

Heltcorp Limited

Rotherwood Care Home

Inspection report

Doncaster Road
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Rotherham
South Yorkshire
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Tel: 01709820025

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31 August 2023

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12 October 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rotherwood Care Home provides residential care to older people with a range of support needs, including living with dementia. The service is registered to provide a service for up to 29 people. At the time of our inspection there were 21 people using the service.

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

People told us they felt safe. Staff knew how to raise safeguarding concerns and were aware of the processes to follow to keep people safe. Care and support plans were developed to ensure people's needs were met appropriately. Risk management strategies were in place to assist staff to help people to manage identified risks and included positive risk taking. Environmental maintenance and risks were managed appropriately.

Staff were recruited safely and staffing levels were appropriate to ensure people's needs were met in a safe, and timely way. The service was following infection prevention and control procedures to keep people safe. People received their medicines as prescribed.

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.

There was an effective governance system in place. People, their relatives and staff were confident about approaching the registered manager if they needed to. Their views and feedback were valued, respected, and used to support service development. A range of audits ensured the quality of the service was maintained. People had access to healthcare services where needed. There was evidence of effective communication with other professionals in the health and social care sector.

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 service was Good (published 8 December 2022).

Why we inspected

The inspection was prompted in part to check how the provider was safeguarding people from risk of Legionella. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rotherwood on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rotherwood Care Home

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.

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

This inspection was carried out by 2 inspectors, accompanied by a UK Health Security Agency scientist specialising in food, water and environmental microbiology.

Service and service type

Rotherwood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. 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

We gave the service short notice of the inspection. This was because we needed to be sure that a manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 received feedback about the service from social care and health commissioners, and the local safeguarding team. We used all of this information to plan our inspection.

During the inspection

We visited the service on 31 August 2023. We spoke with 6 people who used the service and 6 staff including a senior carer and a support worker, the operations manager, the compliance manager, the maintenance person, and the activity coordinator. We reviewed a range of records. This included the 3 people's care plans and risk assessments, day to day care records and medicines records. We checked a variety of records relating to the management of the service, including the records of building and equipment servicing and maintenance, including safe water management.

After the inspection visit we met with the registered manager and requested additional evidence to be sent to us. This included policies and procedures, staff recruitment files, meeting minutes and provider quality assurance audits. We spoke with a further 5 staff by telephone. We used this information as part of our inspection.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had effective systems in place to assess and manage risks.
- Each person had a risk assessment setting out risks associated with the care. Risk assessments were regularly updated to make sure they continued to meet people's needs. They were completed to a good level of detail so staff understood what they were required to do to support people's safety.
- The health and safety of the premises was appropriately managed, with up-to-date testing and checks of areas such as the fire system and electrical safety.
- There was a comprehensive risk assessment and action plan in place that provided assurance about the on-going management of water safety.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to receive visitors in line with current government guidance and we saw people's relatives visiting on the day of inspection.

Learning lessons when things go wrong

- There was a system in place to monitor accidents and incidents and identify any lessons learnt.
- Where lessons had been learnt, action had been taken to reduce the chance of recurrence, including updating people's care plans and risk assessments. Appropriate action was taken in response to incidents, such as referral to relevant healthcare professionals, or changes to people's risk management plans.
- Accidents and incidents were recorded and monitored by the registered manager to identify patterns and trends.

- The management team used team meetings and staff supervision meetings to discuss learning from incidents, and to plan changes and improvements, so that people were supported safely.

Using medicines safely

- The service had systems to help make sure people's medicines were safely administered, appropriately stored, and safely disposed of.
- Medicine administration records (MAR) were up to date and indicated people's medicines had been administered as prescribed.
- Where people were prescribed PRN (as required medicines), protocols were in place, explaining what the medicine was prescribed for, and how to identify when the person may need the medicine.
- Staff administering medicines had received the appropriate training and had been assessed as competent to administer medicines safely. We observed people were supported to take their medicines in the way they preferred.
- Medicines, and records of medicines, were audited regularly so the management team had oversight of how medicines were managed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- People told us they felt safe living in the home. One person said, "It feels safe. It feels like home."
- Staff we spoke with were aware of how to identify signs of abuse and the action they should take if needed. The provider's safeguarding procedure was readily available to staff.
- People were advised how about how to keep safe by staff and if there were areas of individual concern these were detailed in people's care plans. We saw evidence safeguarding procedures were appropriately followed.

Staffing and recruitment

- There were enough staff to meet people's needs and to make sure people were safe.
- Staff were deployed effectively and flexibly, to enable people to have access the community. We saw when people needed assistance staff attended quickly.
- The provider had effective systems to help make sure staff were recruited safely. Disclosure and Barring Service (DBS) checks had been completed and references sought from previous employers. This helped make sure staff were fit for their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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

- People described the registered manager and staff as being accessible and open. One person told us, "They are like my family."
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and the managers had an 'open door' policy.
- The provider had effective processes in place to review, learn, and make changes when things went wrong.
- Staff commented positively about the support provided to them by managers. For instance, one staff member said, "The management team are good. The manager is always there if you need advice or support."

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

- The provider has systems in place to gain feedback from people, their relatives, staff, and other professionals.
- People's feedback was sought on a regular basis. There were surveys as well as meetings for people using the service, and we saw evidence of the provider taking account of the issues raised.
- Staff told us they felt listened to and supported by the management team.
- People and staff told us they felt able to contribute their thoughts and suggestions. They said they were encouraged to participate in the development of the service people received.

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

- The registered manager and staff understood their roles and there were clear lines of communication in place.
- The provider had a system of audits and checks, which were conducted regularly and to a thorough standard. These audits fed into the service's overall development plan. This helped make sure the service was person focussed and was effective. Where audits identified areas for improvement, specific action plans were developed. We saw evidence of actions being completed.
- People spoke positively about the registered manager, the wider management team and the care staff. One person said, "The manager and staff are very good. They make sure I'm OK."
- People and staff told us the management team were relaxed and friendly.

- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display within the home.

Continuous learning and improving care; Working in partnership with others: 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

- There was a culture of learning from incidents and feedback, which all staff had the opportunity to contribute to.
- All members of the management team we spoke with understood and acted upon their responsibility to keep people informed when incidents happened, in line with their duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider worked in partnership with the local authority and other health and social care agencies such as district nurses, social workers, and commissioners. This helped to ensure care and support was provided in line with current best practice in relation to people's specific needs.