Roop Cottage Nursing and Residential Home

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Inspection report

Wakefield Road
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Pontefract
West Yorkshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 8 and 14 June 2016. The previous inspection was in May 2014 and the provider was compliant with the regulations we inspected at that time.

Roop Cottage provides accommodation, personal care and nursing for up to 35 people, some of whom may also have physical disabilities. The accommodation is provided over two floors and there is a passenger lift.

The home has a registered manager. 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.

Staff were aware of individual risks to people and supporting people to manage their own risks whilst promoting their independence. Some risk assessments in individual care records, such as falls, had not been reviewed since April 2016. Some equipment was not sufficiently assessed for safety, such as bed rails.

Staff had a secure knowledge of safeguarding and how to identify the signs of possible abuse. Staff were confident to raise concerns with appropriate authorities should they consider a person may be at risk. Staff understood the whistleblowing procedures to report any poor practice should they become aware of this.

People were supported to have their medicines when they needed these, but there were some weaknesses in the administration process and the times of medicines being given were pre-printed on the records, which was not always accurate in practice.

Premises and equipment showed signs of wear and tear and were in need of refurbishment or replacement. This meant some areas were difficult to keep clean and posed a risk of infection.

There were cleaning schedules in place, although cleaning practice was not robust enough to ensure all areas were sufficiently clean, particularly bathroom areas.

Staff felt motivated and supported through supervision, regular training and effective teamwork. However, staff worked 13 hour shifts and this meant they did not feel as effective at the end of their working day.

People's rights and choices were promoted well and staff understood the legislation around the Mental Capacity Act (2005) and how this impacted upon people's care. Staff were kind, caring and patient in their approach. People were treated with respect and they said they felt very well cared for.

People's dietary needs and choices were supported appropriately; people enjoyed the meals and said they always had enough to eat and drink.

Care plans were person centred and activities were meaningful to individuals, with many opportunities for outside experiences as well as one to one support. Some detail in care records was conflicting, although regular reviews were evident.

Communication and teamwork were strong within the home and staff turnover was low. The registered manager had an accurate oversight of strengths and clearly understood the areas to improve, although improvements were not always implemented.

You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement

The service was not always safe.

Staff understood individual risks to people, although risks assessments in people's care plans were not always up to date or available.

Systems and processes for managing medicines were not fully robust.

Premises and equipment were worn and not sufficiently cleaned or maintained in places.

Is the service effective?

Good

The service was effective.

Systems were in place to support staff to carry out their roles, through training and supervision.

Staffing levels were supportive of people's needs.

People's dietary needs were met and there were plenty of regular opportunities for people to drink.

Is the service caring?

Good

The service was caring.

Staff interactions with people was friendly, caring and patient.

The home was welcoming and friendly and staff emphasised this was people's home, rather than staff's place of work.

People's wellbeing was given high priority.

Is the service responsive?

Good

The service was responsive.

Care was person centred and activities were meaningful, enhancing the quality of people's day.

Care documentation showed how care was delivered in an individual way.

Complaints were recorded and responded to and the complaint procedure was accessible to people.

Is the service well-led?

Requires Improvement

The service was not always well led.

People, relatives and staff thought the home was well run.

The registered manager was visible and knew what took place in the service.

Audits were regular and consistent, although quality assurance systems were not robust enough to drive improvement in key areas.

Roop Cottage Nursing and Residential 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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 14 June 2016 and was unannounced.

There were two adult social care inspectors on 8 June 2016 and one adult social care inspector on 14 June 2016.

We reviewed information before the inspection from notifications sent to us by the provider, from the local authority and the provider information return. We spoke with 11 people who used the service, two visiting relatives, one visiting professional and four care staff. We observed people's care and reviewed records. Records reviewed included four care plans and documents relating to the running of the service, such as premises checks and audits.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at Roop Cottage. One person said: "I used to be a nurse. I know they provide safe care here and I do feel safe". Another person said: "If you ask me, this home is safe for everybody".

