

Mr & Mrs C B Ellis

# Rookwood Residential Care Home

## Inspection report

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September 2015  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This was an unannounced inspection which took place on 27 August and 1 September 2015. We had previously carried out an inspection on 9 September 2013 when we found the service had complied with all the regulations we reviewed.

Rookwood provides accommodation for up to seventeen people with mental health needs who require support with personal care. Sixteen people were living at Rookwood at the time of our visit.

# Summary of findings

Rookwood is a large semi-detached property on a sited on a main road close to Bury town centre. The home has good transport links into Bury and Manchester and there is a large park opposite and there are shops and other amenities close by.

The service had a manager who was registered with us. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People we spoke with either told us they felt safe or indicated they did so. They said, "I think it is very nice here and I feel safe." and "Well I don't feel unsafe!"

Recruitment processes in the service were sufficiently robust to help ensure the protection of vulnerable people from the risks of unsuitable staff being recruited. We found staffing levels were appropriate to meet the needs of people who used the service.

There were systems in place to ensure the safe administration of medicines and effective control of infection practices.

Staff had received the training they needed to support people safely and effectively.

People told us that they liked the food that was offered. One person told us, "The food here is great but I don't like liver so they make me something else." Another person said, "I like the food. I am a diabetic so I have to watch what I eat. They help me manage it well."

People had the access they needed to health and social care professionals. A doctor gave feedback to the home's recent quality assurance review. They commented "Very high quality home with extremely responsive owners/ staff. Residents are well cared for. Highly recommended."

During our inspection the atmosphere was relaxed and friendly. One person who we spoke with said, "The peace here is the most important thing to me. I don't like too much commotion."

We saw that people were able to come and go as they pleased. Everyone had a key to their bedroom to ensure their right to privacy was maintained. People also had access to a 'hands free' telephone so they could take calls in private.

People who we spoke with told us they liked to do their own thing. People said "I like to spend most of my time in my room reading." "I go into Bury shopping. I like to buy clothes and meet my friends in a café." "I go to see my brother and other family."

There had been no complaints made about the home.

Prior to our visit we contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Rookwood.

All the people we spoke with told us the registered manager was approachable and would always listen and respond if any concerns were raised.

Responses received from a recent quality assurance review were positive with comments from professional visitors stating, "During my time visiting the home I have been impressed with the care provided and the staff response to any changes they identify in my clients." A relative commented, "We have always been happy with Rookwood. [My relative] is extremely happy living there. When we visit we have always been offered a drink and treated courteously. The management and staff are lovely and are all happy to listen to you if needed. We know [relative] is in good hands."

# Summary of findings

## 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 was safe.

People we spoke with either told us they felt safe or indicated they did so.

Recruitment processes in the service were sufficiently robust to help ensure the protection of vulnerable people from the risks of unsuitable staff being recruited.

There were appropriate systems in place to ensure the safe administration of medicines and effective control of infection practices.

Good



### Is the service effective?

The service was effective.

Staff had received the training they needed to support people safely and effectively and to protect people's rights.

People told us they enjoyed the food that was provided and we saw that they were offered food and drink frequently throughout the day.

People had the access they needed to health and social care professionals.

Good



### Is the service caring?

The service was caring.

The atmosphere in the service was relaxed and friendly and there was a good rapport between people who used the service and the staff supporting them.

The service made every effort to keep people at the home for as long as possible towards the end of life so that they could stay with residents and staff that knew them well.

Good



### Is the service responsive?

The service was responsive.

People who used the service knew about their care records. Care records were reviewed every month and people signed their agreement to them.

People were supported by staff to maintain their independence and they were able to do what they wanted to do when they wanted to.

Good



### Is the service well-led?

The service was well led.

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration.

The provider had carried out quality assurance reviews and feedback from people who used the service and health and social care professionals was positive.

Good



# Summary of findings

Prior to our visit we contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Rookwood.

# Rookwood Residential Care Home

## Detailed findings

### Background to this inspection

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

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Rookwood.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

The inspection took place on 27 August and 1 September 2015, was unannounced and involved one adult social care inspector. During the inspection we spoke with seven people who used the service, the registered manager, two support workers and a housekeeper. We looked at a range of records relating to how the service was managed; these included people's care records, recruitment files and training records.

