

Heltcorp Limited

Rotherwood Care Home

Inspection report

Doncaster Road
East Dene
Rotherham
South Yorkshire
S65 2DA

Tel: 01709820025

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04 July 2019

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Rotherwood Care Home provides residential care services to older people with a range of support needs, including dementia. It can accommodate up to 27 people. The home is located in the East Dene area of Rotherham, and has parking and public transport access as well as local facilities nearby.

People's experience of using this service:

At our last inspection in June 2018, we raised concerns about medicines management and consent and the service was in breach of Regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found improvements had been made and the service was no longer in breach of these Regulations.

Medicines were being administered safely and people's dietary and healthcare needs were met. Infection control procedures were being followed and the service was clean and tidy.

The registered manager provided staff with leadership. They were approachable and keen to achieve high standards within the service. Audits and checks were carried out and used to drive continuous improvements to the service people received.

People told us they felt safe living at the service and, where appropriate, safeguarding referrals had been made. Staff had received safeguarding training and understood how to keep people safe. There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

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

Staff were caring in their approach and knew people well. There was a culture within the home of treating people with respect and dignity. People's feedback was used to make changes to the service.

A range of meaningful activities were on offer to keep people occupied, and this reflected their individual interests.

Care plans were up to date and detailed, setting out the care and support people wanted and needed. Risk assessments were in place which set out the steps staff should take to manage the risks people were vulnerable to or presented.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training which was relevant to their role and people's needs.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 19 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well Led findings below.

Rotherwood Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The service was inspected by two adult social care inspectors.

Service and service type

Rotherwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced, meaning the staff and management did not know that the inspection was going to be taking place.

What we did before the inspection:

We reviewed notifications we received from the service and reviewed any information we received prior to the inspection from people using the service, their relatives and care staff. We also contacted the local authority to gain their views on the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

What we did:

We observed care taking place within the home and spoke with three people using the service to gain their feedback about their experience of the home. We looked at six people's care records. We checked records relating to the management of the service and spoke with three members of staff, the regional manager and the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement At this inspection this key question has now improved to good

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management. Using medicines safely.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people, and was not managing medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Each person using the service had a risk assessment setting out risks that they may present, or to which they could be vulnerable. Risk assessments were regularly updated to ensure they continued to meet people's needs. They were also completed to a good level of detail so staff understood what they were required to do to ensure people's safety.
- Health and safety within the premises was appropriately managed, with up to date testing and checking of the fire system and electrical equipment.
- Medicines were safely managed, although we identified some shortfalls in medicines records.
- Medicines, and records of medicines, were audited frequently so the management team had a good oversight of how medicines were managed at the home.
- In a small number of circumstances, medication had been administered but this had not been recorded.
- We carried out observations of staff undertaking medicines administration. We found it was administered well, and a system was in place which meant other staff understood that when staff were administering medicines they were not to be disturbed, meaning that medicines were administered accurately.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place which contributed to minimising the risk of abuse
- Staff had a good understanding of safeguarding processes, and we saw evidence that safeguarding procedures had been appropriately followed where required,
- People told us they felt safe at the home. One person said: "I have nothing to worry about here."

Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

- Staff were deployed in sufficient numbers so that people received care when they required it. We observed when people needed assistance staff attended quickly.

Preventing and controlling infection

- A regular infection control audit was undertaken, and any actions identified were completed quickly. The home had a named infection prevention and control lead, and appropriate policies were in place to support good practice.
- Staff had received training in infection control, and we observed the premises was clean throughout. Staff we observed use personal protective equipment (PPE) appropriately, and it was in plentiful supply.

Learning lessons when things go wrong

- Team meetings and staff supervision meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.
- Accidents and incidents were recorded and monitored by the registered manager so they could identify patterns and trends. Appropriate action was taken in response to any incidents, such as referral to relevant healthcare professionals or changes to risk management systems.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider did not have appropriate arrangements in place for obtaining people's consent, or for reaching decisions where people did not have the capacity to consent to their care and treatment. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11, although we identified there remained some areas for improvement regarding consent and best interest decision making.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether people had consented to their care and treatment. In all of the records we checked, people who had capacity to consent to their care had done so. However, we found this was done in a generic way rather than being specific to the decisions being made. Likewise, where people lacked capacity, best interest decisions had been made but again they were generic in nature.
- The provider had submitted appropriate applications to the local authority where it considered it necessary to deprive people of their liberty in accordance with the law, and had systems in place to manage this.

