, holidays and activities were discussed, staff had the opportunity to contribute to the meeting and raise issues and that these were followed up by the manager. Staff told us they found these meetings useful and they were able to have their say. One member of staff told us, "We all get to put our opinions in and we discuss whether it's good or not". A second staff member told us, "They can be good. They always ask if you've got anything to say or want to bring up" and a third staff member said, "People have their say and things get changed".

People, their relatives and health care professionals had the opportunity to give feedback about the quality of the service they received. The provider had a number of ways of gathering feedback including, a questionnaire in the reception area, an annual satisfaction survey as well as regular staff and resident and relative meetings. Feedback from the surveys showed that people were happy with the service they received.

We saw that where people made comments or suggestions these were acted on. For example a staff member suggested updating paper work used for monitoring cleaning and this was implemented. The dementia outreach team and staff had suggested more meaningful activities should be available and the registered manager had instigated these, including producing their own activity books based on best practice for people with dementia.

The service had a registered manager who understood their responsibilities. Everyone we spoke with knew who the manager was and felt they were visible and available. A staff member said, "She's always in and out of the office and she interacts with the residents well. They all know who she is and call her 'boss lady'". A visiting health professional told us, "She is always around, discusses care with us and remembers what was discussed previously. Communication and sharing information is much better". A staff member told us the service had improved due to the visible leadership of the registered manager, stating, "I've seen a massive, massive change in the place. Everyone is so much happier".

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The quality of service people received was assessed by the management team through regular meetings and auditing of areas such as medication and care planning. Where issues were identified action was taken to address this, for example providing clarification for codes used to record medications on MAR charts or identifying repairs to the building. Any incidents and accidents were reviewed in people's care plans and a central record of accidents was used to identify any patterns and learning for the service. Records of management meetings showed that items for communication with staff and people who use the service were discussed and a course of action agreed by all present. This ensured that information and leadership was consistent and people could be assured the service was well led.

The provider and registered manager demonstrated commitment to the further development of the service by investing in new equipment, staff training and updating the building to better meet the needs of staff and people who use the service. For example, during our visit, work was underway to change two rooms into a wet room for people who use the service and a larger locker room and toilet for staff.

The registered manager, deputy manager and senior staff carried out daily checks of cleanliness and observation of staff practice. These checks identified any areas where improvements needed to be made. Regular safety and maintenance checks were carried out including, gas and electrical safety, water safety and checks of portable electrical equipment.