

Barchester Healthcare Homes Limited

Rothsay Grange

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rothsay Grange is a residential care home providing personal and nursing care to up to 60 people. The service provides support to older people, people living with dementia or physical disabilities and younger adults. At the time of our inspection there were 59 people using the service.

Rothsay Grange is a purpose-built care home providing care to people over 3 floors, 1 of which specialises in providing care to people living with dementia.

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

Improvements had been made in safe management of medicines, governance and staffing and the provider was no longer in breach of regulation.

People were safeguarded from abuse by staff trained to protect them. People felt safe at the service and regular servicing and maintenance ensured the premises were safe. Recruitment was safely completed and agency staff were used to maintain safe staffing levels. Medicines were safely managed and improvements had been made since we last inspected. We were assured the provider maintained good infection prevention and control standards and government guidance was followed both in IPC and around visiting the service.

Most people's care records contained extensive plans to ensure they received the care they needed, in a way they were happy with. Some care plans needed additional information to enable staff to provide personalised support. Staff completed an induction on commencing in post and completed additional and refresher training to ensure they were familiar with current good practice. People were weighed at least monthly and referrals to healthcare professionals were made should they become necessary. The chef was responsive to people's needs and wishes and prepared meals people enjoyed. The premises were in good condition and there will be a full refurbishment next year.

People and their relatives told us they were well cared for at Rothsay Grange and they were involved in making choices. They told us they received support when they needed it apart from certain busy times of the day such as first thing in the morning. People were supported to remain active and as independent as possible. 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 service supported this practice.

Details were lacking in some clinical care plans but people were involved in devising them if possible. More consideration was needed about escalation of treatment on Recommended Summary for Emergency Care and Treatment ReSPECT forms. There were a wide range of plans addressing aspects of people's health and well-being and daily activities. People had been supported throughout the pandemic to maintain contact with relatives and friends, and visitors had been able to access the service in line with current guidelines. People could participate in a varied activities programme.

The service was managed in a positive way and staff could access the management team when needed as they had an open-door policy. The provider understood their responsibilities under the duty of candour and informed CQC of significant events in the service. Regular meetings and quality assurance surveys ensured the provider maintained good communications with staff, people and relatives.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 September 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about dementia care, lack of staffing, people living with dementia who had behaviours that put others at risk and poor infection control. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed requires improvement to good based on the findings of this inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rothsay Grange

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 2 inspectors a specialist advisor registered nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information we already held about the service including enquiries and notifications. A notification is information about significant events in care services submitted by the provider to CQC. We used all this information to plan our inspection.

During the inspection

We looked at records about the service including audits, policies and premises safety records. We spoke with staff members including 2 registered nurses, a regional clinical trainer, a care practitioner, 4 care staff and the registered manager. We reviewed 55 medicines records, several topical medicines application records (tMAR's) and 4 care plans.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection the provider did not ensure there were sufficient staff deployed to safely meet the needs of people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made and the provider was no longer in breach of regulations.

- Staff were safely recruited and all pre-employment checks had been carried out before staff commenced in post. These included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Nurses registrations with the Nursing and Midwifery Council were also checked.
 - The provider used a mix of overtime by the permanent staff and agency staff to ensure sufficient staff were deployed to meet people's needs.
 - Staffing was regularly reviewed using the 'Dice' tool, the providers own dependency tool. Staffing was in line with the latest calculations.
 - Most people believed there were enough staff deployed and understood there were occasions during the day when staff may be busy and not able to respond to them immediately. One person told us, "I think there are enough staff around, don't wait long to find one." A second person said, "Sometimes it can be difficult to get help but I know it can be difficult for them [staff]."
- Relatives were less positive about staff numbers telling us, "Sometimes staff are short, especially at weekends. We do have trouble getting in sometimes at weekends." And, "Staff fluctuates, staff retention in a state of flux, only tentative use of agency staff and the turnover of them, rapid. People with dementia do need regular staff and do need to get to know them."
- We were concerned that between 3pm and 5pm on the nursing care floor there were just 2 care staff deployed. This floor accommodated people with complex medical needs who needed significant support. However, we spoke with staff and they told us staffing levels were "about right. I think the number of carers on duty here is about right". A second staff member commented, "Yes I think that there are enough carers although there seem to be pinch points in the morning and afternoon."

Using medicines safely

At our last inspection the provider had not ensured that medicines were safely administered as prescribed and relevant documentation was not completed competently. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made and the provider was no longer in breach of regulations.