# Is the service safe?

## Our findings

There was a quiet and relaxed atmosphere at the home. People we spoke with either told us they felt safe or indicated they did so. They said, "I think it is very nice here and I feel safe." and "Well I don't feel unsafe!"

The home had a copy of the local authority safeguarding policy. The staff team training matrix showed that all staff had undertaken training in safeguarding adults. The two support workers we spoke with were able to tell us what action they would take if they had any concerns about a person who used the service. They told us they were confident they would be listened to by the registered manager if they were to raise any concerns. They were also aware of what action they must take in reporting poor practice on the part of a colleague, also known as whistleblowing. They told us they were aware they could approach the local authority adult care services and CQC should they feel that appropriate action had not been taken by the registered manager or the registered provider. They told us they had no concerns about the care provided by the home.

We saw on the records that we looked at that there were assessments in place covering a range of individual risks for individual people, for example, fire safety, falls and people's behaviours.

People who used the service who we spoke with told us that they thought there were enough staff on duty to support them. From our observations there were sufficient staff on duty throughout the day to meet people's needs. The registered manager told us that the home was fully staffed however one support worker was leaving due to career progression.

During the week days the registered manager and two support workers were available to support people with two support workers during the evenings and weekends and a waking night staff member. Outside agency staff were not used by the home so people who lived there received consistent care from a staff team who knew them well.

There had been no changes to the staff team since 2013. We looked at the recruitment and selection procedures for two members of staff who worked at the home. We saw that systems were in place which met the requirements of

the current regulations, which included a criminal record check. Records also showed that a pre-employment medical questionnaire, references, identification and an application form had been completed.

We asked some of the people we spoke with about their medicines. They confirmed that they always received their medicines on time and they never ran out of medication. One person commented "I always get my medication on time and they sort it out when I visit my relatives. I don't miss any they keep me well and stable." And "I definitely get them on time."

The staff training record showed that all except one member of staff had received training in administering medicines. The registered manager told us that this staff member did not administer medicines.

We saw that medicines were stored securely in the office. Medicines were supplied to the home in a monitored dosage system (MDS). Medication administration sheets (MARs) contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person.

There were no controlled drugs being used by the home. We were also told that no-one was being given their medication covertly which means without their knowledge and consent. One person was being given a short course of PRN (or as required) medication to help manage their mood. We saw that this person's mood had much improved by our second inspection visit to the home and the PRN medication had been stopped. The person concerned told us, "I get my medication on time and they do me good."

The registered manager had recently carried out a competence check of staff members who were responsible for administering medicines as part of their supervision sessions. A staff member stated, "It is great to have feedback and know that I am doing everything right." Another support worker commented, "I am aware of never becoming complacent with medication and always adhere to the policy and procedure."

At our last inspection we had some concerns about the hand washing arrangements in a small number of toilets within the home. The registered manager said they would review the arrangements in line with presenting risks of some people living at the home and make improvements where necessary. At this inspection we saw that the

## Is the service safe?

registered manager had made improvements by fitting hand sanitizers in the toilets concerned. Although this was an improvement it was agreed that this action did not go far enough and arrangements were made to add small hand wash basins to the toilets concerned to help reduce further the opportunity for cross infection from one person to another. This work was started by the provider before our inspection was concluded.

The kitchen had been fully refurbished since our last inspection visit and was seen to be clean and tidy. Records of fridge and freezer temperatures were kept to ensure that food was being stored correctly. A temperature probe was used to check that meat was cooked thoroughly to an appropriate temperature. There was a cleaning schedule for the kitchen in place. The home has a Food Hygiene Rating Score of 4 which is above acceptable.

Records of cleaning were maintained in a control of infection file. Information on the file included audits of kitchen and food safety and the environment. All beds and mattress were checked annually and replaced as necessary. Colour coded mops and buckets were in use to ensure that, for example, mops used in the toilet and bathroom areas were not used in the kitchen. No malodours were detected in the communal toilets and bathrooms. Showerheads were disinfected regularly.

