

The RAF Association (RAFA)

Rothbury House Hotel

Inspection report

West End
Rothbury
Morpeth
Northumberland
NE65 7TU

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Rothbury House Hotel is a 33-bedded hotel with 20 rooms run by the charity The Royal Air Forces Association (RAFA) which provides short breaks to personnel (and dependents) predominantly from the Royal Air Force (RAF), but also from other armed forces.

Rothbury House Hotel is partly registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide care for up to nine people and at the time of the inspection, five people were receiving support.

This inspection took place on 28 September 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

We completed a full comprehensive inspection in December 2015 and rated the service 'good' overall with a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities), regarding the need for consent. We completed a focussed inspection in March 2017 where we followed up on the breach. At the focussed inspection we considered the provider had made some progress and had met the breach but we did not change the rating of the effective domain as we wanted to be sure that the changes made were sustained.

At this inspection we found the service remained 'good' and met all the fundamental standards we inspected against. We also found the effective domain of the report had improved to 'good'.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. Full detailed finding can be found in the last inspection report.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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 at the service ensured people were at the heart of their care and support. People received a high standard of person centred care by the staff and management team who were reported to be exceptionally kind, caring and extremely considerate.

The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Accidents and incidents were thoroughly recorded, risk assessments were in place and appropriate health

and safety checks were carried out.

Appropriate arrangements were in place for the safe administration and storage of medicines, including secure arrangements for people who looked after their own medicines.

There were enough staff on duty to meet the needs of people who used the service. The provider had an effective recruitment procedure in place and carried out suitable employment checks on the staff they employed. Staff were trained to meet people's needs and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were complimentary about meals prepared. Kitchen staff ensured people had their dietary needs met.

Discussions with people and staff confirmed that external health care professionals were involved with people's care during their short stay at the service should this be required.

Staff treated people with extreme dignity and utmost respect and helped to maintain people's independence during their stay.

People's needs were assessed before they came to stay at the service and care plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care provided and that their individual wishes, needs and choices are taken into account.

Although there were no people staying at the service who required end of life care, staff told us they would work with healthcare providers if people wished to stay at this stage of their lives.

People were protected from social isolation during their stay with daily camaraderie, events and outings; and the service had good links with the local community. The service had their own transport to support trips out.

The service sought feedback on a regular basis and had received numerous positive comments and compliments. People told us they knew how to make a complaint if they needed to and a clear process was in place that was discussed with people on arrival at the service.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	Good ●
Is the service effective? The service had improved to Good.	Good ●
Is the service caring? The service remained Outstanding.	Outstanding ☆
Is the service responsive? The service remained Good.	Good ●
Is the service well-led? The service remained Good.	Good ●

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.

Inspection site visit activity took place on 28 September 2018 and was unannounced. One adult social care inspector carried out the inspection.

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, and statutory notifications. A notification is information about important events which the service is required to send to the Care Quality Commission by law.

We contacted professionals involved in caring for people who used the service, including local authority commissioners and safeguarding staff and community nursing teams. We also contacted the local fire authority and Healthwatch to gather their views. Healthwatch is the local consumer champion for health and social care services. Information provided by these professionals was used to inform the inspection and our judgements.

We used information the provider sent us in the Residential Care Inspection Information Pack. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service and two relatives. We also spoke with four 'guests' who were holidaying at the service. We observed interactions between people and the staff who worked there.

In addition to the registered manager, we also spoke with the deputy manager, seven members of care staff (including senior care), the administrator, the maintenance person and the staff member who transported people to various trips. We looked at the care records of five people who used the service and the personnel files for three members of staff. We also reviewed other information about the service, including health and

safety information and records relating to the management and quality of the service.

Is the service safe?

Our findings

People told us they felt safe. People's comments included, "Absolutely safe my dear" and "I am treated like a precious cargo...very safe."

The provider had systems and processes in place such as safeguarding and whistleblowing policies to help keep people safe. Staff received training in safeguarding and had a clear understanding of what constituted abuse. One staff member told us, "Would not be frightened to escalate," after they explained the safeguarding process and what they would do if they suspected abuse was occurring.

Regular checks were carried out to keep people safe. For example, health and safety and fire safety. The service was found to be extremely clean and tidy and staff followed infection control procedures. One person told us, "Its spotlessly clean everywhere."

Accidents and incidents were recorded and analysed and any lessons learned were identified and discussed with staff to reduce the risk of a recurrence.

Risks were assessed and steps were taken wherever possible to reduce risks to people. Risk assessments described potential risks and the safeguards in place to reduce the risk. For example, in relation to falls, moving and handling and fire safety. One person confirmed, "They asked me the details of falls I had had. I suppose they want to make sure it does not happen whilst here." One risk assessment we viewed had not been fully updated with the actions taken, in relation to a comment made. The registered manager said he would address this.

