

Rotherwood Healthcare (Roden Hall) Limited

Roden Hall Nursing Home

Inspection report

Roden
High Erroll
Telford
Shropshire
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Tel: 01952770130

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Roden Hall Nursing Home 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.

Roden Hall Nursing Home accommodates up to 45 people with bedrooms on several floors, which are accessible by a lift and stairway. However, at this inspection alterations were being made to the building and people were living on the ground and first floors. In addition to the alterations to Roden Hall Nursing Home a new purpose build nursing home was being built in the grounds. As a result, the numbers of those living there had been reduced. At this inspection 22 people were living there.

Since our last inspection a newly appointed registered manager has taken up their position at Roden Hall Nursing Home and was present during this inspection's site visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following our last inspection in January 2017 we published our report in April 2017. At that inspection we identified areas of improvement that needed to be made. These were in relation to the key questions, Safe, concerns about abuse and ill-treatment were not always passed to appropriate agencies and there were not always enough staff to meet people's needs in a timely manner. In addition, the fire safety plan was not being followed. Effective, people sometimes had to wait for assistance at meal times. Caring, people were not always treated with respect. Responsive, people did not always have care plans that were up to date. Well-led, quality checks were not always effective to identify improvements needed.

At our last inspection we identified one breach in regulation. This was Regulation 12 HSCA Regulations 2014 - Safe care and treatment. Risks had been identified in relation to managing fire risks safely and an action plan to reduce the risk had been produced but was not being followed. We asked the provider to complete an action plan to show what they would do, and by when, to improve this key question. At this inspection we found improvements had been made and they were no longer in breach of this regulation.

However, at this inspection we identified some improvements were still required regarding the safety of parts of the building. In addition, we found that effective infection prevention and control practices were not fully embedded into staff members practice and that parts of the building did not support effective cleaning procedures. The management team and the provider did not have effective quality checks in place to identify and drive the changes required.

People were safe from the risk of abuse and ill-treatment as staff knew how to recognise and respond to concerns. Any concerns raised with the registered manager were acted on appropriately. There were enough staff to support people to meet their needs in a timely manner. The provider followed safe recruitment

procedures when employing new staff members.

People were safely supported with their medicines by competent staff members. New staff members received an introduction to their role and were equipped with the skills they needed to work with people. Staff members had access to on-going training to maintain their skills and to keep up to date with changes in adult social care.

People received care that was effective and personalised to their individual needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's human rights and protected characteristics, like faith and disability, were supported and promoted by those providing care and support for them. People received information in a way they found accessible.

People received support that was caring and respectful. People were supported by a staff team that was compassionate, thoughtful and kind. People's privacy and dignity was respected by those providing assistance. People were supported at times of upset and distress.

People, and when needed family or advocates, were involved in developing their own care and support plans. When changes occurred in people's personal and medical circumstances, these plans were reviewed to reflect these changes. People's individual preferences were known by staff members who supported them as they wished. People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

The management team at Roden Hall Nursing Home was approachable and supportive. People's suggestions and comments were valued by the provider. Staff members believed their opinions and ideas were listened to by the provider and, if appropriate, implemented. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements. The provider learnt from incidents and accidents and worked with people and families to minimise the risk of reoccurrence if things had gone wrong.

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Not all parts of the building were safe for those living there. Infection prevention and control practices were not fully embedded.

People were protected from the risks of harm or abuse as the staff team knew how to recognise the signs and how to report concerns.

People received assistance with their medicines from a trained and competent staff team.

The provider followed safe staff recruitment checks.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by a skilled and knowledgeable staff team. People's human rights were respected by those assisting them.

People received assistance from staff members who felt well supported in their role. People received enough food and fluids to maintain good health.

When needed people were referred onto community based health professionals promptly.

Good ●

Is the service caring?

The service was caring.

People were supported by staff who were caring and compassionate. People felt valued by those supporting them.

People's protected characteristics, such as disability and faith, were understood and supported by staff members.

People had their privacy and dignity respected by staff members.

Good ●

People were supported at times they felt upset.

People were encouraged to maintain relationships that mattered to them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care and support plans which reflected their needs and preferences.

