Trustcare Management Limited

Rookhurst

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

Rookhurst provides residential care for up to six people with learning disabilities. There were four people living there at the time of our inspection. The service provides care and support to people living with learning disabilities including, cerebral palsy and to people with associated mental health conditions. Some people have epilepsy and some displayed behaviours that challenged others.

People's communication skills varied, some were able to tell about their experiences and others needed support with communication and were not able to tell us, so we observed that they were happy and relaxed with staff.

There was no registered manager in post. 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. An acting manager had recently been appointed and they had submitted their application to the CQC for registration.

We last carried out an unannounced inspection on 26 May and 03 June 2015 where we rated the home as 'Requires Improvement' in all areas. We issued specific requirement notices in relation to person centred care, staffing and governance. We received an action plan from the provider that told us how they would make improvements. We carried out this comprehensive unannounced inspection on 10 and 11 August 2016 to check the provider had made improvements and to confirm that legal requirements had been met. We found that significant improvements had been made in the running of the home.

Although care provided was centred on people's individual interests and wishes, the record keeping to demonstrate that this was the case, was not always in place. Three new staff had recently been appointed and were reaching the end of their induction. Staff told us that once all staff were comfortable supporting people outside of the home the numbers and variety of activities provided for people would increase.

There were enough staff who had been appropriately recruited, to meet the needs of people. Staff had a good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live. Staff understood what they needed to do to protect people from the risk of abuse.

The acting manager and staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had assessed that restrictions were required to keep some people safe and where this was the case referrals had been made to the local authority for authorisations.

Staff had a good understanding of people as individuals, their needs and interests. People's spiritual needs were met. When people's health changed, staff made sure they had access to healthcare professionals for specific advice and support. This included GP's, dentists and opticians.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care. Regular training was provided specific to meeting people's needs and if staff identified additional training that they would like to receive, arrangements were made for this to happen. Staff received regular supervision and support from management which made them feel valued.

The acting manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately. Staff and people spoke positively about the way the service was managed and the open style of management.

People were involved in the running of their home. For example, one person helped with menu planning and they encouraged others to choose what they wanted to eat. They used picture cards to help people make their choices. Staff guidance was only provided to make sure the meals chosen were healthy and nutritious.

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.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff sought people's consent before providing all aspects of care and support. Staff received suitable training to support people effectively.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained. Support was provided in the way people wanted to receive it.

The manager and staff understood their responsibilities in relation to theMental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people. People's dignity and privacy was promoted.

Staff adapted their approach to meet people's individual needs and to ensure that care was provided in a way that met their particular needs and wishes.

Is the service responsive?

Good

The service was responsive.

People were supported to regularly take part in activities of their choice.

Support plans contained detailed guidance to ensure staff knew how to meet people's needs.

People were given regular opportunities to share any worries or concerns they might have.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Record keeping did not always demonstrate the person centred care carried out by staff.

A wide range of audits were carried out to monitor the running of the home and to ensure that it was well run.

There was a positive and open culture at the home. Staff told us the manager was supportive and approachable. They were readily available and responded to what staff and people told them.

Rookhurst

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 11 August 2016 and was unannounced. When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services.

During the inspection we reviewed the records of the home, this included staff recruitment files, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at three people's support plans and risk assessments along with other relevant documentation.

During the inspection we spoke with the acting manager, a national director, a regional director, the training coordinator and three care staff. We spoke with three people and one person's relative. We spent time observing the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at Rookhurst. Following the inspection we spoke with one social care professional.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We considered information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

Good

Is the service safe?

Our findings

At our last inspection in May 2015 the provider was in breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because they failed to ensure that there were enough staff to meet people's needs. Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found that improvements had been made and that the home was continuing to build on the progress.

People who could tell us, said they felt safe. One person told us, "I feel safe, I love it here." We observed that when people needed support there was always a staff presence to provide reassurance and guidance.

All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation.