Staff understood individual risks to people and they helped people to manage their own risks without undermining their independence. For example, staff encouraged people to move around the home and if they needed specialist equipment, such as a helmet or a walking frame, staff reminded them to use these. In one person's care record we saw they independently went into the local community and there was a risk assessment in place to ensure their safety. One person said: "They tell me I've got to do it for myself and I can, but I'm slow. They don't mind that". We saw staff supported people at a pace suitable for their individual needs and they encouraged people to take their time. Staff demonstrated they knew how to support people if they needed to be moved and they understood the equipment required. We saw from people's care records, some risk assessments had not been reviewed since April 2016, such as for falls. We saw there were bedrails attached to some beds, but with no protective bumpers. Staff we spoke with said these were not in use. We discussed with the registered manager the need to review the provision of bedrails to ensure these did not pose a hazard to people and consider removing them if they were not required.

Accidents and incidents were recorded with evidence the registered manager had reviewed these and carried out investigations where necessary. We saw evidence that risk assessments and care plans had been updated following incidents and where incidents gave rise to complaints, these were appropriately dealt with.

Staff we spoke with knew how to identify the signs of possible abuse and the safeguarding procedures to follow if they had any concerns. Staff knew how to use the whistleblowing procedure and they were confident to report any poor practice should they be aware of this. The registered manager told us safeguarding training was refreshed each year through watching a DVD and answering questions afterwards. Staff confirmed they had regular refresher training to help them safeguard people.

We looked at the process and procedures for ordering, storing and administering medication. Although medicines were stored securely within their cabinets, the medicine trolley was not secured to the wall. The registered manager told us this was something that had been identified during a recent pharmacy audit and there were plans in place to ensure this was secured. Staff understood the importance of ensuring including controlled drugs (CDs) were stored securely. CDs are medicines that have strict legal controls to govern how they are prescribed, stored and administered. We saw staff were confident with supporting each person to take their medicine and people told us they had their medicine on time. People were given good explanations about their medicine and what it was for and staff stayed with each person until they had taken this. We heard staff ask people whether they had any pain and if they needed any pain relief. We saw some people's tablets came in prepared blister packs. We looked at a sample of these and saw one person's pack had not been used in the correct date order. The member of staff told us all the tablets were the same for each day, but staff had not followed the order of days on the pack. The person's medication administration record (MAR) showed they had been given their medicine regularly as prescribed. We saw the

MAR sheets had pre-printed times on them, which did not always correspond with the actual time the medicine was given. We spoke with the registered manager who told us staff knew to leave an appropriate time between doses and they said they would consider how this recording could be improved.

We saw there were safe recruitment practices in place to ensure staff were suitable to work with vulnerable people. Staff turnover was low and staff told us they had worked at the home for a long time. People were supported by adequate numbers of staff who responded quickly to meet their needs. Staff said they felt staffing levels were appropriate and people did not have to wait for their attention. People and relatives we spoke with told us staffing levels were acceptable. One person said: "Oh they always come if I need anything". Another said: "Staff come and ask me what I need or if I'm alright. They are pushed sometimes so I try not to ask them too much but they check on me all the time".

The premises were worn and some fixtures, fittings and equipment were in need of replacement and thorough cleaning. For example, we saw the floor covering in some bathrooms was poorly fitted which meant dirt was visible in the gaps. Bathroom fittings, such as taps, fitted toilet seats and raised toilet seats were dirty. Some equipment, such as divan bases and bumpers on bedrails were visibly worn and not sufficiently clean. Removable items in bathrooms, such as toilet brushes, were visibly dirty as were heads on sweeping brushes. We saw cleaning staff on duty in the home and there was a plentiful supply and appropriate use of personal protective equipment (PPE). There were no unpleasant odours in people's rooms or in communal areas.

This illustrates the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 15(1)(a)(e) because premises and equipment were not sufficiently clean or well maintained.

Good

Is the service effective?

Our findings

People told us staff were skilled at their job. One person said: "They [the staff] really do know how to do this caring malarkey. I trust them with anything". Another person said: "They know what to do and they know me well, that's why they're so good".