People had access to information in a format they could understand. People were engaged in activities they found enjoyable and stimulating.

People and relatives knew how to raise concerns and the management team had systems in place to respond to any concerns or compliments raised with them.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The management team and provider did not have effective quality checks in place to identify and drive improvements in the service they provided.

The management team and the provider valued people's and staff members views and encouraged and respected their opinions.

The registered manager understood the requirements of their registration.

The management team had good links with community based facilities which people benefited from.

Roden Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visit took place on 23 July and was an unannounced comprehensive inspection. This inspection was completed by one Inspector, one nurse specialist and one 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.

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with six people, four visitors, the registered manager, six staff members including two nurses, two care staff, one domestic support and one member of the catering staff.

We looked at the care and support plans for five people including assessments of risk and guidance for the use of medicines. We looked at any records of quality checks and incident and accident reports. We further confirmed the recruitment details of two staff members.

Is the service safe?

Our findings

At the time of our last inspection in January 2017 the 'Safe' key question was rated as 'Requires Improvement.' At this inspection we saw improvements had been made but some were still required, and therefore we have rated this key question as 'Requires Improvement.'

People were at risk of injury as parts of the building, within which they lived, were not conducive to a safe living environment. For example, we saw a fire door had been propped open by a door stop preventing the automatic closure of this door in the event of a fire. We saw stair gates had been adapted to minimise the risk of people using the stairs unaided. However, these adaptations did not account for people leaning on or potentially toppling over the stair gates and put them at risk of injury. One downstairs bathroom had a slope with a drop of approximately three inches on either side. This put people at risk of tripping as the drop was undefined and therefore not easy to see or avoid. One staff member we spoke with told us, "I don't use this bathroom as it is dangerous. There is a much better one which we always use."

We spoke with the registered manager about these issues. They took action to rectify them before we left. They told us there were other areas in Roden Hall Nursing Home which people could use instead of this bathroom and therefore took this one out of commission without effecting people who lived there. They went on to say that they hadn't taken it out of use officially as no one used it anyway. People we spoke with told us that they didn't use this bathroom but used an alternative one instead. However, action was only taken to remove the use of this area once we had identified it as a potential risk. We asked the registered manager about the use of a door stop which prevented the effective closure of the door in the event of an emergency. The registered manager told us that owing to the unusually high temperatures experienced this summer they presumed staff members had chosen to prop open the door to make people more comfortable. We saw this stop was removed immediately and that the automatic door closure was working as expected.

Following this inspection, the registered manager contacted us to tell us action had been taken to replace the stair gates. However, they had failed to identify this as a risk prior to our inspection and were only prompted to take action as a result of our findings on the day. Despite our findings, people told us they felt safe living at Roden Hall Nursing Home. One person said, "I feel safe with staff. I am fearful of falling but staff are ever so good. They encourage and reassure me." Another person told us, "I need to use a piece of equipment to help me to transfer, two members of staff assist me and they know how to use the equipment safely."

The registered manager could not assure us that people were protected from the risks of contractible illnesses and diseases as infection prevention and control measures were not fully embedded into staff members practices. For example, we saw in one bathroom the flooring did not have sealed edges and the taps had chipped chrome plating and broken caps which prevented effective cleaning practices. This was the same bathroom which was taken out of use by the registered manager at this inspection.

We saw "Check to protect," practices had been completed in some instances but were not consistent

throughout the building or with all staff members. Check to Protect for Clinical staff is a set of assessment tools designed to be used by staff to ensure that safe, effective standards of infection prevention and control are being met and maintained. We saw some staff members had completed their handwashing assessments but not all. We spoke with the registered manager about these. They recognised that further work was needed to embed these practices with all staff members and throughout Roden Hall Nursing Home. They went on to tell us that they would be identifying a named staff member to be a lead person in infection prevention and control. People we spoke with told us staff members used appropriate personal protection equipment (PPE) when supporting them. This included gloves and aprons when required. One staff member told us, "We have all the (PPE) readily available to us when we need it." We saw staff members using appropriate PPE equipment when supporting people.

