

Rotherbank Residential Care Home Limited

Rotherbank

Inspection report

Rotherbank Farm Lane
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Date of inspection visit:

02 August 2019

05 August 2019

Date of publication:

17 September 2019

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 ●

Summary of findings

Overall summary

About the service

Rotherbank is a family owned and run residential care home providing personal care and accommodation to 20 people aged 65 and over at the time of the inspection. The service can support up to 21 people in single rooms in one adapted building. The registered manager was assisted by the manager in the day to day running of the home.

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

People were safe living at Rotherbank. The practices adopted by the home protected people from harm. Enough staff were on duty to meet the needs of people and robust recruitment practices were in place. People were relaxed in the company of staff and relatives confirmed they felt people were safe living at Rotherbank.

Staff received induction and training appropriate to their job role. People were appropriately assessed to ensure the home could meet their needs. People had access to health and medical support when they needed. Relatives were kept up to date with changes to people's health. People's capacity to consent to care and treatment was assessed, and applications were made to deprive people of their liberty to keep them safe.

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

People received good care. Their preferences and wishes were respected by the management team and staff. People were treated with dignity and respect and were involved in the decision-making process about their care. Care files were person centred. Clear guidance was available about how to communicate with people effectively and independence was promoted. A range of activities were provided.

The registered manager and the manager were actively involved in the running of the home. Staff told us they were well supported by both and received regular supervision and appraisal. Team meetings took place regularly. The registered manager was aware of their responsibilities of being registered with the Care Quality Commission (CQC). Audits to monitor and improve the service were in place.

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

Rating at last inspection

The last rating for this home was Good, report published (10th February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

Good ●

Rotherbank

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector on both days.

Service and service type

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

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

Notice of inspection

This inspection was unannounced on the first day meaning the home did not know we were coming. The second day was announced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived in the home and four relatives about their experience of the care

provided. We spoke with eleven members of staff including the registered manager, manager, team leaders, senior care workers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and eight medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- The registered manager had ensured they had consistently followed good practice guidance in relation to the storage, usage and recording of people's medicines. The medicines trolley was secured to the wall and fitted with a key pad.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- Medicines management systems were well organised, and people were receiving their medicines when they should.
- The provider audited the medicines administration recording and medicine stocks regularly to monitor and respond to any errors found.
- The provider had a policy for the administration of 'as required' (PRN) medicines, and there were separate protocols for each PRN medicine prescribed. PRN protocols are needed to ensure staff have clear guidance on when to administer medicines which were prescribed.

Preventing and controlling infection

- The registered manager ensured all staff followed infection control guidance in relation to their fingernails and hand hygiene.
- Cleanliness was observed throughout the home with no malodours.
- Staff were observed to use appropriate personal protective equipment when completing tasks, such as gloves and aprons.
- Systems were in place to help ensure the service was clean and the risk of cross infection was reduced.
- Staff were trained in infection control so knew what and how to reduce hazards. Regular audits were completed of hand washing and food hygiene.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Where people were living with dementia and were not always able to raise concerns directly, care plans contained information about interpreting people's behaviour. This helped to assess whether they were unhappy or uncomfortable.
- People's feedback overall told us they felt safe. One person said, "Yes I feel safe when the carers are helping me." Another person told us, "On the whole it's good, they move me gently."
- Staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff were confident in reporting concerns to the registered manager or manager. Policies were in place to guide staff on actions to take.

- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks.

Assessing risk, safety monitoring and management

- People's records demonstrated that risks to them as individuals in relation to their care had been assessed and managed safely. Clear guidance in relation to blood sugar monitoring for people's diabetes care had been imbedded into practice for example, care staff carry out blood sugar checks in the morning and evening after receiving training from the district nurse, we saw evidence of this in the care records. Staff told us that they check people's blood sugar levels in the morning after they have received training and have been assessed as competent.
- People's care plans included risk assessments associated with their care and support. Staff followed the risk assessments which supported the safe delivery of care and support. We saw staff support people to walk safely.
- People had personal emergency evacuation plans to be used in the event of an emergency such as a fire. Staff were aware of fire evacuation procedures.
- Staff were attentive to changes in people's mobility. Risk assessments were reviewed after people had a fall. Measures were put in place to reduce the risk of falls or injury from falls, for example door sensor alerted staff that a person had left their bedroom.
- The provider ensured that equipment staff used to support people, for example hoists and bath chairs, were serviced and maintained in accordance with the manufacturer's recommendations.
- The premises were well maintained and secure. People could not access areas such as the kitchen and store rooms where they could potentially suffer an injury.