Staff we spoke with told us they felt supported in their work on the whole, although some care staff said they were asked to help out with tasks other than caring for people, such as assisting in the kitchen. We saw the registered manager worked in her capacity as a nurse, to support the care staff by carrying out tasks, such as giving medication. We looked at the training record and saw staff had received regular training and the registered manager told us all staff were qualified to a minimum of NVQ level two. One member of staff said they felt training in dementia care could be improved. Regular supervision and appraisal was evident through records and discussion with staff, and staff told us there was effective teamwork to ensure people's needs were met. We saw staff communicated very well with one another to support people effectively and there was a communications book on each level of the home to detail any key information. The communications book recorded important matters such as professional meetings, visits and appointments and was shared between staff on different shifts.

We found from discussions with staff and from checking the staff rotas, staff worked shifts that were 13 hours long. Staff reported feeling tired, particularly towards the end of their shift. We discussed the staff's working hours with the registered manager and raised the possibility staff may not work as effectively if they are tired. The registered manager said staff worked a long shift, but they monitored staff hours to ensure they did not work too many shifts in a row.

The registered manager told us they carried out regular observations of staff practice through spot checks of areas such as hand-washing, medications and dress code. Staff we spoke with told us spot checks happened and they were aware of the importance of these to ensure standards of care were maintained.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We found the registered manager and staff had an understanding of the legislation affecting their care of people in the home. The registered manager told us the home did not have a locked door, but access to the home was monitored by staff. The registered manager said they supported people's right to have freedom to go in and out as they pleased, although acknowledged that where DoLS were in place for those individuals, tighter control measures were implemented to ensure people's safety. We spoke with the registered manager about the care of one person for whom a DoLS application had been made and we saw evidence of best interest discussions being arranged for the person.

We saw mental capacity assessments had been completed in the care plans we looked at and people were assessed as to whether they could make specific decisions. One person had signed a consent form for staff

to manage their medicines, yet the mental capacity assessment indicated they were unable to make that decision.

People mostly enjoyed the meals. One person said: "We get lovely meals here, sometimes I'm a bit fussy and there's always something I like". Another person said: "The food is alright, I can't grumble about that". Another person said: "They try to bring me what I like, I don't go hungry that's for sure". Another person said about their lunch: "That's horrible, I don't like that at all. I'd rather have something else". We heard staff ask the person what they wanted instead and we saw this was brought for them. Another person said they wanted jam sandwiches instead of a meal and staff arranged this.

Some people ate in the dining room and tables were set with tablecloths, placemats and condiments, whilst others chose to stay in their rooms or eat in the lounge. Staff brought meals already plated up for those people who chose to eat separately. Where one person needed support to eat their meal, staff were patient and gave good explanations about what food was being put on each spoonful. Some people said they ate their breakfast later and so did not always have an appetite for a cooked lunch. Menus were varied and staff understood people's different dietary needs. For example, one person required a soft diet and their drinks needed to be thickened because they were at risk of choking. We saw the person's food and drinks were prepared in line with the dietary advice shown in their care record. One relative we spoke with said "The food is 10/10, I eat here sometimes".

Staff we spoke with told us they did not have any particular concerns about people's weight, although they regularly weighed people. We saw monthly weight records and notes in people's care plans if referrals had been made to nurse practitioners or dieticians in relation to people's nutrition.

People were offered regular drinks and there were drinks accessible in communal areas for people to help themselves where they were able. Where they were unable to physically get their own, staff offered drinks at regular intervals and supported people appropriately. Some people told us they did not always get a warm drink first thing upon waking and they had to wait for breakfast. Staff we spoke with said people could have a drink whenever they wished. One person told us: "I am diabetic and the staff here are so good with my drinks, they make sure I always have plenty". We observed when people finished their drinks, staff offered to refill these.

People had access to other health professionals as required. We spoke with a visiting professional who told us the staff and registered manager were effective at communicating with them and receptive to advice given. We saw from people's care records and health action plans there had been visits from district nurses, doctors, dieticians and other relevant professionals as people needed them. Relatives we spoke with told us their family members' health was appropriately supported. One relative said their family member had 'improved in terms of health and sense of taste, smell, eyes, due to being well looked after here'.