- Medicines were safely stored and records of controlled medicines were clear and accurate. Controlled medicines are subject to higher regulation due to their nature.
- We saw over 50 medicines administration records, (MAR's) and a number of topical MAR's (TMAR's). These were generally well completed and reflected the medicines that had been given.
- We were concerned about covert medicines and medicines administered through a percutaneous endoscopic gastrostomy (PEG), a type of feeding tube directly into the stomach. Covert medicines are often crushed or hidden in food and given with or without consent.
- Medicines given through a PEG included one that was unavailable in a liquid form that should not be crushed. The provider was made aware of this and was following up with healthcare professionals.
- One person who needed to have covert medicines did not have a capacity assessment and best interest decision in place to support this method of administration. Their records lacked information from the pharmacist as to whether the medicines were safe to crush or take with foods. This was not in line with the providers medicines policy. The provider was acting according to the prescription from the GP but agreed to follow up with a pharmacist.
- Some medicines including medicines for Parkinson's disease and antibiotics need to be given at specific times or be regularly spaced throughout the day. We found one person was having antibiotics 3 times per day that were not given at 8 hourly intervals. The registered manager told us this was due to their erratic sleep pattern and they would usually aim for more regular times.
- Other time sensitive medicines such as those that must be given 30 minutes before food were well managed. Each person had clear MAR sheets instructing when and how they should be administered.
- 'As required' or PRN medicines each had protocols detailing their purpose and how and when they may be administered.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in recognising the signs and symptoms of potential abuse and were clear as to who they should report concerns to.
- Safeguarding concerns were alerted to the local authority safeguarding team and the registered manager informed CQC. Concerns were thoroughly investigated, and actions then taken to prevent reoccurrences.
- People felt safe living at Rothsay Grange. One person told us, "Yes, I feel quite safe. Just the atmosphere feels safe. A second person told us, "I feel safe because staff are kind, helpful and caring." Another person said, "Never felt that I'm not safe in any way."
- Relatives echoed the positive comments from people telling us, "Definitely [safe], staff everywhere," and, "I feel that [person] is really safe and well cared for." Another relative said, "It's definitely much safer here, [person] was living on their own."

Assessing risk, safety monitoring and management

- Risks associated with peoples care and well-being had been assessed and actions taken to mitigate residual risks. For example, we saw assessments covering swallowing, skin integrity, use of bedrails and use of the call bell. Strategies such as hourly checks took place for people who had bedrails were in place to ensure people remained safe.
- Regular servicing and checks of equipment and aspects of the premises ensured risks were minimised. We saw the fire alarm system was regularly tested and serviced, water hygiene was managed through risk assessment, flushing and testing and certificates to show gas and electricity supply and fittings were safe were reviewed.
- Personal emergency egress plan's, (PEEP's) were in place for people living at Rothsay Grange. These identified the support people needed should they need to evacuate the premises in an emergency. A continuity plan described how emergencies would be dealt with and where people would go should the

premises need to be evacuated for a period of time.

Preventing and controlling infection

- The premises were very clean and there were no unpleasant odours. Housekeepers had lockable trolleys containing the equipment and chemicals to clean the service.
- People and their relatives were satisfied with how well the service was cleaned, telling us, "Nice and clean, my goodness it is. Laundry is ok but they do lose some things." "My gosh, 100% happy with the cleaning. The laundry is good but sometimes things get mixed up." "Spotless, cleaning done well." "Absolutely brilliant cleaning." "Oh yes very clean here, Cleaners do a good job."
- Throughout the pandemic, the provider had followed government guidelines around infection control and personal protective equipment (PPE). When we inspected, we saw staff wearing facemasks throughout the day, adding gloves and aprons when delivering personal care to people.
- The service had not experienced significant levels of COVID-19 and the one outbreak the registered manager had overseen was mainly contained on one floor. Staffing had been adjusted to ensure they remained on the same floor for the duration of the outbreak.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider followed government guidance and when we inspected had reopened the service to visitors without restriction. Visitors were asked to wash their hands on arrival and to wear facemasks however they could access the premises and visit their family member when they wished.
- Should a visitor look unwell or disclose they had experienced any symptoms that could be of COVID-19, the provider requested they visit when recovered to minimise risks to people.

