

Rotherwood Healthcare (Roden Hall) Limited

Roden Hall Nursing Home

Inspection report

Roden
High Ercall
Telford
Shropshire
TF6 6BH

Tel: 01952770130

Date of inspection visit:
12 November 2020

Date of publication:
09 December 2020

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

Roden Hall Nursing Home is a residential care home registered to provide personal and nursing care for up to 68 people. At the time of our inspection the service was supporting 38 people across three separate areas, each of which had separate adapted facilities.

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

Since our previous inspection the home had moved into a purpose-built building and improvements had been made to the home.

We found the recruitment process had improved to ensure the suitability of staff working in the home. People were supported by enough staff who were trained to recognise and report abuse. There were effective procedures to assess and manage risks. Improvements had been made to ensure medicines were managed in line with policies and procedures. The new purpose-built building mitigated previous infection control risks and when concerns were identified, they were addressed.

People's needs were assessed, and their care was delivered in line with their preferences. People were supported by staff who were trained and had the skills to meet their needs. People were supported to eat and drink to maintain a healthy diet. People had access to healthcare services and were supported by a range of healthcare professionals to meet their needs. The home was adapted to meet people's needs and offered a range of onsite facilities.

Care was delivered in accordance with the Mental Capacity Act 2005 (MCA) principles. 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.

People were well treated and respected and had their views and input into their care. People's privacy and dignity was respected, and they were promoted to maintain their independence.

People's care was personalised and included their choice, preference and control. We found the home met people's communication needs and followed the Accessible Information Standard (AIS). People were supported to maintain and develop relationships and quality of care was improved in response to complaints or concerns.

Improvements had been made to the governance systems to ensure the safety of the environment. The home promoted a positive person-centred culture and staff were supported to be open and honest when things went wrong. Managers and staff were clear about their roles and legal responsibilities. Management considered the views of staff, people living in the home and their relatives and worked together with health and social care professionals.

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 4 June 2019) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The home had moved into a purpose-built building therefore we carried out a comprehensive inspection.

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 coronavirus and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Roden Hall Nursing 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

The inspection was carried out by three inspectors.

Service and service type

Roden Hall 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

We gave the service 30 minutes notice of the inspection. This was because we needed to know of the Covid-19 status in the home and discuss the infection, prevention and control measures in place.

What we did before the 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 seven people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, the hospitality manager, a senior care worker, the clinical lead, care assistants, a nurse assistant and the activity coordinator.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five 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 at the site visit.

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.

Staffing and recruitment

At our last inspection the provider had failed to ensure appropriate staff safety checks were carried out. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation.

- Our previous inspection found gaps in staff's fitness to work checks. At this inspection we found improvements to the recruitment process which ensured the suitability of staff working in the home. Staff files we reviewed included pre-employment checks and references, this ensured all staff had the appropriate safety checks in place.
- People were supported by enough staff. Whilst there was a high number of agency staff, particularly at night, the registered manager was recruiting, with seven awaiting interview and the home used the same agency staff to ensure consistency.
- Staff provided mixed reviews on the use of agency staff. However, people living in the home were complimentary of all staff, with one person reporting, "All staff are very good here, I cannot tell the difference between permanent and agency."

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to recognise and report abuse to protect people from harm. A staff member told us they confidentially reported concerns they had to the registered general nurse. A further staff member told us, "I've never witnessed anything but if I did, I would report it straight away."
- People we spoke with felt safe in the home and one person told us, "I could not live in my bungalow anymore, I feel safer here."

Assessing risk, safety monitoring and management

- There were effective procedures to assess and manage risks. These included, risks associated with pressure damage to the skin, mobility, eating and drinking and environmental risks. Risk assessments had been regularly reviewed to ensure they remained appropriate.
- Health and safety checks were carried out in the home to support people to stay safe.
- The home's electronic system included a documents library which enabled the most up to date versions of policies to be printed if required to ensure effective risk management.