People were protected against the risks of harm and abuse because staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. Risk assessment documentation in care plans had been updated at regular intervals and always after an incident. Staff told us that when an incident occurred they reported it to the manager who was responsible for referring the matter to the local safeguarding authority. When an incident or accident occurred, staff completed a form which described the incident and how it had been resolved.

Where people displayed behaviours that challenged, there was advice in care plans about what might cause an escalation in behaviours, how the behaviours may present and the actions staff should take to manage the behaviours. The guidelines in place had been written with the support of a clinical psychologist.

There were enough staff working in the home during the day and night to meet people's needs safely. There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. A code was used on the rotas to highlight who was in charge, if staff were on training, or if there were particular activities arranged, and this made it clear to see when additional staff was needed to cover these. A staff member told us, "As we only have four residents we can manage but if we had more residents, the levels would need to be reviewed."

In addition to the manager, there were three staff on duty throughout the day until five pm and then two staff. At night there was a waking and a sleep in staff member. The sleep in staff member assisted where needed for a set number of hours and was then called on, only if necessary, during the night hours. We were told that alongside the normal staff arrangements, the rotas also included set hours that some people were funded to receive for one to one support with activities throughout the day. One person was funded throughout the waking day so a staff member was allocated to support them daily. Others were funded to receive fewer hours one to one and the rota was used flexibly to ensure these hours were provided. A dependency tool was in place to ensure that staff levels were monitored regularly alongside people's needs.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in a cupboard in a locked room. A locked trolley was used to store excess stock. This trolley was also stored within the locked room. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain or were agitated. The temperature at which medicines were stored in the medicine's room and in the medicine's fridge were recorded daily to ensure medicines were stored at safe temperatures.

Regular health and safety checks ensured people's safety was maintained. Checks included infection control and cleaning checks, gas and electrical servicing and portable appliance testing. A maintenance book was kept that included details of any faults identified and records of when they were addressed.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation that included photo identification, written references and evidence that a Disclosure and Barring System (DBS) check had been carried out to ensure people were safe to work in the care sector. When staff had only recently moved to the country the organisation had sought advice on when they should seek DBS checks.

Good

Is the service effective?

Our findings

People received support from staff who knew them well and had an understanding of how to support them appropriately. People told us the food was good and they had a choice of what they wanted to eat and drink. People's health needs were met and there were good systems in place to ensure people attended a range of healthcare appointments.

Menus were decided on a weekly basis and people were fully involved in the process. One person had responsibility for checking with others to ask their preferences. This person told us they used pictorial cards to help people make a selection. Each person chose the menu for one day and between them they reached a majority decision for the other three days. Staff monitored the procedure to guide where needed to ensure that the options were healthy and nutritious. A meal feedback form was used to record if people had enjoyed their meals and if they had any specific comments that should be taken into consideration for future menu planning. One person's fluid intake was monitored to ensure that they received enough fluids each day. People's weight was regularly monitored and documented in their care plan. A nutritional assessment was completed when they moved into the home and this was reviewed regularly. People's dietary needs and preferences were recorded.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training on MCA and DoLS and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. Although doors were not locked, there were alarms on the external doors to ensure staff were aware when anyone left the building. Referrals had been made for standard authorisations for those who required them.

Staff asked people's consent before providing support. They had assessed people's abilities to make decisions and were clear that should complex decisions need to be made, a 'best interests' meeting would be held. This was to ensure care was provided in line with people's assessed needs and wishes.

Staff received ongoing training and support to meet people's needs. There was a training programme and the system in place showed that staff had been booked to attend updates when they needed to renew their training. Staff told us they received training which included safeguarding, mental capacity and DoLS, infection control and food hygiene. One staff member told us, "We have regular opportunities to do training and we discuss what we have learned at staff meetings, training is good here." The training coordinator was

in the home on the first day of inspection and they told us that they visited the home regularly and spent time with staff to ensure that they had the knowledge and skills to meet people's needs.

All staff had received training on preventing and managing challenging behaviour. They told us that the information in care plans backed up the training they received and that it helped them in dealing with behaviours that challenged. However, two staff told us they would like more detailed training on mental health. The acting manager said this had also been raised as part of supervision and further training was in the process of being arranged. We asked if staff had received training on cerebral palsy and were told that this would have been covered at a basic level during induction. However, the manager said that they would source additional training on this subject.