Staffing and recruitment

- There were suitable numbers of staff to provide the care and support people were assessed as needing. The manager told us that they carried out a daily assessment of staffing levels and increased staffing levels when required to meet people's changing needs.
- Agency staff were not used in the home if regular staff were absent. Managers helped the carers to ensure sufficient staff were available through the day and night. There was a consistent and stable staff team. One relative told us, "Some staff have been here for years, so you don't get many unfamiliar faces."
- The manager made sure they followed a robust process when recruiting staff to make sure only staff who were suitable to work with people living in the service were employed. Application forms were completed, any gaps in employment were investigated, references and proof of identity were checked. Disclosure and Barring service (DBS) checks had been completed, which helped prevent unsuitable staff from working with people who use care services.

Learning lessons when things go wrong

- We saw accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred.
- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. The manager audited incidents and accidents, for example falls to identify any trends and reduce further risk.

Is the service effective?

Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's needs were assessed before they came to live at the home to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current National Institute for Clinical Excellence guidance for example managing medicines in care homes.
- People's needs were identified, and care and support were regularly reviewed and updated in the care plan.
- Appropriate referrals to external services were made to make sure that people's needs were met. People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I am very well supported both in, and out of work".
- The home's training tracker was up-to-date and showed training completion rates at a glance. Training was recorded on the electronic training system. We cross-checked several staff training records and found they had completed their training.
- Staff were supported with regular supervisions and annual appraisals. This provided staff and senior staff with a formal opportunity to discuss performance, any concerns and to address any training needs.

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- Dental care plans and monthly dental assessments were in place to ensure people were able to eat comfortably.
- People were supported with their meals appropriately. One person said, "I enjoy the food and I can still eat most things". Another person told us, "I always look forward to dinner". The cook commented, "I provide alternatives if residents don't like the menu or simply change their mind".
- Where people were at risk of weight loss a malnutrition universal screening tool (MUST) was used to enable staff to manage the risk and monitor the person's weight.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.
- One healthcare professional told us, "This is a lovely home. I get good referrals and staff follow our advice." Another healthcare professional said, "I visit the home regularly to carry out assessments. The staff and manager are friendly and approachable, we enjoy good communication. I have no concerns with this home". "I would be happy for any of my own family to live here."

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

- People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.
- There was appropriate, dementia friendly signage that enabled people to find their way around the home.

Supporting people to live healthier lives, access healthcare services and support

- The service had positive working relationships with community medical services. Evidence was in people's files of their access to doctors, community nurses and other medical or support staff.
- People were also referred to local podiatry services, optical and dental who could, in some circumstances make visits to people at the home.

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

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

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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

- Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One staff member said, "I always presume residents have capacity to make decisions, and I respect those decisions."
- Records relating to the MCA were reviewed, accurate and up to date. Where people were being deprived of their liberty, appropriate applications had been submitted to the local authority.

Is the service caring?

Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the care they received and told us staff were very caring. One person said, "I love this place, such lovely people [staff]". A relative commented on how welcoming the staff were and how everyone was made to feel at home. They said, "They [people] are very well looked after here, it is as homely as it can be".
- A healthcare professional who regularly visited the home spoke about the positive relationships in the home. They said, "They have developed good relationships between community staff, care home staff, residents and GP, which is of significant benefit to the residents".