Roop Cottage had a homely feel with domestic furniture, ornaments and pictures arranged thoughtfully in communal areas. The registered manager acknowledged the premises required adaptation to meet the changing demands of the people and said that whatever refurbishments were made, consideration would be given to ensure the environment remained welcoming and homely. One relative we spoke with said the homeliness was a key feature. We saw on the days of the inspection, staff had made every effort to ensure the premises were adapted to meet people's needs in the warm weather, through opening windows and the use of fans.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said: "You can tell by the way they speak to people, they care about what they're doing". Another person said: "I'm sure there's better places they could work, it's not easy work here but they do it because they really care". Another person said: "They're smashing lasses, they really are". One person said: "It's homely here. Staff take me out if I want and my care is good. I have my nails done, my hair done and I can have a bath when I want. I like to look dignified".

We saw interactions between staff and people were kind, caring and supportive overall. Staff greeted people by name and with friendly enthusiasm, asking how each person was and waiting to hear their reply. Staff spoke with people at face level and gave people time to speak, whilst listening attentively. Staff were patient and supported people at a pace appropriate to each individual. When staff supported one person with their drink, we saw they were attentive and carefully wiped the person's face afterwards. We saw staff encouraged people to be as independent as possible. For example, staff encouraged people to select their own channel on television by using the remote control themselves and guiding them if need be on which buttons to press.

People's dignity and privacy was respected and staff involved and informed them in discussions about their care and preferences. Conversation and staff tone of voice was respectful and staff treated people with equality. One person said: "They don't treat me like I'm daft". We saw one occasion when staff spoke to one another as they were handling a person, they spoke about the person over their head, rather than include them in the discussion. Staff routinely knocked on people's doors before entering and staff told us this was people's home first and staff's workplace second, We saw people had been supported to maintain their personal appearance and staff complimented them on their appearance.

Staff we spoke with told us how they enjoyed working with the people. One member of staff said the best part of their job was 'the people here'. Another member of staff said: "If I didn't love what I do I'd have left, but I've been here for years".

We saw from people's care records that some end of life information was recorded, although in one person's file we saw this was blank and there was no evidence this had been discussed.

On the door in the entrance we saw a poster which read 'Only positive attitudes allowed beyond this point', which reminded anyone coming into the home to do so in an appropriate manner. The Roop Cottage philosophy was also displayed and stated the aim was: 'To provide high standards of care for all our residents and ensure that all their needs are met through a holistic approach. We wish to preserve dignity, and where possible maintain independence. We are aware that physical and mental well being are linked. Therefore all aspects of our residents' life must be taken into account. Our aim is that you feel this is your home'. We saw from staff supervision records, the philosophy of the home was discussed along with the importance of confidentiality.

Good

Is the service responsive?

Our findings

People said staff were responsive to their needs. One person told us: "I know there's not just me to look after, but I sometimes feel there is. Nothing is too much trouble". Another person said: "Whatever it is that I need, I get and I don't always need to ask". People told us they had plenty to do to keep them occupied in ways that were important to them. For example, one person said: "I'm looking forward to going out this afternoon with [staff name]. I'm going to the pub for a half a lager, it's what I like to do".

Relatives we spoke with said the care of their family member met their needs well. One relative said: "We're full of praise. They're very considerate to [my family member]. This is as good a place as you can get. They cope with [family member]'s behaviour very well".

We saw the activities coordinator was very involved in both group and individual activities with people. They understood people's individual social and emotional needs and made sure people had meaningful things to do. We observed a group activity in which a small group of people examined items of interest from years gone by and this provoked discussion about memories of using such items. For example there was an old curling wand for making hair curl and people spoke about how they used to heat this up to use it; there was a candle snuffer, a tea cosy and a hand muff, all of which promoted conversation and laughter.

Visitors were made welcome and it was apparent some regular visitors knew all the people in the home. We saw staff related to people's visitors in a positive and friendly manner, which helped to create a homely feel.

We saw care was person centred and if people wished to go out on an individual basis this was facilitated. Some people chose to spend time in the garden and others requested to go for a walk in the local area. We spoke with one person who had been out for a walk with the activities coordinator. They told us: "Oh I did enjoy that".

People were involved in discussions about their care and support and given many choices in every day matters, such as what they wanted to wear, where they would like to sit or what they wanted to do. At times we saw people were given drinks without staff asking their choice, such as a drink with their meal, but on the whole, staff respectfully consulted with people.