Learning lessons when things go wrong

- Accidents, incidents and near misses had been recorded and investigated as required. Should there be themes, these were shared with the staff team and care plans and risk assessments updated as appropriate.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- A pre-admission assessment was completed for people prior to admission to Rothsay Grange both to ensure their needs could be met and to give staff information about their needs and wishes when they were admitted.
- Assessments and care plans were numerous and mostly well completed covering all aspects of people's health and well-being.
- We saw oral healthcare plans detailing the support people needed to maintain their dental health. We saw some care records were not completed for mouthcare support so it was not clear what care was being delivered.
- Epilepsy care plans needed additional information to aid staff in managing seizures. It is good practice to have descriptions of seizures experienced by people in their care plan so supporting staff may identify if the seizure is typical or unusual. This would determine how the seizure was managed. Plans dealt with people's epilepsy safely but a clearer, person centred approach would improve this further.
- Life histories had been recorded in some records which helped staff know who the person was before they came to Rothsay Grange and gave topics for conversations.
- Care plans were regularly reviewed and we saw important information being added as new learning about people happened.
- People's needs, if they had protected characteristics under the Equalities Act 2010, had been considered and met as far as possible in assessments and care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction when commencing in post at Rothsay Grange including training in areas such as moving and handling, safeguarding and basic food hygiene. Additional training was completed and staff completed regular updates of mandatory training.
- Registered nurses completed additional training to ensure their clinical skills such as venepuncture, catheterisation and syringe driver use were current and competent. Specific medical conditions were also included in registered nurses training however it would also be beneficial for care staff to complete the training as they may be better placed to identify possible changes in people's health when they were supporting them with personal care for example.
- Staff new to caring roles completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff participated in regular supervision meetings with senior staff. The registered manager also had an 'open door' approach to communication and encouraged staff to raise issues with them should anything

arise.

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

- People who were at risk of malnutrition were weighed monthly and calculations completed to ascertain their malnutrition universal screening tool (MUST) scores. This is a way to monitor unplanned weight loss so support can be sought from medical professionals when required.
- We saw 2 people with significant weight loss over the past year. The provider had made appropriate referrals and measures such as nutritional supplement shakes had been prescribed and were being given.
- Meals were varied and portions were generous. We asked people what they thought about food and portions at Rothsay Grange, they told us, "All I desire! Oh yes, I enjoy the food- don't go hungry let's put it that way. You can always get drinks here." Another person said, "Food- not moaning. If you want anything, they will get it for you. I wanted a Cornish pasty, so I asked [staff name] to ring through to the chef and ask. When it came it was done brilliantly.' The chef made a Cornish pasty from scratch especially for the person following their request.
- Other feedback about food and nutrition included, "The food varies, the way they cook it and what they do." "They come around with tea, drinks and snacks. In the afternoon help yourself to drinks and snacks. Lovely home-made cakes." "The food is generally nice, good choice, well cooked. No complaints."
- One person was less happy with meal provision telling us, "Food, I don't get on with it very well. Sometimes the way it is cooked and the limited variety. I had a word with the chef, too much salt in the food so they put that right. Not a lot of choice for diabetics especially puddings."
- We spoke with the chef who told us they were well informed about people's needs such as the texture of food they needed and whether it should be fortified to support weight gain. The chef knew people well and devised the menu to suit their preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People accessed health and social care professionals as needed. Referrals were made when necessary and we saw records evidencing input from the GP, tissue viability nurse (TVN), speech and language therapist (SALT) and a dietician.
- There was additional evidence to show that other specialists such as the Nutricia nurse who manages PEG feeding and consultants in mental health are involved when prescriptions need adjustment for example.

Adapting service, design, decoration to meet people's

- The premises were in a good state of repair and the reception area was particularly welcoming to people and their families who could sit there and enjoy a drink during visits.
- Memory Lane had themed areas with wall art and resources that reflected things people may be familiar with such as music. Consideration was given to dementia friendly colours, signage and fixtures such as contrasting grab rails in bathrooms.
- The registered manager advised the service would be having a 'Wow' next year. This is the Barchester term for a full refurbishment of the premises. The refurbishment would include redecoration and a revamp of the dementia friendly environments in Memory Lane.
- Bathrooms and en-suites were suited to people's needs and the premises were fully accessible with passenger lifts to all floors and flat entry ways and gardens.