We saw that individual assessments of risk associated with people's care and support had been completed. This included, but were not limited to, skin integrity, nutrition and mobility. When needed the management team took action to minimise the risks to people. For example, one person was identified at risk of trips and falls. They were assessed and a specific piece of mobility equipment was provided. We saw this person using this piece of equipment when moving around Roden Hall Nursing Home.

We saw the registered manager had systems in place to record and respond to any incidents, accidents or dangerous occurrences. For example, we saw one person had received an injury when being supported by health care professionals external to Roden Hall Nursing Home. The registered manager had collected accounts from those concerned and identified actions to minimise the risk of reoccurrence. For example, instructions were given to all staff members on where people should keep their arms when moving through doors. We saw the provider, registered manager and staff members had systems in place to learn from incidents and to take action to minimise the risks of harm to people.

People told us, and we saw, that they were safely supported with their medicines. We saw one person asking a nurse what their medicine was for. The nurse responded by informing the person what the medicine was and how they benefited from it. This person said, "It's good just to check every now and then to make sure they (staff) get it right." People told us they were happy with the support they received regarding their medicines. However, they did tell us that when they were supported by agency staff the timings of medicines could be a little late. Regular staff members we spoke with were aware of this and were supporting any agency staff members by identifying those with specific preferences regarding the medicines and timings so that they worked with greater efficiency.

The registered manager had identified that their current recording of medicines was due for change as they felt it did not meet best practice. For example, they were currently using a hand-written medicine administration record (MAR). They told us this created an opportunity for error if it was hand written. As a result, they are working with the prescribing GP and the dispensing pharmacist to have these altered. The registered manager had systems in place to identify and respond to any errors with people's medicines. For example, they had identified missed signatures on a MAR. They contacted the staff member concerned and confirmed that it was a recording issue and not an administration issue. We saw medicines were safely stored and when needed those that were sensitive to temperatures were kept in a fridge which was monitored to ensure it remained within the identified temperature range.

People told us they felt safe and protected from the risks of abuse and ill-treatment. This was because staff members had been trained to recognise the signs of potential abuse and knew what to do about it if they suspected anything was wrong. One person told us, "I feel safe as carers are always about and friendly and I can have a joke with them." Staff members we spoke with told us that if they ever had any concerns they would report them to the registered manager without delay. One staff member said, "I have confidence

[registered manager's name] would follow up on any concerns that I report to them." We saw the registered manager and provider made appropriate notifications to the local authority to keep people safe. We saw that information was available to people, visitors and staff members on how to raise any concerns that they had.

The provider followed safe recruitment processes when employing new staff members. As part of their recruitment process the provider completed a check with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others. In addition, the provider gained references regarding the suitability of prospective employees. The provider used this information to assist them in making safe recruitment decisions.

We saw, and people told us, that there were enough staff to safely support them in a way they wanted. One person said, "If I use the buzzer I don't usually have to wait told us." Another person told us, "If I use the buzzer and staff can't come at once, they tell you so you don't worry." We saw staff members were available to support people promptly throughout this inspection.

Is the service effective?

Our findings

At the time of our last inspection in January 2017 the 'Effective' key question was rated as 'Requires Improvement.' At that inspection we found that some people were kept waiting for assistance with their meals. At this inspection we found improvements had been made and we therefore rated this question as 'Good'.

We saw people being supported with their meals by staff members when they needed and in a manner that suited their requirements. We saw one person required assistance with their meal. A staff member sat with them and supported them throughout and at a pace to suit them. The person could chat with others at the dining table and the assistance they received did not interfere with this social occasion. Members of the kitchen staff spent time with people ensuring that they were enjoying their meals and if they could assist with getting anything else that they needed. People told us, and we saw, that they had a choice of meals and drinks. Alternatives were displayed for people to choose if they wished. One person told us, "If there is something I didn't like I could always ask for an omelette." Another person told us, "I am very fussy with food and they (staff) always offer alternatives."

