

Derbyshire County Council

Rowthorne Care Home

Inspection report

Rowthorne Avenue
Swanwick
Alfreton
Derbyshire
DE55 1RZ

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02 November 2023

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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

Rowthorne Care Home is a residential care home providing personal care to up to 40 people. The service provides support to older people, people with dementia, those with a mental health diagnosis, people with a physical disability and/or sensory impairment. At the time of our inspection there were 29 people using the service. The care home accommodates people in one building, on one floor. There are separate wings, each with bedrooms, communal dining rooms and lounges. People have access to outdoor space.

People's experience of the service and what we found:

People felt safe using the service. Safeguarding policies and procedures were in place, these were understood by staff. Risk assessments were in place to keep people safe. People were involved in managing their risks and restrictions to people were kept to a minimum. People's requests for support were responded to promptly. Medicines were managed safely, and people received their medicines as prescribed from trained staff. The home was clean, and staff followed infection prevention and control practices. Lessons were learnt and improvements were made when things went wrong.

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.

The service had a clear vision to deliver high quality care and support. There was a positive culture which was open and transparent with people. People were treated with kindness and staff knew the people they supported well. The service was well-led. Robust quality assurance systems were in place to demonstrate good management oversight.

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 05 January 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. This was a planned inspection. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

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

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for

Rowthorne Care Home on our website at www.cqc.org.uk.

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.

Rowthorne 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 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 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

Rowthorne Care Home 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. Rowthorne is a care home without 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

The inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually. We used all this information to plan our inspection.

During the inspection

Inspection activity started on 02 November 2023 and ended on 06 November 2023. We visited the service location on 02 November 2023. We spoke with 7 people who use the service and 11 relatives about the care. We spoke with 1 professional who visits the service. We spoke with 6 staff, including the registered manager and care workers. We reviewed a range of records. This included 4 people's care records, multiple medicine administration records, staff recruitment records and records relating to the management of the service, including policies and procedures. Following the inspection, we continued to seek clarification from the provider, to validate evidence found.

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

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff received safeguarding training in line with the provider's policies and procedures. Staff knew how to respond if they suspected abuse had taken place.
- Relatives and people told us that the home was safe. One relative told us, "He is very safe, staff regularly keep in touch if anything is amiss."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe in relation to people's personal care and the service environment. Staff took action to mitigate any identified risks.
- The provider identified risks and ensured measures were put in place to keep people safe. For example, where people may be at risk of skin breakdown, they had equipment such as pressure relieving mattresses and staff supported people to turn regularly.
- One relative told us, "Risks are managed well for him, they know if he is tired and has weakness, he may need to use the hoist."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- The provider had recognised where DoLS were applicable, and all applications had been submitted.
- Staff had received training in MCA and DoLS.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staffing was closely monitored by management. The service had a dependency tool which was used and updated daily.
- Staff were recruited using safe recruitment procedures including identity checks, employment references,

and 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.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were administered safely by staff who were trained to do so. Records we looked at were completed accurately and were regularly checked for any errors.
- Relatives were happy with the handling of medicines. One relative told us, "No problem with [my family members] medication, staff keep me updated."

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- The home was clean throughout and cleaning schedules were in place.
- Relatives we spoke with were happy with the cleanliness of the home.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We observed relatives regularly visiting the home. One relative told us "They said I can come anytime I want; I never feel restricted at all."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Processes were in place to review all accidents and incidents. These were followed through by the management. For example, positive behavioural support plans were introduced for people who presented signs of distress. This meant staff had up to date guidance on how to support the person.
- Relatives were informed about accidents or incidents. One relative told us, "[My family member] has had a couple of falls in the past, and went into hospital once, I am always kept informed."

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 Good. At this inspection the rating has remained Good. 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

- There was a positive and open culture at the service.
- The registered manager and staff knew people well and were responsive to people's needs. One relative told us "Staff know [family member] very well, some of them have been there a long time."
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- Relatives were involved in people's care. One relative told us, "I am very happy with the home. They have created a family feel to the home. It's a lovely warm environment."

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 provider understood their responsibilities under the duty of candour.
- The registered manager was open and transparent throughout the inspection process.
- The manager understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider's quality assurance systems ensured all aspects of the service were regularly audited. Where issues had been identified, the service had an improvement and development plan to monitor ongoing and completed actions.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. For example, care plans identified where people had any religious, spiritual or cultural needs.
- People and staff were engaged with, both formally and informally. This included the use of questionnaires so that people could feedback on all aspects of their care. One relative told us "I had concerns about [family members] health and they acted immediately. They are very proactive with helping me."

- People and relatives felt they knew who staff were and were able to communicate with them positively. One relative told us, "They are very caring and respectful staff, all of them go above and beyond."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager met regularly with staff in supervision and staff meetings.
- The majority of staff spoken with felt able to raise concerns to the management and felt they were listened to.

Working in partnership with others

- The provider worked in partnership with others.
- Referrals were made when people needed specialist health care and information was shared with external professionals. One visiting professional told us, "The manager is responsive."
- Relatives were happy with the service working effectively in partnership with professionals. For example, the GP, dentists, opticians and chiropodist.