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

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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 service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA. Relevant assessments of capacity and best interest decisions were in use and DoLS applications had been made as appropriate.
- People told us, "Always asking before doing anything in the way of care, very aware." A second person said, "Carers often put me to bed early, but I get used to it. I know I could stay up if I wanted to." A third person told us, "Do ask what you need and ask if it's ok to do this or that, ask if you want a shower."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 and their relatives felt well cared for at Rothsay Grange and gave us positive feedback about them. A person told us, "Staff are all very friendly for a start. Always have a laugh and a joke, all nice." A second person told us, "The staff are all nice, can't fault them in that sort of way. Staff know me well, they now when I am joking." Other comments from people include, "Carers are very pleasant. They do know what they are doing," and, "Some staff have a great sense of humanity." One person said, "When I was poorly, I didn't want for nothing, up half the night with me, couldn't want any more than this."
- Relatives feedback was also mostly positive. One relative had minor concerns telling us, "Health well cared for, but sometimes clean and tidy but they've not always been showered or shaved." We checked with care staff about this and they told us the person had chosen not to shower. Other feedback included, "Completely confident in talking to staff, they are absolutely fantastic and brilliant," and "On the whole they are jolly good carers," and "The regular staff appears to be professional and appropriate. There are a variety of behaviours here, staff attitudes appear to be unflustered and appropriate."
- The home had a lovely relaxed atmosphere, all interactions and observed nutritional support provided demonstrated empathetic approaches and was appropriate to each individual.
- People were treated as individuals and care was person-centred and tailored to specific needs and wishes. Protected characteristics under the Equality Act 2010 were identified and planned for.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff were trained in areas such as communication and equality and diversity and we saw many appropriate and caring interactions.
- Staff responded to people well and were supportive when they experienced difficulties. One person told us, "Respectful bunch [staff]. One day I was going to have a shower, got in and was frightened my legs would go so I didn't have a shower, rang the bell and said that I wanted a shower but needed someone to help me. Now they help me into the shower and sit outside until I've finished.'
- People mostly told us staff made time for them and did not rush them. One person told us, "Staff make time, don't rush out. Can have the care you want, only have to ask." A second person said, "The carers make time for me and they make time to chat."
- Two people referred to staff being busy at times saying, "All depends when you call if they have time. I would say half and half," and "Staff do listen to my worries, and they are really helpful. They don't always have time because the girls [care staff] are very busy." There were times during the day when people wanted to get up or have personal care which could delay requests for support however people understood why

and knew when things could be busy and were happy staff attended their needs as soon as they were able.

- All the care we saw and overheard demonstrated compassion and sense of humour. There was a peaceful atmosphere throughout the home.
- Staff were discreet when supporting with personal care and doors were closed to maintain privacy.
- Care records were stored in locked offices and were only available to staff who needed access to them.
- People were encouraged to remain active and maintain as independent as possible. Regular reviews of care plans and reassessments ensured appropriate levels of support were provided.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People were, if appropriate, involved in care planning and reviewing. Plans reflected people's needs and wishes and detailed how they wanted to have care provided.
- Relatives had been involved in the assessment and care planning process. One relative told us, "We have had long talks re the care plans. Know what care is needed."
- A person wasn't interested in their care plan and said, "Don't feel that I have ever needed to see the care plan, just let them get on with it and get the care I want and need."
- We found some details were lacking in clinical care plans. For example, one person who was managing their own stoma care had no reference to this in care plans. There were no details on the type of stoma and care of the site, just a record of the make and type of bag. This had no impact currently as the person was able to manage. However, should the person become unwell and be unable to manage, the lack of information meant staff would be unable to take on the task easily.
- We found a similar lack of information around one person's use of oxygen. There were no details about replacement of consumables such as tubing and no records of cleaning. The person was also managing this aspect of their care, again with no contingency should they become unable to do so.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had varied communication needs due to their different health conditions. People living with dementia needed more time for communication and people who had sensory loss such as hearing loss had specific needs.
- The provider had purchased eReaders for people to use. They supported people individually to adjust screen brightness and font size or to use text to speech or audio books should they need to.
- People who used hearing aids were supported by staff to maintain them and ensure they had charged batteries. The visiting pod used for visits during the pandemic had been fitted with a hearing loop system to assist people with communication.
- Staff were trained in communication and used different approaches as needed. We saw empathetic communication when people were distressed and staff spoke clearly and slowly to facilitate understanding.
- There was dementia friendly signage and all areas were well lit.