We saw some people enjoyed one to one conversation with staff and it was clear staff knew each person's social history by the way they chatted with people. People recounted stories from their past and spoke about their children and grandchildren. Some people enjoyed interacting with a baby doll and chatted to one another about all things to do with babies. Staff knew the names of people's family members and spoke about when they would be coming to visit. When one person became confused and upset, staff offered reassurance and encouraged conversation that successfully helped the person to feel settled. We saw one person became disorientated and was struggling to find their way to the bathroom. Staff were prompt in offering support and helping the person to find their way.

Staff responded to people's needs depending upon people's feelings, moods and presentation. For

example, one person needed to be helped to move from their chair, but staff noticed they had just woken up so they suggested they 'wait a few minutes' and returned when the person was more alert. Another person said they wanted to go home and became angry towards staff. Staff skilfully engaged the person in conversation about where the person lived and their social history, which resulted in the person feeling happier and smiling.

Care documentation was person centred and easy to understand. Information was set out clearly and individual to each person, although on one occasion information was conflicting. For example, the care record showed the person was at high risk of developing pressure ulcers, yet the assessment tool showed they were low risk. We saw evidence that care records had been regularly reviewed, although some reviews were due to be updated for the month of May 2016. Key worker notes were detailed for each person and gave an account of their day. Where a person needed a particular piece of equipment, we saw details of when this had been requested, ordered and chased up, which showed the staff were responsive to people's individual needs. One relative we spoke with knew there was a care plan in place for their family member, but another did not.

People told us they knew how to make a complaint if they needed to. One relative said they had no complaints and the registered manager was 'very helpful'. The registered manager told us there had been two complaints in the last year and we saw these were responded to appropriately in line with the procedure. The complaints procedure was displayed in the entrance.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who had managed the service for a number of years. People knew who the registered manager was and told us they felt able to raise any concerns or approach them with anything they wished to discuss. One person told us: "We do know who the boss of this place is and they're lovely, they do a grand job". Another person said: "I can only give you my point of view, but I think this place is well run".

Relatives we spoke with said the registered manager was visible in the service and was involved in their family members' care. They told us the registered manager was approachable and the home was managed well overall. Staff we spoke with said they thought the management in the home was strong and there were clearly defined lines of responsibility. Staff said morale in the home was good, although some staff reported a different 'feel' between the two floors. Staff knew the visions and values of the service and all staff emphasised their role was to provide care round the needs of the people and enable them to enjoy a homely atmosphere.

People were able to retain their links with the local community, through regular outings and contact with people in Fitzwilliam. Staff were aware of how important this was to people and they ensured every opportunity was made available. Some staff lived locally and were able to chat with people about what was happening in the local area.

The registered manager told us the staff team was stable and there was a low turnover of staff, so people had consistency of care with staff who knew them well. We saw the registered manager's office door was open and staff frequently came in to discuss various aspects of their work. The registered manager told us they knew all of the people in the home and kept a close eye on practice to ensure quality of care was maintained.

Maintenance records and documentation in relation to running the home, such as regular equipment checks, was in place and organised well. The registered manager and staff were mindful of the need to ensure confidential documentation was securely out of view.

We saw regular audits and quality self-assessments carried out by the registered manager and forward planning of these. The registered manager had a clear oversight of the practice in the home and most audits were detailed and clearly stated what had been checked, how checks had been done, by whom and how frequent and these helped to maintain standards in the home. We noted some quality checks were not robust enough to ensure quality was maintained. For example, checks of cleanliness and hygiene and medicines management systems in the home did not sufficiently identify areas that required improvement.

The registered manager was very aware of areas in the home that were in need of refurbishment and the potential impact upon the quality of care, such as infection prevention and control. This had been raised as a point to note at the previous inspection. However, the registered manager told us they had limited ability to drive improvement because expenditure, other than for small items, was not within their control and was

a decision only the registered provider could make. They told us they had discussed the requirements of the home with the provider.

This illustrates the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17(2)(a)b) as there were weaknesses in the systems to assess, monitor and improve the quality and safety of the services provided, and to mitigate the risks to people.

We saw regular feedback was sought from people, staff and relatives' questionnaires and the latest ones, done in August 2015, showed positive comments.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment were in need of refurbishment and thorough cleaning.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess monitor and improve the quality of the service were not robustly implemented.