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

- People and their relatives were supported to express their views because the provider valued people's feedback. The registered manager used several methods to gain people's views including daily interaction, regular reviews of people's care, satisfaction questionnaires and resident's meetings. Where people made suggestions about potential improvements, the registered manager explored these and used them to develop the service. One person told us, "I'm continually asked for my opinion and whether I'm happy," And another person said, "We had a questionnaire to ask for views and whether anything could be improved. I can't think of anything that could be improved."
- Staff supported people with every-day decisions such as helping people decide what to wear and how-to co-ordinate clothing so that they looked 'smart' which people told us was important to them.
- Staff involved people and, if people agreed, their relatives in reviews of their care plan. People told us they decided what was important to them such as when they got up in the mornings, when they ate their meals and how they spent their time.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "I have to have support sometimes and staff are respectful and delightful."
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.
- People and their relatives told us staff respected people's privacy and treated them with dignity and

respect. We saw examples of this, such as discretely communicating with people when assisting them to the toilet from communal areas.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Regular reviews of people's care needs and records were held to ensure staff continued to support people appropriately and that their needs, goals and wishes were respected and met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- Care plans contained information on how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them.
- Staff at the home considered the individual ways people needed to be given information so they could understand it. None of the people living at the home at the time of our inspection had any particularly complex or specific communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a good range of activities on offer to people living at the home, such as chatting about current affairs, dance exercises, arts and crafts, bingo, bean bag toss and seasonal activities including making Easter bonnets. A visiting zoo was planned during the week of the inspection, people told us they were looking forward to seeing the animals.
- The home also assisted people to keep up with their religious preferences. For example, representatives from local churches regularly visited the home.
- People were supported to maintain relationships with those close to them. Staff supported people to call relatives on the telephone. Relatives we spoke with told us there were no restrictions on when they were able to visit.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per the provider's policy.

- One person said, "I have not got any complaints and I am happy here."
- People knew how to make a complaint or raise concerns. People we spoke with, visiting relatives and staff all told us they would have no hesitation in speaking with the registered manager if they had a concern or complaint. They were confident any issues would be resolved swiftly.

End of life care and support

- None of the people living at the home were receiving end of life care at the time of our inspection. However, we found that people's wishes on their end of life care had been discussed, documented and plans put in place to ensure that their preferences were met. This included recording people's wishes regarding resuscitation.
- Staff were supported with relevant training to meet people's needs when necessary and the home had links with other relevant health professionals to ensure people's end of life care needs were effectively met.

Is the service well-led?

Our findings

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

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked at the service for a long time and knew people and staff well. They were supported by the manager. The management team were passionate about providing quality care and this passion was replicated in the staff team. People's comments on the manager included, "Approachable at all times"; "Very hands on", "I have been here five years and the managers are dedicated to improving our surroundings and way of life" and "he is definitely part of the everyday team."
- Staff told us the management encouraged a culture of openness and transparency. Staff felt well supported by management. One relative told us, "I would rate them nine out of ten."
- A relative said, "I can't say anything negative about the place. I do recommend it to other people all the time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong.

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

- Throughout our visit we saw the registered manager and manager interacting with people and staff. It was clear people knew the managers and they engaged with them in a familiar and relaxed manner. People greeted the managers with smiles.
- One person told us how the managers and staff cared for them. They said, "Staff will keep on checking everything is alright." A relative said, "This home is well run."
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.

- The manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, a relative told the manager she was worried her relative would come down the stairs unaided by staff, the manager fitted a sensor to the bedroom door which alerted staff the person was leaving their room, this allowed staff to assist people down stairs or guide them to the chair lift.

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

- The manager sought views about the service from people and staff through a series of questionnaires. These were then used to compile overall results which were used to make any changes where needed.
- Questionnaires were sent out on a regular basis and information was also sought from visitors and community healthcare professionals to identify where any improvements could be made.

Continuous learning and improving care

- The provider and management team completed regular checks and audits of the service and action had been taken to address any shortfalls found. These included checks of the kitchen, environment, health and safety, moving and handling, infection control, medicines, care plans, daily records.
- The management team had developed a clear improvement plan to continue to update and amend the service to respond to people's changing needs and keep up with good practice guidance.
- The management team carried out frequent discreet observations of practice when staff were providing care, supporting with medicines or meals. This enabled the management to capture people's experiences of care.
- Records of people's care were detailed and up to date.

Working in partnership with others

- Records showed the Manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- One healthcare professional said, "The manager is experienced and knowledgeable regarding safeguarding, DoLS and Power of Attorney. The staff quickly seek advice from community (healthcare) staff and carry out our recommendations promptly". Another said, "I visit Rotherbank Residential Home frequently. I find the staff and manager approachable and friendly. The home has a very caring ethos with the residents, always looking well-kept and happy. I have no concerns about the home."