- Staff had received training in relation to consent and capacity, and the registered manager demonstrated a good understanding of their responsibilities in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the provider when they began using the service. This was regularly updated to ensure it continued to reflect people's needs.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the registered manager and told us training was plentiful.
- Staff training records showed they had received a range of training in areas appropriate to the needs of people using the service.
- People using the service told us they felt staff had the necessary skills to carry out their roles. One person said: "I can't fault them, they're great."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed. Screening tools were used and appropriate referrals were made to external healthcare professionals.
- We observed a mealtime taking place in the home. People chose where they wished to eat, and were provided with choices of food and drink.
- We spoke with a member of catering staff who understood people's dietary needs well.
- People told us they enjoyed the food at the home. One person said: "It's all very nice, I like it."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. Care plans incorporated guidance provided by such professionals.
- Information was shared with other agencies where people needed to use other services.
- People's health was regularly monitored and changes were responded to appropriately.

Adapting service, design, decoration to meet people's needs

- The premises had been adapted to meet the needs of people with dementia, with ongoing improvements planned at the time of the inspection.
- The home was accessible to people with mobility difficulties and aids and adaptations were fitted where required to assist people to maintain their independence.
- People using the service gave us positive feedback about the premises. One person talked about the "bistro" area within the home, saying: "It's lovely, I like how they've done it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remains good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People's cultural needs were assessed when their care plans were initially devised.
- People we spoke with told us they felt staff treated them well and upheld their rights. One person described the staff as "great."
- Our observations showed staff were warm and genuine in their interactions with people using the service.

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions about care were incorporated when their care packages were devised.
- During the inspection we observed care taking place and interactions between staff and people using the service. It was clear that staff were respecting people's decisions about their care.
- We observed staff seeking people's views and opinions as they provided care, checking on their preferences and upholding them.
- There were regular meetings for people using the service, where they were encouraged to give feedback about the service provided, food, activities and share ideas for improvements.

Respecting and promoting people's privacy, dignity and independence

- In our observations of care taking place we saw staff took steps to uphold people's dignity and privacy, providing support as discreetly as possible.
- We observed staff knocking on people's doors and gaining permission to enter. Staff spoke to people with respect and in a kind manner.
- Care plans showed people's independence was promoted, and we saw staff encouraging people to be independent in their day to day activities.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.

Is the service responsive?

Our findings

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been incorporated into the planning of their care.
- Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their day to day activities.
- People's communication needs were assessed, recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person.
- The home had a full time activities coordinator who arranged activities both within the home and outside it. The activities coordinator demonstrated a good knowledge of people and their preferences and interests.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received. externally, but the registered manager amended this during the inspection.
- People we spoke with told us they would feel confident to complain. One said: "I tell them if something's wrong, anything I'm not happy about."
- We asked to see copies of complaints received since the last inspection, but the registered manager could not locate them during the inspection. In the Provider Information Return (PIR) the provider stated they had received seven complaints within the preceding year, and said all were resolved within the timescale set out in their policy.

End of life care and support

- The provider had appropriate arrangements in place to provide a good standard of end of life support.
- People's end of life needs and preferences were taken into consideration when their care plans were devised, and there was clear information when people had expressed preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the time of our inspection there was a registered manager in place. 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 using the service spoke positively about the registered manager and the wider management team.
- Managers had created a culture which was open, collaborative and respectful.
- A wide range of audits were undertaken by the registered manager and management team; these were used by the service to measure health, safety, welfare and people's needs; records confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding of their roles and responsibilities and how their work contributed to the effective running of the service.
- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and we saw evidence of actions being completed. However, records did not always evidence this.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display within the premises.
- It was clear from our observations that the registered manager was involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and incorporated into the way the service was run where appropriate. There were regular surveys as well as meetings for people using the service, and we saw evidence of the provider taking account of the issues raised.
- Staff told us they felt listened to and supported by the management team.

Continuous learning and improving care

- There was a culture of learning from incidents, complaints and feedback, which all staff contributed to. Staff meetings and group supervisions were used for all staff to discuss and contribute to developments arising from learning opportunities.

Working in partnership with others

- The service worked in partnership with the local community, other services and organisations.
- Evidence we looked at demonstrated the service was in contact with a wider professional team in the community to address specific needs of people, for example, district nurses and social workers.