Heltcorp Limited

Rotherwood Care Home

Inspection report

Doncaster Road
East Dene
Rotherham
South Yorkshire
S65 2DA

Tel: 01709820025

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12 June 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was unannounced, and took place on 12 June 2018. The location was previously last inspected in November 2017. At that inspection concerns were identified in relation to safe care and treatment, but the overall rating was "good."

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.

Rotherwood is located in Rotherham, South Yorkshire. It is can accommodate up to 27 people who have needs associated with those of older people. There were 26 people living there at the time of the inspection.The home is in its own grounds in a quiet, residential area, but close to public transport links.

At the time of the inspection, the service did not have registered manager. 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 and associated Regulations about how the service is run. A manager had been appointed prior to the inspection and had applied to register with CQC, however, at the inspection we were informed that this manager had left and work was under way to recruit a new manager.

Throughout the inspection staff spoke with people with warmth and respect, and took steps to uphold their dignity. People told us their experience of care was good, and praised the staff. People gave us positive feedback about the mealtime experience and told us they were offered a good range of options at mealtimes.

Medicines were not safely managed; people did not always receive their medication in accordance with the prescriber's instructions, and there was insufficient information for staff about when "as required" medication should be administered.

Risks were not always appropriately assessed to ensure people were cared for safely, and sufficient numbers of staff were not always available.

The arrangements in place for obtaining and acting in accordance with people's consent did not meet legal requirements.

Activities were available in the home, however, sometimes short staffing impacted upon activities.

The arrangements in place for monitoring the quality of the service were not robust enough to identify or address shortfalls in service quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was always not safe.

Medicines were not safely managed; people did not always receive their medication in accordance with the prescriber's instructions, and there was insufficient information for staff about when "as required" medication should be administered.

Risks were not always appropriately assessed to ensure people were cared for safely, and sufficient numbers of staff were not always available.

Is the service effective?

Requires Improvement

The service was not always effective.

The arrangements in place for obtaining and acting in accordance with people's consent did not meet legal requirements.

People gave us positive feedback about the mealtime experience and told us they were offered a good range of options at mealtimes.

Is the service caring?

Good

The service was caring.

Staff spoke with people with warmth and respect, and took steps to uphold their dignity.

People told us their experience of care was good, and praised the staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Activities were available in the home, however, sometimes short staffing impacted upon activities.

Care records were not always sufficient to support good care.

Is the service well-led?

Requires Improvement

The service was not always well led.

The arrangements in place for monitoring the quality of the service were not robust enough to identify or address shortfalls in service quality.

Rotherwood 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 checked 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out on 12 June 2018. The inspection was carried out by two adult social care inspectors, and we were also accompanied by two members of the local authority environmental health team.

Prior to the inspection, the local authority made CQC aware of concerns they had about the location. Legionella had been detected at the home, and additionally the home's food hygiene rating had dropped from five stars, out of a maximum of five, to one star. In response to these incidents the provider had developed action plans which they were in the process of completing when we inspected.

During the inspection we spoke with staff, a senior representative of the company and the nominated individual. We spoke with people who were using the service to gain their views and experiences of receiving care at the home as well as a visitor. We checked people's personal records and records relating to the management of the home. We looked at team meeting minutes, training records, medication records and records of quality and monitoring audits.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to eat and using specific pieces of equipment to support people's mobility. In addition to this, we undertook a Short Observation Framework for Inspection (SOFI) over the lunch period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Prior to the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Requires Improvement

Is the service safe?

Our findings

When we inspected the home in November 2017 we identified concerns in relation to the way medication was managed. We rated the home as "requires improvement" for this domain. At this inspection we found improvements had not been made and the home remains "requires improvement."

We looked at six people's care records to check whether there were systems in place to assess and manage risks that people may be vulnerable to or may present. We found that while monitoring tools were in place to assess people's vulnerability to risk, they were not adequate to ensure people's safety. For example, one person's file contained monitoring records to assess their vulnerability to the risks of skin injury, malnutrition and falls. These tools concluded that he person was at high risk of harm in these areas, but they had not been reviewed at the frequency intended by the provider. This meant there was a risk that the person's vulnerability may increase without the provider recognising this and taking appropriate action. Another person, who had moved to the home shortly before the inspection, had no assessments of risk in their file. This meant the provider did not have information about what steps they should take to protect this person from the risk of harm.