Staff members employed in the kitchen knew people's individual preferences and requirements. For example, those who required diabetic foods had alternatives provided and people requiring soft diets or thickened fluids and vegetarian diets were also catered for. We spoke with a member of the kitchen staff who told us when it was needed they catered for people's cultural needs as well. When this is identified a member of the kitchen staff will spend time with the person or their family to understand how to cater for them to suit their needs. They went on to say that they have identified local supplies of specific foods for when this is needed. For example, butchers who supply halal meat, although at this point in time no one with specific cultural diets was living at Roden Hall Nursing Home. At this inspection site visit the outside temperature was particularly hot owing to the time of year. We saw that those sitting outside had plenty of drinks available to them which were refreshed regularly to help them to maintain safe hydration levels.

People told us that they had their needs assessed when they first moved into Roden Hall Nursing Home and staff supported them to meet these needs. One relative said, "When [relative's name] first moved in here they (staff) did a full assessment of what was needed. This was very comprehensive. It covered everything they needed. They had also arranged for others to come in and do some specialised assessments regarding their walking which was greatly appreciated." The staff members we spoke with were knowledgeable about the needs of those they supported and could tell us about people's care and support needs. This reflected what we read in people's care plans.

People told us they received care and support from a trained and competent direct care staff team. One person said, "The staff are so good they encourage and reassure me. The staff here know what they are doing." Staff members we spoke with told us that when they first started to work at Roden Hall Nursing Home they undertook a structured introduction to the home. One staff member said, "This helped me to orientate myself to the home but it also gave me time to talk with people and to get to know them before I started to support them. This helped me settle in." Another staff member told us, "I had to complete all my

basic training before I started. This included moving and handling, safeguarding vulnerable adults and infection prevention and control. We did a dementia awareness experience day recently. This was very informative and helped me to understand that the way you approach someone before supporting them is vital and helps put people at ease." Staff members new to working in care were supported to achieve the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The nursing staff members we spoke with told us they had been supported to revalidate with the Nursing and Midwifery Council (NMC). Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC.

Staff members told us they were supported in their role by the management team which included taking part in regular supervision sessions. A supervision is a one-on-one discussion with a senior staff member. It is during these discussions that issues relating to their employment and those they support can be had. Areas of concerns can be raised and actions identified to increase staff members skills and confidence.

We looked at how people's individual rights were protected. 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 were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems at Roden Hall Nursing Home supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do to protect the individual's rights. This included involving the person, relatives and any advocates to arrive at a decision in the person's best interests. At this inspection site visit we saw people making decisions about what they wanted to do, where they wanted to go and what they wanted to eat and drink. People told us that they had been involved in the decision to move rooms at Roden Hall Nursing Home because of the planned building alterations. They told us that they had been given the information to make an informed decision and were given options of where to move to within the building.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and when required a repeat application had been made. We saw the provider was meeting any recommendations made from authorised applications. The provider had properly trained and prepared their staff in understanding the requirements of the MCA. The provider's policies and procedures supported people to have maximum control over their lives.

People and visitors, we spoke with described the physical environment at Roden Hall Nursing Home as "homely." However, Roden Hall Nursing Home was not a purpose-built establishment and had been adapted to accommodate people with care and support needs. The provider had recognised that there were environmental limitations and so was in the process of developing a purpose build nursing establishment within the grounds of Roden Hall Nursing Home. Despite these limitations people told us they felt they could easily move around where they lived. There were appropriate signs available to orientate people. In addition, there were hand rails to support those with mobility problems and walls and floors had contrasting colours to support those living with visual impairments.

People had access to healthcare services when they needed it. These included GP and specialists regarding

eating and drinking. One person said, "The chiropodist visits me in my own room and I also had my eyes tested. They (staff) call the doctor if I need them." Another person told us that Roden Hall Nursing Home had supported them with medical support because of ongoing concerns regarding their skin and made specialist referrals for them. They went on to say that as a result everything has "settled down" and they were happy with the care they received. We saw that people had been promptly referred to other healthcare services when they required them.

Is the service caring?

Our findings

At the time of our last inspection in January 2017 the 'Caring' key question was rated as 'Requires Improvement.' At that inspection we saw that staff members did not fully respect people's privacy. At this inspection we saw that improvements had been made and therefore rated this key question as 'Good'.