Using medicines safely

- At the last inspection we found medicines were not always stored at the correct temperatures. At this inspection improvements were found, and records showed that room and fridge temperatures were maintained within required limits.
- Improvements had been made to ensure that staff recorded when they had administered people's prescribed creams.
- Medicines were securely stored. People's medicine administration records had been fully completed and there was an audit trail of all medicines held at the home.
- There were clear protocols in place for staff to follow where people were prescribed medicines on an 'as required' basis.

Preventing and controlling infection

- Since our previous inspection, the home had moved into a new purpose-built building next door, mitigating previous risks. We observed it was very clean and staff completed daily cleaning tasks to reduce the risk of cross contamination.
- At our previous inspection whilst we found audits were in place to monitor hygiene standards, actions were not always taken to address concerns identified. During this inspection we found improvements had been made and actions were taken when concerns were identified.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and regularly reviewed. This helped to identify any trends.
- Where things went wrong, reasons were explored, and action was taken to reduce the risk of it happening again.

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

- People were assessed before they moved to the home to ensure their needs and preferences could be met.
- Assessments of people's diverse needs, such as religion were discussed prior to admission.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

Staff support: induction, training, skills and experience

- The home had a bespoke electronic system for staff training records. At the time of our inspection the system showed most courses were above 90% compliant. The system automatically notified staff of when a training refresher was required prior to existing dates expiring.
- Staff we spoke with confirmed they received the right training and information to support people and meet their needs. They told us they supported each other and worked as a team.
- People told us staff knew how to support them with one person describing them as "Excellent".

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

- People were supported to eat and drink to maintain a healthy diet. People's nutritional needs were assessed and kept under review and care plans contained information about people's needs and preferences.
- Where there were concerns about a person's intake or weight, these were monitored.
- We reviewed people's fluid intake charts and whilst they were completed daily, they did not consistently include the total amount taken or the target intake. Following our inspection, the registered manager updated the fluid intake documentation to include people's individual requirements.
- People had a choice of condiments for mealtimes and when asked people could have a glass of wine with their dinner.

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

- People received consistent, effective and timely care as staff worked together with a range of healthcare organisations.
- People saw professionals to meet their needs when they needed. These included GP's, opticians, speech and language therapists and tissue viability nurses.
- People were provided with specialist equipment to meet their needs. This included pressure relieving equipment and mobility aids.

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

- Since our previous inspection the home had moved into a new purpose-built location designed to meet people's needs. The design of the home promoted people's independence and provided them access to a range of facilities to use at their leisure. The facilities included a theatre, a hair and beauty salon, a pub and a coffee shop, and prior to the pandemic people could enjoy these with their friends and relatives.
- People were living either on the nursing floor or the residential floor depending on their needs. At the time of our inspection the home also had a 'step-down' unit to support those in recovery of Coronavirus.
- The building offered flexibility to the people who lived there, and people were supported to individualise their bedrooms with personal items to reflect their interests.
- The home was adapted to meet people's physical needs including adaptations made to the outside space. People's individual bathrooms provided them with relaxing experiences, through mood lighting and jacuzzi style baths.

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

- People were supported by staff to access healthcare services for their physical and mental health and staff sought advice when required to meet people's needs.
- People's health and well-being was monitored and understood by staff. Care records showed that advice was sought from health care professionals as soon as concerns about a person's health were identified.
- Staff were trained in oral health and champions completed oral health assessments which contributed to people's individualised care plans.

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 service 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.

- The provider had made appropriate DoLS applications and had systems in place to renew and meet any recommendations of authorised applications.
- In accordance with the MCA, assessments of people's capacity to consent to aspects of their care and treatment had been completed. These included the use of bedrails and the use of covert medication. Where a person did not have the capacity to consent to their care and treatment, best interest meetings had taken place involving the person's relatives, GP and staff that knew them well.

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

- Staff spent time to engage with people and listen to them.
- Staff received training on equality and diversity which ensured they respected people's individual needs.
- People we spoke with confirmed staff treated them well and were compassionate, one person described staff as being "exceptionally kind."