We looked at whether there were enough staff to meet people's needs. A senior care worker told us that the normal staffing complement during the day was one senior care worker and three care assistants. However, during the inspection there were only two rather than three care assistants, which we were told was due to staff illness. The regional manager and nominated individual told us that the normal staffing number was four care assistants and one senior care worker, and told us this was flexible to meet people's needs, but we saw no evidence of this on the rota. We checked the rota and found that for the week of the inspection, and the week preceding it, only two care assistants and one senior care worker had been rota'd each day. We saw no evidence of the staffing numbers and flexibility described by the regional manager and nominated individual on the rotas we saw.

During the inspection a second senior care worker, who was not rota'd to work that day, arrived. They told us that there were often two senior care workers on shift, but the rota and the accounts of other staff did not support this, with staff telling us that this additional senior care worker had been contacted and asked to come to work due to the inspection.

The rota showed that the night time staffing complement was two care assistants only. As some people at the home required the support of two staff for any personal care needs, it was not clear how this would be managed without detriment to others.

We spoke with staff about their knowledge of safeguarding procedures. They confirmed that they had received training in this area, and could describe the appropriate steps to take should they be concerned about suspected abuse.

We looked at the way medicines were managed in the home, to check whether people were receiving their medication in a safe manner. We found concerns in relation to the way the provider managed medication.

We looked whether people were receiving their medication as prescribed, but found this was not always the case. For example, one person had been prescribed a painkiller to take daily, and another person had a topical cream prescribed for daily use. However, in both cases we found staff had often not administered the medication and recorded that it was "not required." There was no information in people's files about how staff should reach the judgement that medicines weren't required. We looked at a sample of Medication Administration records (MARs.) We found that at times staff were adding medication to people's MARs by handwriting them in. There was no second signature to evidence that the details had been double checked to reduce the risk of transcribing errors.

We found that the home carried a large amount of unrequired medication which had been prescribed for people who no longer lived there, including one person who had left the home five months before the inspection. We told the regional manager about this and they told us they would ensure the pharmacist collected these, but it was unclear why this issue had gone unaddressed up to that point.

Some people's medication was prescribed on an "as required" (often known as PRN) basis. In such circumstances, there should be protocols in place so that staff know what signs indicate that PRN medication should be administered and what the outcome should be. We found that in some cases these were not in place.

We observed a medication round underway. We saw that the staff member responsible for managing the medication round was also responsible for answering the phone. This meant there was a risk of distraction which could lead to errors. It also extended the length of time that the medication round took, meaning there was a risk of people receiving their medicines later than the prescribed time.

We looked at how medicines were stored. We found that secure storage arrangements were in place, and the temperature of the medicines fridge was recorded, however, the temperature checks of the main storage area were not adequate. They were not being taken frequently, and the medicines trolley was not stored in the area where the temperature was being monitored. This meant that the provider could not be assured of the effectiveness of people's medication as some medicines can spoil if not stored at the correct temperature.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Recruitment procedures at the home had been designed to ensure that people were kept safe. All staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees. We checked a sample of four staff members' personnel files, and found that on the whole all appropriate pre-employment checks had been undertaken, although we did find some shortfalls. One staff member's file contained a character reference only, rather than one from their previous employer. We also found that the provider had not completed a risk assessment where a DBS check highlighted a staff member's criminal record.

We looked at the arrangements for the prevention and control of infection at the home. We found areas of concern, in particular in relation to the laundry area. We saw that the sluice was being used to clean paintbrushes and maintenance equipment and chemicals were being stored in the laundry. We also noted that the washing machine was not clean. We found some areas of the home required maintenance in order

to ensure that they could be cleaned to a hygienic standard, although the nominated individual told us this was being done as part of an ongoing programme.

We found some areas of the home could present a risk of injury to people. For example, some handrails were not securely fastened to the wall and we found some uneven floor surfaces which could represent a trip hazard. Again the nominated individual said there was a programme of improvement underway.

Requires Improvement

Is the service effective?

Our findings

When we inspected the location in November 2017 we rated the service "good" for this domain. However, at this inspection we have judged that this has deteriorated to "requires improvement."

We looked at how the provider complied with The Mental Capacity Act. 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). The senior care assistant, who was in charge of the home when the inspection began, did not know how many people had a DoLS in place. We checked DoLS records and found that the provider had made appropriate referrals to the local authority where deprivations of people's liberty were being carried out, however, we noted that they had not notified CQC of the most recent of these authorisations.