People told us their privacy and dignity was respected by the staff members supporting them. We saw staff members knocking on people's doors and waiting for a response before entering. On entering people's rooms, they announced who they were and asked permission before supporting people. One person said, "They (staff) treat me with dignity and they always shut the door if assisting with my personal care." Another person told us, "They (staff) always knock my door and close it for privacy."

People described the staff members supporting them as, "very good," "marvellous," and "nice." One person said, "I couldn't ask for better staff." Another person told us, "Staff are marvellous, they are really good here." Relatives we spoke with reflected the views of their family members regarding the staff at Roden Hall Nursing Home. One relative said, "Staff members seem quite pleasant, and I have no problems with any of them."

Staff members we spoke with talked about those they supported with warmth, compassion and fondness. One staff member said, "We get to know people so well here it is a pleasure working with them. People are so interesting and we always have a chat and a bit of a laugh together." Staff members we spoke with could tell us about those they supported. This included their personal histories, where they lived and what they used to do for a living. One staff member said, "It's as if I know everyone like the back of my hand. We don't just support them with their personal needs but we truly spend time with them. This is what I enjoy about my job."

People were supported to maintain relationships with those that mattered to them. People told us their families and friends could visit at any time they wanted. There were restricted mealtimes in place to encourage people to maintain healthy diets but visitors could still attend and support those they were visiting and encourage their diet.

People were supported at time of upset and anxiety. We saw one person become upset. Staff members recognised this and responded to them straight away to reassure and support them. This person visibly calmed. We spoke with the staff members who had supported this person. They could tell us what they believed to be the source of the person's anxiety and by addressing that with them they relaxed.

We asked the registered manager how they assessed and supported people and staff regarding their protected characteristics. This included people's ethnicity, religion, sexuality, disability etc. We saw a record had been made regarding people's religious preferences. We spoke to one person about their church attendance. They told us they had been poorly and hadn't wanted to go. However, now they are feeling a little better they will talk with staff members and start going again. They went on to tell us that as they were not able to attend their place of worship a faith representative came and spent time with them at Roden

Hall Nursing Home.

The provider and management team sought accessible ways to communicate with people with communication and sensory difficulties. For example, large print documents were available to people with a visual impairment and menus had been developed to include pictures for those who struggled with writing. The registered manager told us information was presented to people in a way that met their individual preferences and needs.

People told us they felt that they were able to make informed decisions about their care and support. We saw one staff member talking with someone about spending time outside in the sun. The staff member explained the risks of prolonged exposure during hot weather. The person spent a little time deciding and opted for a sun hat and sun screen before sitting outside. People were provided with the information necessary, and supported by staff members, to decide about what assistance they required.

People told us they were encouraged to do what they could with the assistance of staff members which promoted their independence. We saw people being supported at mealtimes with minimal assistance from staff members. This encouraged people to be independent and staff were available should they require support. Staff members confirmed with people the level of support they wanted and were attentive if someone was seen to be struggling or needed a little help.

We saw information which was confidential to the individual was kept securely in the office and only accessed by those with authority to do so. When people had the authority to access people's information this was provided in a private and confidential area.

Is the service responsive?

Our findings

At the time of our last inspection in January 2017 the 'Responsive' key question was rated as 'Requires improvement.' At that inspection people were not always supported by staff who had up to date information and knowledge about their care and support needs. At this inspection we found improvements had been made and therefore we rated this key question as 'Good'.

People's care was delivered to meet their individual needs. Staff were able to tell us about those they supported and demonstrated a good understanding of people's needs and preferences.

One relative told us, "An assessment was completed prior to their admission and [relative's name] told them (staff) about their likes and dislikes." This relative went on to say that staff members then, with the person's permission, spoke with other family members to see if there was anything else they could add to the person's assessment." We saw information was available to staff members including people's life histories, where they lived, important events in their lives and who mattered to them. Staff we spoke with knew those they supported and could tell us about them. People were supported by staff members who knew them well as individuals.