The home had two washing machines, one of which was used to wash occasional soiled items. The home used a special disposable red bag system that could be put straight into the washing machine to help prevent the transfer of infection. If the red bags were used an empty hot cycle was used to prevent the build-up of bacteria in the washing machine. We saw that protective and disposable aprons and gloves were available for staff to use when supporting people with personal care needs.

We saw that the home was well maintained and there was a window cleaner and gardener carrying out work to the outside of the home, which was well presented, during our inspection visit. We saw that maintenance checks had been undertaken, for example, gas safety and portable electrical appliances and were valid. When we checked the water temperature records for the home we found them to be too high in some areas of the home. This matter was addressed immediately by the registered manager. We also saw records to show that a weekly test of the fire alarm was undertaken and monthly fire drill, fire door and means of escape checks being undertaken.

# Is the service effective?

## Our findings

We looked at the records of a person who had recently stayed at the home for a period of respite care. We saw that the home had carried out an assessment of the person before they moved into the home to ensure they could meet the person's needs. They also had an assessment that had been carried out by a community based professional and the person's mental health review and had received a prescription record from the person's doctor to ensure they had the right medicines.

We saw on staff recruitment records that new staff received induction training, which included the Skills for Care common induction programme.

The staff team training record, which included the registered manager, showed that all but one member of staff had undertaken National Vocational Qualification (NVQ) training to Level 3 standard. The outstanding staff member held NVQ Level 2. The record also showed that staff received training in moving and handling, health and safety including infection control, first aid, fire safety, medication and food hygiene. Training had been provided by the local authority training partnership.

We saw that staff received regular supervision from the registered manager and a record of the session was maintained on their personal file.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DOLS) and to report on what we find. This legislation is in place to ensure people's rights are protected. No-one living at the home at the time of our visit was being unlawfully deprived of their liberty.

A mental capacity assessment had been carried out for everyone who lived at the home. We were told that everyone currently living at the home except one person had the capacity to make all their own decisions about their lives. However it was acknowledged that the capacity of the person concerned did fluctuate at times and they

always asked the person for their consent as sometimes they could make decisions. The staff training record showed that all the staff had received Mental Capacity Act 2005 (MCA) and DOLS.

We talked with the registered manager about the need to ensure that where people had capacity to make decisions that where restrictions were in place, for example, where people were being supported to receive cigarettes and money on a daily basis that written agreement was in place on the person's records. Records showed that this was in place for most of the four people concerned but not all. The registered manager told us they would deal with this matter immediately.

People told us that they liked the food that was offered. One person told us, "The food here is great but I don't like liver so they make me something else." Another person said, "I like the food. I am a diabetic so I have to watch what I eat. They help me manage it well."

There was a set menu in place but people told us if they did not like what was on the menu then they could have something else. Drinks and home-made cakes were seen to be offered between meals. We saw that there was plenty of food available in the home for people to eat.

We saw that people's weight was monitored monthly and kept under review by the manager and staff.

People told us they had access to the health care professionals they needed. People had access to mental health care professionals and supported by district nurses as appropriate. People were supported by staff to attend health appointments as appropriate. There had been no re-admissions to hospital due to mental health concerns and where concerns had been identified about people's health, support from the appropriate health care professionals had been sought.

A doctor gave feedback to the home's recent quality assurance review. They commented "Very high quality home with extremely responsive owners/staff. Residents are well cared for. Highly recommended."

# Is the service caring?

## Our findings

During our inspection we observed the atmosphere in the service was relaxed and friendly. One person who we spoke with said told us, "The peace here is the most important thing to me. I don't like too much commotion." People told us that they generally got on well together as a group. One person said, "I get on well with everyone, life's too short for bearing grudges."

None of the people who we spoke with raised any complaints about the staff. We observed that there was a good rapport between people who used the service and the staff supporting them. From discussions with staff and from what we observed staff demonstrated that they knew the people they were supporting well and could tell us a lot about the people we discussed.

We saw that most staff had received training in understanding the need to treat people in a dignified way. In supervision records we saw that one staff member had commented, "I thoroughly enjoyed the dignity in care course and learnt quite a lot." Staff had also received training in person centred care.

