

SNSB Limited

# Roop Cottage Nursing and Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Roop Cottage is a care home providing residential care for up to 35 people in one adapted building, across two floors. At the time of our inspection there were 20 people using the service.

### People's experience of using this service and what we found

People said they felt safe being supported by care staff. Relatives said staff supported their loved ones safely. Staffing levels were supportive, and staff knew the individual risks to people. Risk assessments and guidance for staff was clear. IPC processes were in place, although staff touched and adjusted their face masks on occasion. The home was clean and well maintained and there were no bad odours. There were some stained carpet areas, although a refurbishment plan was in place to address this.

Care plans were informative and person centred, and documentation was still being developed. Some record keeping, such as food and fluid recording needed to be more meaningful and triggers for action more clearly identified.

People felt they received safe support with their medicines and there were clear procedures in place. Competency checks were completed and staff who supported people with medicines were confident to do so. Staff had appropriate knowledge of safeguarding people from abuse and were confident to raise concerns with management or the local authority safeguarding team. Recruitment procedures were followed although some recording needed to be improved.

Staff felt fully supported by the management team to be able to provide care safely. Quality assurance systems were in place and there were regular checks carried out. Audits needed to be more robustly updated when actions were addressed from one audit to the next. Attention to detail on some records needed addressing.

Fire safety procedures were in place, up to date and known by staff. Roles and responsibilities for all staff were clear. Staff knew who to refer to with any queries or concerns. Staff, people and relatives were confident in the improvements made since the last inspection and in how the service was run.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic. We asked the provider to review the care needs for one person who lived at Roop Cottage, against the statutory guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was inadequate (published 26 March 2022) and there were breaches of regulations. 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.

This service has been in Special Measures since 16 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Inadequate to Requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roop Cottage Nursing and Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Roop Cottage Nursing and Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out over two days by one inspector.

#### Service and service type

Roop Cottage Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roop Cottage is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day and we gave short notice on day two. This was because we needed to be sure that the registered manager would be available to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who lived in the home and two relatives about their experience of the care provided. We also spoke with nine members of staff including, the area manager, the home manager, a senior carer, care assistants and ancillary staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and documentation to show how the service is run.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to take sufficient action to reduce risks relating to the health safety and welfare of people. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's safety were assessed and managed.
- People's care records and risk assessments were recorded in detail, known by staff and followed to ensure safe delivery of care.
- People's weight was closely monitored and assessed according to their individual risks. Where people were at high risk of falling, there was a falls risk management plan in place. Staff understood where people may be at risk of choking and they supported them attentively with their food and drinks.
- The provider had accounted for additional risks, such as those associated with the heatwave and there were individual hot weather plans in place for people to ensure they stayed cool and hydrated.
- Improvements had been made to the safety of the environment; there was a secure coded lock on the kitchen door to prevent unauthorised access to hazards within the kitchen. Floor coverings were in the process of being replaced throughout the home.
- Personal Emergency Evacuation Plans (PEEPs) had been updated and these were accessibly stored for use in the event of an emergency. Staff understood fire safety risks and had completed training.

### Using medicines safely

At our last inspection the provider had failed to implement effective systems for the safe management of medicines. This meant people did not consistently receive their medicines as prescribed. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely, and people were supported with these according to their individual needs.
- Staff completed records each time a person was supported with their medicines, and this was done

individually in line with good practice guidance.

- Topical medicines, such as creams, were applied as prescribed and recording was clear and timely.
- Systems were more robust to ensure staff took appropriate action if people refused their medicines. Staff understood when to seek medical advice in this regard and there was more robust monitoring of medicines management.
- Staff were confident to support people with their medicines and their competency was regularly checked. Since the last inspection, the service had stopped providing nursing care and so no longer employed nurses. Senior care staff understood the procedures for the ordering, storage, recording and returning of medicines and said they had a close link with the local pharmacy to support the needs of people living in the home.

## Preventing and controlling infection

At our last inspection the provider had failed to implement effective systems to ensure government guidance around managing the ongoing pandemic was followed. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with infection prevention and control were effectively managed.
- Staff mostly used Personal Protective Equipment (PPE) in line with government guidance. Since the last inspection, clear messaging had been given to all staff about the need to follow IPC guidance. We inspected in particularly hot weather and on occasion, we saw some members of staff touch or adjust their face masks. We discussed this with the registered manager who agreed to address and further reinforce this, to ensure good practice was maintained consistently.
- There were improved systems for the hygienic disposal of PPE to ensure the spread of infection was minimised.
- There was improved understanding of managing the risks of the ongoing pandemic. Staff followed government guidance for self-isolation and COVID-19 testing. The management team worked with the local health protection team to ensure actions were addressed.