There was a structured induction programme in place when staff started work at the home. A staff member told us this included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. Before staff started work in the home they completed induction training on a wide variety of courses. This included training on epilepsy and on mental health.

On completion of induction, staff who had not previously worked in care went on to complete The Care Certificate. We were told that three new staff had signed up to do this course. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

A number of staff either had or were working towards healthcare qualifications relevant to their role. The acting manager had completed a healthcare qualification at level two and was just about to start the level five qualification.

Staff received regular supervision which was booked in advance; they told us they were able to have extra supervision if they required further support. All staff spoke positively of the manager. A staff member told us "I am extremely well supported." They also said, "We are a nice team and we all care about the people we support."

People were supported to maintain good health and received on-going healthcare support. 'Care passports' contained important information about each person's health needs. Where professionals had provided support to people, there were detailed guidelines on any recommendations they had made. For example, there were speech and language therapist (SALT), guidelines for people who had difficulties swallowing and the local GP had reviewed all epilepsy guidelines in place.

Good

Is the service caring?

Our findings

A relative told us that staff kept in touch. They said that they visited the home regularly and talked to staff on the phone. They were always invited to reviews and said the home is, "The best it's ever been." They told us, "Staff are caring and they notice things if anything is wrong."

People were treated with kindness and compassion in their day-to-day care. There was a very relaxed and calm atmosphere in the home and staff had a good rapport with people. We only saw one bedroom had been personalised to reflect the person's individual tastes and interests. People were supported by staff who knew them well as individuals and they were able to tell us about people's needs, choices, personal histories and interests. We observed that staff talked and communicated with people in a way they could understand and were encouraged to make decisions. For example, in relation to what they ate and what they wanted to do for the afternoon.

At the entrance to the home there was what was known as a 'dignity wall.' This included a visual display of balloons, photos of people and staff, and quotes. A staff member explained that they wanted to ensure that people experienced dignity so they examined what it actually meant for people, staff and visitors and looked at how they ensured it was provided. The quotes represented views obtained as part of the process and the balloons were used as, "A celebration of dignity."

People's privacy and dignity was respected. Staff told us that they knocked on people's doors and waited for a response before they entered the room. They said they maintained people's dignity by helping them to maintain their independence and involving them in decisions. They ensured that people's doors and curtains were always closed when personal care was given.

A new six seater car had recently been bought which meant that if people wanted to go out as a group they could. The acting manager said that they were in the process of getting two fold up wheelchairs that didn't take up much storage in the car. One person told us that they liked going out as a group.

Staff chatted with people throughout the day. When one person was a bit anxious staff offered to meet with them privately to discuss their worries and what might have caused them to be anxious. One person had attended a hairdresser appointment and when they returned staff gave them a very positive response that encouraged the person to feel good about themselves.

One person showed us their care plan and talked us through the various aspects that were important to them. They had a very good understanding of the medicines they were prescribed and why they took them. They were proud of the role they had in menu planning. They said that staff treated them well and they could talk to anyone if they had any worries. Some people were not able to tell us their experiences. We observed that they were relaxed and content in their surroundings and could move around freely from room to room to choose when they wanted to sit. When they needed support they were able to make their needs known. When they displayed behaviours that challenged, a staff member discretely explained to a new carer how to manage the situation so that they would be able to deal with the situation independently if this

happened again.

Good

Is the service responsive?

Our findings

At our last inspection in March 2015 the provider was in breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because people did not always receive support in a way that met their individual needs. Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found that improvements had been made and that the home was continuing to build on their progress. However, due to the turnover in the staff team since the last inspection the home needed time to ensure all staff had completed their induction and were able to meet people's needs fully to support them with their activities.