On the day of our visit everyone we saw appeared well dressed and cared for. We saw that people were able to come and go as they pleased. Everyone had a key to their bedroom to ensure their right to privacy was maintained. People also had access to a 'hands free' phone so they could take calls in private.

We saw that the home was a member of an advocacy scheme. We saw that the home received regular updated information from the scheme about a range of issues that might impact on people who used the service. We saw that the home's service user guide made reference to treating people equally regardless of their race, gender, sexual orientation, religion, age and disability.

We saw that one person who had lived at the home for many years was being supported with the end of life care due to a life limiting condition. There was no evidence to suggest that the home could not manage the person's needs at the time of our inspection visit.

# Is the service responsive?

## Our findings

People we spoke with who were able told us that they were aware that they had care records and staff talked to them about the records regularly. One person said, "I know about my records and I am asked to sign them." We saw on the records that we looked at that this was the case.

We looked at three sets of care records and notes for people who used the service. We saw that they had a care plan in place and risk assessments had been carried out.

People had also completed with support where necessary a person centred "All About Me" form. This was an easy read record which included information that was important to them, for example, their preferred daily routine, food and drink, people, what makes me angry or sad, what changes a person would like to make and hopes and dreams. This document was reviewed with the person every six months and more frequently if changes occurred.

People who we spoke with told us they liked to do their own thing. People said "I like to spend most of my time in my room reading or on social media." "I go into Bury shopping. I like to buy clothes and meet my friends in a café." "I go to see my brother and other family." Some people were involved in regular activities for example attending day centres and drop in centres that provided a range of activities. Some people occasionally went out to the local park and Jubilee Centre which they enjoyed.

Records showed that some people did not engage in regular activities outside the home. Feedback from two people we spoke with about this told us that they could go out more but it was their choice not to and they were happy with their life. A person said, "It's great to have a good time together and have friendships." Another said, "It's good to be able to help people when they are down."

On a staff members supervision records we saw a comment that stated, "I like to help service users as much as possible without taking away their independence. Some people enjoyed doing additional jobs around the home. One person told us that they liked to go shopping for the home and local errands. They said "I like to help people who cannot do much for themselves. Where a person had been assessed as not having the capacity to make decisions for themselves there was a clear instruction to staff to help the person as much as possible with his daily tasks but without taking away his independence.

People we spoke with told us they had no complaints. They knew they were able to speak to the registered manager if they had any worries or concerns and they were confident he would do his best to sort the problem out. The registered manager told us there had been no formal complaints received about the home since our last inspection visit.

## Is the service well-led?

### Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration.

Prior to our visit we received we had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service and gave detailed information about the service.

Before our visit we contacted the local authority safeguarding and commissioning teams and no concerns were raised by them about the care and support people received from Rookwood. Our internal intelligence information showed that there were no presenting risks at the service.

The registered manager was visible and available for people who used the service to speak with throughout our visits to the home. The registered manager worked directly with people on a day to day basis and knew them well. The people who used the service and staff spoke highly of the registered manager. They said that they approachable and supportive.

We saw that the registered manager carried out monthly audits in relation to control of infection, the environment and the review and update of people who used the services records.

We saw that the home had an easy read service user guide that gave the information about the services provided by the home which included arrangements for meals, laundry, visitors, hairdressing, complaints, comments and compliments. It also gave information about how to contact the CQC.

We saw that in June 2015 the service had undertaken a quality assurance review about the service provided and had received responses from people who used the service, relatives and visiting health and social care professionals.

A full range of policies and procedures were available for staff to use. The policies and procedures were kept up to date by a health and safety company to help the service keep abreast of changes in legislation. The home was also a member of the local training partnership which was also a means of keeping up to date with changes to practice and the law.

Responses received were positive with comments from professional visitors stating, "During my time visiting the home I have been impressed with the care provided and the staff response to any changes they identify in my clients." A relative commented, "We have always been happy with Rookwood. [My relative] is extremely happy living there. When we visit we have always been offered a drink and treated courteously. The management and staff are lovely and are all happy to listen to you if needed. We know [relative] is in good hands."