## Visiting in care homes

- Visitors were welcomed into the home and people maintained important relationships. One relative told us, "We love being able to come and visit now. We still have to follow some rules but our [family member] is much happier now we can come."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.



Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were clear systems and processes to ensure people were protected from the risk of abuse.

Information such as local authority safeguarding guidance was displayed in the registered manager's office for reference and to ensure prompt reporting of concerns.

- Staff confidently described what they would do to identify and report any safeguarding concerns, including whistleblowing concerns should they be unhappy with practice in the service.
- The provider had improved their understanding of reporting procedures and when to seek advice to ensure people were safeguarded. There was better identification of safeguarding incidents and processes in place to identify learning opportunities and communicate these with staff.

#### Staffing and recruitment

- Recruitment procedures were in place to ensure new staff were suitable for the role and for thorough induction to the service. One member of staff, new to the home told us their recruitment checks had been thoroughly completed before they could start work.
- There had been improvements to staff training, which was ongoing to ensure all staff had the right skills, knowledge and confidence in their roles. Safety related training had been given priority and systems and processes were in place to ensure all staff completed this.
- The service was awaiting background checks to be completed so they could secure the appointment of an activity coordinator. Care staff engaged people well with group games as well as one to one conversation. Staff made time to speak with people and they enjoyed an exchange of chatter and banter throughout the day. One person told us, "The staff make time for a laugh, that's what keep me going."
- People and their relatives said there were enough staff overall, but sometimes they had to wait too long for their meals. The registered manager told us they were reviewing people's dining experience and looking at ways to improve staffing of the mealtime service.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership had not fully embedded the improvements to systems and processes to ensure the quality of people's care was sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurance processes had improved and were still being embedded at the time of this inspection.
- The provider had taken measures to improve and address the issues and regulatory breaches identified at the previous inspection. Risks within the service had reduced overall because the provider had made the decision to cease the provision of nursing care. There was more support for the registered manager, both from the provider and through the appointment of a deputy manager.
- Quality checks were more consistently completed, although some still needed to be more robust. For example, water temperatures were regularly recorded but we noted on the first day of the inspection, hot water exceeded safe limits in one tap. This was not accessible to the person whose room it was in due to their limited mobility, although the regional manager attended to this promptly and made this safe. The registered manager said they would ensure their daily checks were more rigorous in addition to the regular testing.
- We discussed the refurbishment of the home with the management team. The provider was taking action to improve the safety of the premises and making improvements to fixtures and fittings, such as floor coverings. The garden area was being tidied up to improve safety and accessibility for people and their visitors.
- Where one person was independently mobile and frequently used the garden, there were regular staff checks on their safety and whereabouts, although the registered manager said they would improve the future quality of the checks by ensuring named staff were allocated to complete these.
- Some records lacked attention to detail, such as dates on audits and records of people's oral care. The registered manager said they were working to address this with the staff and management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred,

open, inclusive and empowering, which achieves good outcomes for people

- The provider had an improved understanding of their responsibilities under the duty of candour.
- Reporting of incidents and safeguarding concerns had improved and there was a more consistent approach to evaluating these. There were systems in place to identify and analyse incidents and identify lessons to be learned. Root cause analyses were carried out and information shared appropriately where more in-depth investigations were needed.
- Relatives told us they were immediately informed if there were any concerns or incidents involving their family members. They said the management team was open and honest in their communication.
- People, staff and relatives were confident to approach the registered manager and felt valued and listened to. One person said, "[Name of registered manager] always talks to me and checks if I'm alright. If I needed to speak with [them] I know I've only to ask." One relative said, "It's under much better management now, I'm confident this manager is right for this place."
- Where friends and family members worked at the home, the registered manager ensured this was managed objectively to ensure transparency in communication.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in the service and there was close partnership with others.
- Relatives told us they were kept informed about changes in the home, or within their family members' care and support. They said communication had improved and they could speak with staff or the management team at any time. One person's relative told us, "I know what goes on, I come regularly. My views are welcomed and I feel I'm included in my [relative's] care. We have meetings if need be."
- The service worked closely with health professionals in support of people's care. The registered manager agreed to arrange a review to ensure one person's placement was suitable. Where people needed additional support, such as in the community or to attend local groups, this was being facilitated.
- Staff attended regular meetings and they said communication was good, the registered manager supported them fully and was involved in people's care. One member of staff said, "We are a really good team, the manager, the carers, everybody, we all work together."