A relative told us, "Staff noticed that my relative had difficulty in the shower and they arranged to have handrails in the ensuite and a shower chair. It's the little things that make the difference." One person told us, "I love my room, I'm getting a new double bed, a bedside table and an armchair. They will be delivered in September." Staff also told us that another person was also getting a new bed and was being assessed in terms of equipment needed for their bathroom.

Staff told us that although people were doing a range of activities this could be increased further. One staff member said that as there had been new staff appointed recently, it took time to ensure they were inducted to the service fully and to get to know people. Where people displayed behaviours that challenged this meant that the new staff needed to be confident in the management of these behaviours in the home before they could assist them in activities outside of the home. In the short term staff told us that this had meant that one person in particular had not gone out as often as they would have liked but they had been supported with activities within Rookhurst. Daily records showed that they had either gone on a walk, a bus trip or a drive daily. Staff told us that now that new staff had almost completed their induction, they were just at the stage where they were comfortable supporting people outside of the home and this meant that the numbers and variety of activities provided could now be increased.

One person told us, "I go to church every Sunday. I love meeting people after the service. I go to bingo once a week and to a disco on Fridays." Two people who had difficulty communicating verbally had recently been given access to a 'tablet' with a variety of pictorial images. The acting manager said that this had made a big difference to one of the two and the other was still a bit wary but that progress was being made. Staff were hoping to expand the number of images and to use real photographs to encourage people to make a greater variety of choices and decisions.

There was a complaint's policy in place and each person had a copy of the complaint procedure in their bedroom. There was one complaint recorded and this had been dealt with effectively. Throughout our inspection there was an open door policy for staff and people regularly came to the office with queries or if they had any worries and they were given reassurance.

There was a range of documentation held for each person related to their care needs. This included information about their medical needs, support needs and ability to give consent. They contained detailed information and guidance about people's routines, and the support they required to meet their individual

needs. If someone required specific support to meet a health need such as epilepsy or if they displayed behaviours that challenged, there was detailed advice and guidance for staff to follow. This included advice on known triggers and actions staff could take to recognise these and strategies to use to minimise the risk of incidents occurring. Staff told us they had plenty of time to read through care plans.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in May 2015 the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because they did not have an effective system in place to regularly monitor the quality of care provided. Following the inspection we received an action plan that told us how improvements would be made. At this inspection we found that whilst improvements had been made in relation to the monitoring of the quality care provided, further work was required to improve the quality of record keeping and to ensure that this area formed part of the regular monitoring systems.

The home has been without a registered manager since November 2015. Whilst there had been management arrangements in place since then, none had led to an application for registration. However, senior management had provided extensive cover throughout this period until a suitable manager was employed. At the time of our inspection the acting manager told us they had submitted their application for registration and an interview date had been set.

Although there was an effective system to monitor the quality of care provided we found that record keeping was not always sufficiently detailed. For example, records were kept of all accidents and incidents. We discussed two incidents, one incident had been recorded in the person's progress notes but there was no incident report. Records indicated that this incident, as written, should have been reported to the local authority for investigation. There was an incident report for the second incident. The actions taken in relation to the incident read as punitive. The acting manager confirmed that whilst they did not write the reports, they had witnessed both incidents and neither had been serious matters and were more a problem with record keeping and the ability to describe an incident. These matters had not been picked up as part of quality assurance and we were told that auditing of these records would from now on would form part of the external monitoring visits.

Daily records were kept that detailed what people had done. Records were basic, for example, 'Went to Bexhill and appeared to enjoy the outing.' Records didn't state how the outing was chosen, what the person had done there and how staff knew the person had enjoyed the outing. Information of this nature could support staff who had not been on the trip to talk to people about what they had done. Staff told us that they took photographs of people's activities and outings but they needed to find a way of showing that people had enjoyed their activities.

Keyworker reports were written monthly. This included a summary of the person's month and details of the goals the person had chosen to work on. Although goals were broad, records showed that staff supported people with these goals. For example, for one person the goals stated to do their laundry and to do their personal care independently but there was no advice to staff on which part of either task the person could do unassisted and what they actually needed support with. Another goal for walking was achieved daily. For another person one of the goals was, 'To access the community at least once daily and to try to encourage new activities.' Whilst the person was taken out regularly and their activities were organised flexibly, there was no plan or advice about what types of activities to try over the coming month.