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

- As mentioned in the safe section of this report, visitors were able to access the service and visit their friends and family members in line with current guidance.
- There was an activities programme including group sessions and entertainers and individual sessions for those who preferred them.
- People were happy with activities at Rothsay Grange telling us, "I like gardening. I go out and do the garden, hard work. Call them when I am ready to come in." Another person said, "Spend as much time outside as possible. Loved my garden, had a big garden. I do some of the garden here, getting the weeds out, it's easy because things are just the right height for me at home I couldn't get down." The grounds had a garden with raised beds that were accessible to people. Activities staff had also tapped into people's previous interests and enabled them to continue enjoying them.
- Other people told us, "I join in with the activities. Trips around the villages, go out to a garden centre, puzzles, exercises, quite a few things." And, "Plenty to do here, can go out on trips, games, puzzles. Meetings. Not boring here," and "Join in with things or not join in. There are a lot of things to do. I like the garden and going to the garden centre trips and visits out."
- People were fond of the activity staff as they associated them with fun activities. A relative told us, "[Name] chooses to go out on trips or not and loves banter with them [activity staff]."

Improving care quality in response to complaints or concerns

- There was a robust complaints procedure within a customer feedback policy. Concerns would be thoroughly investigated and outcomes shared with relevant persons.
- Those involved in complaints including staff, people and relatives were supported throughout the process and interviews and evidence gathering were done carefully.
- Concerns raised had either been addressed and closed or were in process of investigation.

End of life care and support

- When we inspected no one was within their 'final days'. Several people had been prescribed anticipatory or 'just in case' medicines ready for their final days to relieve symptoms and pain.
- Staff had been trained in end of life care including use of syringe driver however, 3 of the 8 registered nurses on the training matrix did not have current training.
- The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) form is recommended to be in place for people resident in care homes. This approach takes the focus from DNACPR to enable people to consider what clinical interventions they would like to have should they become unwell, and to decide what they did not want. For example, they may want to have non-invasive ventilation, oxygen delivered through a mask but not be placed on full life support.
- We found ReSPECT forms did not have specific details about escalation of treatments such as taking antibiotics, or hospitalisation. Forms focussed on cardiopulmonary resuscitation (CPR) which is just one aspect of possible resuscitation meaning there was no clarity about interventions up to that point.
- Advanced care plans were in place but again lacked detail. Information about where people would like to die, the name of their funeral director and who to contact when they passed was recorded but the documents lacked the gold standard of information. Advanced care plans should contain information on religious and spiritual beliefs, who people may want to spend their last days with, where you would like to be and what you would like to happen to your body after death.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not have robust monitoring systems to identify shortfalls in service provision. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made and the provider was no longer in breach of regulations.

- The registered manager informed CQC of all relevant events that happened at Rothsay Grange. We received numerous notifications through the year and required feedback was returned as needed.
- There were extensive audits in place covering, for example, clinical aspects of the service, staffing, housekeeping and infection prevention and control.
- Audits were thorough and should they identify a concern, clear plans had been added and completed to rectify that concern. The registered manager had improved responses to concerns raised and was embedding the process into routine practice.
- The provider was open and honest when something went wrong and advised relevant persons accordingly.

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

- People gave mostly positive feedback about the management team at Rothsay Grange. People told us, "The manager here is very sweet," and "Manager does care work sometimes, know who she is and she always says hello when you see her." Other people told us, "Seen the manager know who she is but not really chatted to me, never found we needed to chat, get along fine," and "Don't really know the manager, know her by sight. Acknowledges you, not the time, on their computers."
- Relatives were also complimentary of the registered manager telling us, "Brilliant relationship with [name of manager], feel myself that there is really, really good communication," and "Does tell me if anything is wrong on the phone." A third relative told us, "[Name] the manager is very helpful. Had a meeting with us-brilliant, sat down and talked through small incidents."
- There had been many changes in registered manager in the previous 10 years with only one remaining in post for more than a year. This meant staff had experienced significant and ongoing changes.

- The registered manager had an open-door policy and encouraged feedback from staff.

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

- Meetings were held with staff, people and relatives. We saw minutes reflecting that staff had raised items including concerns about people, ideas for training, operational issues and personal matters, all of which were discussed and actions agreed on.
- There were two quality assurance surveys issued each year to relatives and people, these provided valuable feedback as to how well the service was running identifying areas for improvement. These were provided in a suitable format for recipients.
- The registered manager completed a 'Daily Walk Round' on at least 5 days per week. The purpose of this was to see how the home was functioning, meet with people and staff informally, observe staff completing their duties and generally check for any concerns that need to be rectified.
- The provider had forged relationships with local health and social care professionals. They communicated with them effectively ensuring support was gained for people in a timely way.