The management of medicines continued to be safe. Records showed people received their medicines as prescribed. Medicines were stored securely, and people who were able to take care of their own medicines had lockable drawers and safes to keep them secure. We found some minor issues which had no impact on people and these were rectified during the inspection.

There were enough staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. People, their relatives and staff did not raise any issues with lack of staffing. One person said, "If I ask for help, the staff are here straight away."

The provider had robust recruitment procedures to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

Is the service effective?

Our findings

At the last comprehensive inspection, the key question 'is the service effective' was rated 'requires improvement'. We then completed a focussed inspection and found improvements but left the rating as 'requires improvement' to ensure this was maintained. At this inspection, we found the service had continued to improve and have rated it as 'good'.

Staff were supported in their role and received an induction, regular supervisions and an annual appraisal. Staff received training appropriate to their role, including equality and diversity, moving and handling people and emergency first aid. A community nurse told us, "Moving and handling is done really well." They explained one person had been fully involved in the decisions around this activity and each step of the process was fully explained by staff. Staff worked well as a team and we observed this throughout the inspection. One staff member said, "We will all muck in when it's needed."

People's needs were assessed before they started using the service to ensure staff could meet them. We overheard staff speaking to prospective 'guests' to ensure that information they had received was correct and no further data was available. We found one person's records had not been updated within the three months since they last stayed at the service, however, we confirmed with the person that their needs had not changed. The registered manager said this was an oversight and should not have happened.

People were supported fully with their dietary needs. Kitchen staff had details of people's nutritional needs, including people who were diabetic and one person who was a vegetarian. There was a very good selection of hot and cold home cooked foods which people could choose from. There were plenty staff on duty to ensure meals were served hot. One person told us, "The food is fantastic, plenty of choice...very good indeed." The atmosphere in the dining area was warm and sociable with meals being serviced directly from a hot trolley manned by both kitchen and care staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's mental health needs were recorded, including their capacity to make decisions. No person staying at the service was subject to a DoLS authorisation and we saw people were free to come and go from the service whenever they liked.

We observed staff asking people for consent before undertaking tasks. One person told us, "The staff will always ask before they do anything, yet they are always there if you need anything done." The registered manager told us they were in the process of organising further training in MCA for all staff to ensure they remained up to date.

People were supported with their health care needs. The registered manager told us that they worked closely with the local community nurse and would call for their advice should it be needed. The community nurse who told us, "We are regular visitors to the service and sometimes visit quite a lot. The standards are

high, its somewhere I would be happy to stay."

The service was adapted to meet people's overall needs. This included ceiling hoists, call bells, adapted bathrooms and paved garden areas, allowing wheelchair access to the beautiful countryside views. The premises was accessible with lifts to all floors. There was also a bar and various communal areas for people to use quietly or meet as a group.

Is the service caring?

Our findings

We found the service continued to be extremely caring. We were told many examples of staff going the 'extra mile'. People were consistently complimentary about all staff at the service. People who used the service told us, "She [staff member] is an angel...a star"; "Very very good staff...genuine. They are excellent and do remarkably well"; "One week is not enough, need at least two weeks as so good"; "Nothing is too much trouble" and "They [staff] welcome you with open arms, it's like returning home."

The rapport between people and their relatives staying at the service and staff was excellent. One relative told us when they arrived for their latest stay they joked with staff and said, "We've come back to see if its improved", to which they said the staff replied, "Well it hasn't!" The relative said they both fell into fits of laughter. We asked relatives of people using the service about their experiences of the care and support their family members received. Their responses were all tremendously positive. Relatives we spoke with said, "Could not fault the care the staff have given... excellent" and "We are on holiday and are treated and looked after amazingly well...cannot think of many places that are as caring like here. Ten out of ten for care."

A community nurse told us, "Staff are very welcoming and it's such a lovely environment; people receive such a high standard of care, I think it's on the luxury end of care. When asked what score out of ten they would give for caring, they said, "Ten." They also said, "Staff are always smiling and happy to help."

The registered manager provided us with case studies with people's consent. One person who had returned every year to the service since 1996 said the staff were wonderful. Another person who had used the service was supported by staff once back at their own home to gain access to a befriender from their local RAF association to further support them. All staff we spoke with showed concern for people's wellbeing. One staff member told us, "I am passionate about the guests who stay. They deserve, and should get, the very best care we can offer and I make sure they get it."

People's dignity and privacy was upheld unreservedly by staff who were aware of the different needs of people and how they preferred to be supported. One guest told us, "The staff know I don't like noise and just allow me the peace and quiet I need and don't bother me. They are so incredibly good and are so tuned in to what I want and how I feel... I cannot praise them enough."