There were regular fire safety checks in place but it was noted that although staff were clear about what to do in the event of a fire, drills were not carried out in line with the home's policy. A fire risk assessment had been carried out in March 2016 and a recommendation had been made to carry out drills every six months. Following our inspection we received confirmation that the subject (including scenarios for example what should staff do if the alarm sounded when someone was in a bath), had been discussed at the home's staff meeting and that unannounced fire drills would be arranged.

We recommend that the provider ensures that the area of accurate record keeping is monitored during their quality assurance checks.

We talked with one visiting professional after our inspection. They told us that the home was "Moving in the right direction." They said that a lot of progress had been made in the last year and care was more person centred.

A daily medicine stock control check was done. Where shortfalls were identified a comment was written in the medicine's communication book. There were regular entries in the communication book which showed that there was appropriate monitoring and the acting manager said that they were working towards reducing the numbers of entries in this book.

A range of surveys were carried out this year. The results of the professionals' survey was wholly positive. A summary of results and any actions taken were sent to professionals and relatives. There were no documented summary results of actions taken following the latest staff and service user surveys. Comments of people's views on the best things about Rookhurst included "I like living here," and "I wouldn't change a thing." Things people would change included "Do more work", "More arts and crafts" and "More cinema." Whilst there were no records that opportunities for these specific activities had increased, staff told us that people did have regular opportunities to do these activities. We were told that actions following the staff surveys included the provision of additional training and the improvement of communication methods. An example given was the new communication book for medicine management.

The national director and the newly appointed regional director spent time in the home each week to ensure that the acting manager had the support required to fulfil their managerial duties. The acting manager told us that since taking on the managerial role they had been supported very well. In addition they had regular contact with the training manager and with the national director for the organisation. They said they felt comfortable contacting any of the external management team if they required advice or support.

Staff meetings were held periodically. The last meeting had been held in May 2016 and a meeting was planned to take place the day after our inspection. Minutes of the meetings were detailed and clearly demonstrated that staff had a say on the running of the home. We were told that staff champions would report on progress in their delegated areas at staff meetings. A staff member told us, "New ideas are always welcomed and we bounce the ideas around at the staff meetings." An example given was that one person had been very challenging in the mornings, but by changing the routine around this had reduced the person's anxiety and mornings were now less stressful.

A wide range of audits were carried out to monitor the quality of the care provided. This included a detailed dignity in care self-assessment tool that looked at how privacy was provided, people were respected, personal care was given, how staff communicated with people and how dignity was provided at mealtimes. Where shortfalls were found an action plan was drawn up with a target date for completion. This stated who had responsibility for addressing the matter. Other audits included a care plan audit a food safety hazard

checklist and an infection control audit. Actions highlighted as part of the infection control audit had been listed and were on the agenda for the next staff meeting. The acting manager completed a monthly manager's self-audit. This was a very detailed audit that covered a wide range of areas and ensured that the external management were kept up to date of all events. A monthly trends analysis report showed that the manager assessed dependency levels, people's nutritional status, if there had been any staff changes or sickness, training provided and if there had been any safeguarding matters. In addition provider quality assurance visits were carried out by a member of the external management team. As part of this process, the external manager followed up on the home's progress with their action plan following the last inspection of the home. In addition, they met with people and staff. One staff member requested additional training support and the manager confirmed that this had been agreed and arranged.

Staff told us that although it had been an unsettling year with several changes in management, the team was much more settled now and they had confidence in the new manager and the support provided from the external management team. One staff member told us, "I feel very supported, the manager asks me how I am every day."

Each staff member had been allocated the role of champion in a particular area. For example there was an activity champion. Other champions had responsibilities for areas that included health and safety, medicines, healthy eating, training, communication and first aid. We were told that the roles were still new and were being developed but that staff would have responsibility for record keeping in specific areas and for developing practices and the communication of their work to the wider team.