We checked six people's files in relation to decision making for people who are unable to give consent. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. People's care plans showed that decision making was normally not in accordance with the requirements of the MCA. For example, one person's file showed that they lacked capacity to give consent to their care and treatment. There was no information in their file about who had been consulted to ensure that decisions made were in their best interest, nor was there any information setting out that decisions made were the least restrictive, or what other options had been explored. Another person's file set out that as a relative was very involved in their care they could "sign the declaration." This person's relative did not have Lasting Power of Attorney and therefore could not authorise decisions about the person's care. Again there was no evidence that this person's care had been designed in their best interests and consulting all relevant parties.

Two people's files showed that they had the mental capacity to consent to their care and treatment. In both of these files there was little evidence that they had given informed consent to their care. This meant that there was no evidence that people were receiving care in accordance with their expressed wishes and preferences.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We observed lunch taking place in the dining room. The room was well set out and there was pleasant music playing. We saw that on the whole people who needed assistance were provided with it, although we did note some people who appeared to still be eating having their plate taken from them. People had been

offered a choice of meals and everyone we spoke with told us they enjoyed their food. One person said: "I can have what I want." Another told us: "The food is nice." A visitor told us they knew of a person's family member who had eaten at the home when visiting and had reported that the food was good.

We looked at six people's care records to look at how people's food and drink needs were managed. We found that on the whole people's nutrition and hydration needs were appropriately assessed. The provider had a system of dietary notification forms which detailed people's preferences, any dietician input, any allergies and any risks associated with nutrition and hydration. In five of the six records we looked at these had been fully completed. There were assessments of people's risk of malnutrition although we found that these hadn't been completed frequently. The regional manager told us that these were being moved over to an electronic recording system, as were all care records, and they said they believed this would improve the frequency of monitoring.

Staff we spoke with told us they had received a good amount of training to support them in their role, and our observations showed that staff were knowledgeable. The provider's training matrix showed that staff training covered areas appropriate to their roles, and the regional manager told us that plans were in place to improve how training was monitored so that staff training was up to date.

Good

Is the service caring?

Our findings

When we inspected the location in November 2017 we rated the service"good" for this domain. We found at this inspection that it remained "good".

We asked two people using the service and one visitor for their views on the care at Rotherwood. One said: "It's ten out of ten." Another told us: "The girls [the staff] are smashing, spot on." The staff we spoke with told us that in their view care standards were good. One said: "We have a good team, people are looked after well."

We carried out observations of staff interaction with people using the service. We found that staff spoke with people in a warm and respectful manner. Staff gave people time to make choices and, although staff already appeared to know people's preferences, their choices weren't pre-empted, meaning that staff did not make assumptions about people's day to day likes and dislikes.We saw that people responded to staff in an equally warm manner, indicating that there were respectful and effective relationships between staff and people using the service. We noted that when staff needed to discuss people's needs with one another they did so discreetly to ensure people's privacy was upheld. We also noted that the home had a staff member who was designated as "dignity champion." This is a member of staff whose role it is to promote ways of working to ensure people's dignity is upheld.

We saw that there was a mixed picture in terms of the way people had been supported in relation to their personal care; some people were well dressed and wearing jewellery and nail varnish, however, others were unshaven or wearing clothes that were stained. One staff member confirmed that this might be due to the short staffing that morning.

We looked at people's care plans to see what care people had been assessed as requiring, and cross checked this with the care we observed taking place. We found that staff were providing care in line with people's assessments. Staff we spoke with had a good knowledge of people's care needs, with one staff member who had been in post only a very short time being able to describe the support that people needed and how they met those needs. We did note, however, that one person who had begun to use the service a few days before the inspection had not had their needs fully assessed, so it was unclear what guidance staff were following to meet their needs.

The provider was in the process of transferring care planning from paper documents to an electronic system. We asked what opportunities people would have to be involved in their care planning process with an electronic system. The regional manager told us that documents would be printed off for people to see and, where appropriate, sign. However, at the time of the inspection the manager had been completing these documents from home, which reduced the opportunity for people to be involved in the development of their care plans.

Some of the people using the service were living with dementia. There were some steps taken around the home to ensure the environment was dementia-friendly, however, there was further work to do in this

respect. For example, some of the carpets were heavily patterned which people living with dementia can find disorienting, and the dining tables were very closely positioned, making them difficult to move around for people with the type of spatial awareness difficulties associated with dementia.

Requires Improvement

Is the service responsive?

Our findings

When we inspected the location in November 2017 we rated the service "good" for this domain. However, at this inspection we have judged that this has deteriorated to "requires improvement."