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

- People had input in their care and were involved in decisions made. We saw preadmission questionnaires included people's views and involvement which was reflected in their care plan.
- When delivering care, we observed staff involved people and supported them in line with their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff supporting them. We observed staff knocking on people's bedroom doors and waiting for a response before entering. During mealtimes staff respected people's dignity by asking them if they could wipe their faces if required.
- Where people were isolating due to the current pandemic, a butterfly image was displayed on their bedroom door to discreetly alert other people and staff of their isolation period.
- People's care plans included detail of how staff respected their privacy and dignity during their daily routines. Staff were also required to sign a privacy notice as part of their induction, this ensured all staff were aware of people's confidentiality.

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

- Care plans detailed information which was important to the person such as daily routines and family members.
- People and those close to them were involved in planning and reviewing the care they received.
- The home had a designated activities room to provide people with an area of creativity which met their needs and preference.

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.

- The registered manager had a good understanding of the AIS and told us information could be produced in accessible formats, such as large print, for those people who required this.
- People's communication needs were assessed and detailed in their plan of care.
- When a person living in the home could not verbally communicate on discharge from hospital, staff made flash cards to help them communicate. The cards also encouraged them verbally communicate a small amount of words.

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

- People were provided with opportunities for social stimulation.
- There were a variety of activities which included arts and crafts, baking, music and films, a knit and natter club and a men's club.
- Staff supported people to maintain contact with their friends and family during the pandemic through a visiting pod which did not require access through the main home. People also communicated with loved ones using technology such as video calls. One person was supported to be a part of their relative's wedding, as the home live streamed the event which took place in America.
- People we spoke with were complimentary of the support they received to follow interests and take part in activities. Two people told us "it would be good if we had phones in our bedroom so we could call one another, as it is a big home."

Improving care quality in response to complaints or concerns

- People we spoke with confirmed they did not have any concerns or complaints, however they knew how

to raise them if required.

- The home held resident meetings to capture any concerns and make improvements to people's care. Information was shared through family days, prior to the pandemic and through newsletters.

End of life care and support

- At the time of our visit, nobody was receiving end of life care. However, people's preferences during their final days and following death were considered and recorded in their plan of care.

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

Continuous learning and improving care

At our last inspection the provider did not have effective governance systems to ensure the safety of the environment. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation.

- Procedures to monitor and improve the quality and safety of the service had improved. Regular internal audits and checks were carried out and these were effective in identifying and addressing areas for improvement.
- The registered manager had a clear task list on the home's electronic system where monitoring and oversight of allocated tasks and activities were reviewed.
- The new location of the home was purpose-built and addressed previous environmental concerns. Any new concerns were logged with the estates team on the electronic system and required sign off by the registered manager.

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

- The home's vision and values were displayed for people, staff and visitors.
- Staff demonstrated a positive culture which was person-centred and inclusive of people living in the home.
- Staff we spoke with reported the registered manager was visible and approachable, and the registered manager confirmed they completed morning and evening walk rounds of the home whilst being available throughout the day.

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

- Incidents were investigated fully, and actions were identified to improve people's experiences of care.
- Staff were encouraged to be open and honest when things went wrong and identify learning to make improvements to the home.

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

- Since our previous inspection the manager had registered with us.
- In accordance with their legal responsibilities, the registered manager had informed us about significant events which occurred in the home within required timescales.
- Staff were able to discuss their role through regular supervisions and annual appraisals. A member of staff said, "The training and support is really good. It's a lovely place to work and there is good teamwork. The registered manager is approachable and is always about."
- Staff were aware of their professional boundaries and potential conflicts of interest. For example, a member of staff recognised a conflict in one situation where some concerns were raised.
- The home's last inspection rating was clearly displayed in the home and on their website.

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

- People's views were encouraged and respected. Annual surveys provided people and their relatives to express a view about the service provided. The results of a recent survey had shown a high level of satisfaction.
- One person commented, "Thank you to all the staff and manager for all your care and kindness." Another person commented, "This is the best home in the country."

Working in partnership with others

- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's and health care professionals.
- Staff were open and worked together to meet the needs of people living in the home.