People and their relatives were supported by staff in an easy going, extremely friendly way and we saw how people had a very good rapport with staff. A relative told us, "First time we stayed here we had a room together, but we prefer separate rooms at home as we sleep better that way. I happened to mention it to the staff and it was all sorted for the next time we came without even asking."

People were supported to remain as independent as possible during their stay. One person told us, "I like to stroll around the garden, but the staff know I should put my feet up so they let me get on with it and gently remind me if they see I am not doing that. They know I am very independent and would not interfere with my regime unless it was to remind me, they are very, very good."

People's care and support needs were discussed with them before and during their stay at the service. Staff continually ensured that people were at the heart of the care they received with regular conversations taking place to check needs were being met. Information about the service and the local area were available in various locations within the service.

Is the service responsive?

Our findings

Records were person-centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Records included important information about the person, such as contact details, medical history, mobility issues and allergies or special dietary needs. We saw these had been written in consultation with the person who used the service and their family members. Staff had also signed to say they had read and updated themselves on people's care plans and daily notes at every shift change. Daily records were maintained for each person who used the service and an effective staff handover process was in place.

People were monitored for any changes to their care needs while staying at the service. Although visits were short (usually one or two weeks), if further support was required, for example, from community nursing teams, this was arranged and recorded. We spoke with the community nurse who told us, "The staff are very responsive and want to do right. They follow our instructions very well and are very communicative." When people returned for further visits to the service, updated assessments were completed to ensure staff had up to date information on each person they cared for.

People received personalised care during their stay, including tailored trips out of the service to visit a variety of local venues on most days, including a choice of a morning or afternoon visit. The driver told us, "I think ahead to who is coming on the trips and if they maybe cannot manage because of their mobility, we will look at options and alternatives." A member of care staff said, "It's great for person-centred care, great care which is second to none." One person told us, "The moment you arrive, staff will respond to anything you need. They helped me unpack and hang my clothes up because they recognised I was tired."

People were supported with external activities and various entertainment and events took place at the service. For example, local musical talent. On the day of the inspection a singing guitarist entertained people.

The service could support people with life limiting care needs as long as nursing care was not required. Staff told us, "Anyone who is at the end of their life can stay but we don't provide nursing care and as long as we can meet their needs still, they would be welcome, like anyone else."

The provider had a complaints policy and procedure in place that was made available to people who used the service and was available on arrival. The service had received one complaint in 2018, we saw it was being processed in line with the providers policy. People we spoke with said, "Nothing to complain about, but information on how to is in there [pointed to a file which held the complaints procedure]."

Is the service well-led?

Our findings

A registered manager was in place who had worked at the service for many years and was a qualified social worker. The registered manager had been a finalist in the '3RD Sector Care' leadership awards 2017. This award is run by a national social care magazine for executives and senior managers in health and social care. Everyone we spoke with were positive about the management team and the work they undertook for the people who came to stay at the service. One person said, "Cannot emphasise enough how much coming here means to me." Another person said, "The manager and the deputy are both lovely men...well you just have to look at the work that goes into this place."

The service had good relationships with the local community. Local healthcare professionals confirmed good links were maintained. Two members of the local scout group were volunteering at the service during the inspection as part of their Duke of Edinburgh award scheme. One person told us, "When I go down into the village, people recognise me now and know where I am staying from before when I have talked to them. They always comment that the place has a good reputation within the village."

The service had a positive culture that was person-centred and inclusive. People told us, "The staff all seem very happy working here. It feels like a family, they are look after each other"; "They never leave anyone out...they will come and get you if you are not about"; "You're not allowed to give tips which is a good ethos" and "The camaraderie is second to none with everyone."

Staff meetings took place regularly and staff we spoke with felt supported by the management team. They told us, "We have normal meetings but then one big meeting in January when the service closes and everyone comes to that." Records showed a range of issues were discussed and staff told us they could speak about issues which mattered to them.

The provider continued to have an effective quality assurance process in place. The registered manager conducted a variety of checks and monitoring procedures, including competency checks of staff, audits of medicines and infection control procedures and monitoring of policies and procedures. The registered manager and staff confirmed that the provider's representative also visited and undertook a range of checks which included speaking to people using the service. However, the record of these visits was not available and therefore we were unable to check. Information from the service was sent to the provider, including accidents and incident information, complaints and any safeguarding concerns. This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

We recommend copies of provider visits are recorded and maintained at the service in line with best practice.

'Guest satisfaction surveys' were distributed to people at the end of their short stay to enable the registered manager to gather views and address any issues raised. We viewed survey analysis which had been undertaken and the comments we saw were all positive.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. The rating for the service was also displayed on their website and in the service which is also required.