The home had a dedicated activities coordinator who was on duty during the inspection. However, no activities took place while the inspection team was in the home. We asked the regional manager about this and they told us this was because the home was short staffed that day and the activities coordinator had to help with care tasks. We noted that the staffing in the home that day was higher than the rota showed it had been for the preceding week, so it was possible staffing numbers had an impact on activities regularly. The regional manager told us activities would be taking place later in the afternoon after the inspection had concluded. People we spoke with told us there were activities to do, and some described a recent game of skittles.

We checked a sample of six care records to check whether they were fit for purpose and sufficient to support good care. We found that records were often lacking. For example, one person had a care plan relating to their continence needs. The care plan was thorough and described what steps staff should take to ensure the person was cared for appropriately. However, there was also a review document which recorded that the person's needs had changed considerably. Their care plan had not been updated to reflect this. Some people's files had forms in them relating to their care which were blank, and another person, who had arrived at the home a few days before the inspection, had a care plan which was predominantly blank forms, despite some of them being essential to assessing the person's immediate care needs. It was unclear how effective care could be provided to a person whose care needs had not been assessed. We spoke with this person and they were not able to communicate their care needs to us. The regional manager told us these shortfalls in records were because the provider was in the process of transferring people's records to electronic care plans but this programme was not yet completed. A week after the inspection the regional managr told us that six, out of 26, people had an electronic care plan.

We looked at whether the provider was making appropriate referrals to external healthcare professionals when required. We found that these were taking place as appropriate and we observed staff supporting visits by district nurses and other healthcare professionals during the inspection. People's care records contained details about such visits and information about any follow up action that staff were required to take.

We looked at daily notes and recording charts and found that records showed that overall, care was being provided in the way people had been assessed as requiring. The regional manager told us that where staff had begun to use electronic care records this had improved the level of detail they were recording.

There was information about how to make complaints available to people using the service and their friends and relatives, and people we spoke with told us they would feel confident in making a complaint should they feel the need to. We looked at copies of recent complaints and found they had all been thoroughly investigated and complainants had received written responses. We did note, however, that the complaints

policy, and information about complaints in the provider's Statement of Purpose, directed complainants to the wrong route of external remedy.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the location in November 2017 we rated the service "good" for this domain. However, at this inspection we have judged that this has deteriorated to "requires improvement."

The service was required to have a registered manager as a condition of its registration. There was a manager who had applied to be registered, however, we were told they had handed their resignation notice in at the time of the inspection and were working their notice period from home. Staff were unclear about this. For instance, one staff member told us the manager had already left.

There was a regional manager who told us they were in day to day charge of the home until a new manager had been appointed. They said they were interviewing possible candidates at the time of the inspection. The regional manager told us they were still getting to know the home and were not familiar with some of the aspects of day to day running.

We asked one person using the service and a visitor whether management were accessible. The person using the service told us they were, however, the visitor told us they did not know who the manager was.

We looked at the arrangements for monitoring and assessing the quality of service provided. There were a range of audits in use, which monitored various aspects of the service, but it was not always clear whether they were effective. For example, a very detailed medication audit had been undertaken but it did not identify the shortfalls in medication management that we had found during this inspection. A recent maintenance audit had taken place, looking at the condition of the premises, however, it had not identified various hazards in the property such as loose handrails and trip hazards. A kitchen audit had been undertaken but it had not identified that the kitchenette area was in a poor condition. The nominated individual told us that they regularly carry out visual inspections of the premises and so these issues were already known and a programme was underway to address them.

In addition to the above audits, a programme called "Managers Walk Round" had been used, which was a system by which the manager carried out a daily check of the service, including a check on care, the dining experience and infection control. However, this had not been completed for almost a year.

We looked at team meeting records to see how developments within the home were communicated to staff, and how staff could give feedback to managers. According to the records we were supplied with, a full staff meeting had not taken place since 2017, although a meeting for domestic staff had taken place more recently.

There was a supervision and appraisal system in place, which gave staff an opportunity to review their performance with managers, identify training needs and any support needs. However, we found that these meetings were not always taking place. For example, one staff member had been in post for over six months but had not received any supervision. Another staff member's records showed they had not received

supervision since 2015. We discussed this with the regional manager and they acknowledged that there had been shortfalls in this area. They said this was something they were working on and a new supervision programme was being devised. We saw that action plans had been devised in response to various issues within the home. These were thorough and there was evidence that there was ongoing progress.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. We found that this document contained some inaccurate information. We checked whether the provider was displaying their most recent rating, which it is required to do, and found it was on display in the home and on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent 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. Regulation 11

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have appropriate arrangements for managing medicines safely, and risks were not always managed well. Regulation 12.