The care and support plans that we looked at reflected people's physical, mental, emotional and social support needs. For example, we saw people's clinical needs, like skin integrity and nutrition, were recorded with clear instructions to staff members on how to meet these needs. One person told us their support was just how they wanted it. They said, "I just like a shower and I can have one whenever I ask. I get up at 6 a.m. and go to bed at ten. This is what I want." People's involvement was evident in the development of these plans. For example, we saw that one person had made a clear decision about do not attempt cardiopulmonary resuscitation (DNACPR). This was clearly recorded for all staff members and any visiting healthcare professionals to follow.

At this inspection Roden Hall Nursing Home was providing support for those experiencing hearing loss, sight loss and those living with dementia. We saw information was available to staff members on people's communication needs. We saw information was provided for people in a way that met their individual support needs. These included talking newspapers, large print documents and pictorial displays. The registered manager told us, "When it has been required we have referred people to the sensory impairment team and obtained this equipment for them, including the talking newspapers. People who have a problem hearing, were helped by attending the audiology clinics and we have made appointments and taken them to get new hearing aids."

People were involved in activities they found enjoyable and stimulating. On the day of this inspection the activities coordinator was not working. However, people told us there was still plenty for them to do. We saw people reading, spending time in the gardens and socialising with others. People told us about planned activities including a trip to a military museum and to a steam railway. One person said, "I had never played bingo until I came here but play now I also love the singing. I am quite happy here." One relative said, "[Relative's name] appears to have settled well. They enjoy the company of others and love the bingo and

entertainment."

All the relatives we spoke with told us they received information from Roden Hall Nursing Home regarding any changes in the health and well-being of their family members. One relative told us that they always get a phone call if there are any changes in their family members health. They went on to say that they felt well informed by the staff members and management team.

People, and visitors, we spoke with told us they had the information they needed should they need to express a concern or make a complaint. One person said, "I did raise a concern recently and this was promptly and efficiently addressed by [registered manager's name]. I am confident that they will respond appropriately should I have the need to raise a concern again in the future. We saw the management team and provider had systems in place to encourage, investigate and feedback any concerns from people, relatives or visitors. We saw information was on display in communal areas informing people how to raise any concerns that they had regarding Roden Hall Nursing Home.

At the time of this inspection Roden Hall Nursing Home was not supporting anyone who was end of life. As a result, we could not assess this element of care.

Is the service well-led?

Our findings

At the time of our last inspection in January 2017 the 'Well-led' key question was rated as 'Requires improvement.' This was because the quality checks completed by the management team were not effective in identifying and achieving 'Good' care. At this inspection we found improvements were still required and therefore we rated this key question as still 'Requires Improvement'.

We saw that although the management team, and the provider, had some systems in place to identify and drive changes and improvements in people's care and support they failed to identify the improvements we identified at this inspection. For example, they failed to identify and put right the unsafe use of stairgates in two areas of the home. In addition, they failed to embed good infection prevention and control practices for staff members. This is the second time Roden Hall Nursing Home has been rated as requires improvement overall. The management team and the provider did not have effective governance systems in place to identify and drive the required improvements.

These issues constitute a breach of Regulation 17: Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see that the management team had other quality checks in place like, medicine audits and quality checks of personal care and support plan to ensure they contained up to date information about people to support those assisting them. When it was needed actions were identified to address any deficits found. For example, during one medicines audit it was identified that not all bottled medicines had been dated when they were opened. A later check found that this was now happening as directed.

The provider and management team identified learning from previous incidents and acted to reduce the potential for reoccurrence. For example, following a medicine error an investigation took place. The staff members we spoke with knew about the error and how pro-active ordering of medicine stocks could assist in preventing the repetition of such an incident. This demonstrated that the management team acted in an open and transparent way and learnt from previous incidents.

At this inspection there was a registered manager in post. The provider and registered manager understood the requirement of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager had systems in place to review the care and support people received. These checks included any outcomes to any complaints received, any notifications that needed to be made and any recommendations from DoLS applications. The registered manager told us that they keep themselves up to date with developments in health and social care by subscribing to on-line updates. These included news letters from the CQC and other organisations and charities. They went on to say they felt supported by the provider and had close links with another registered manager employed by the same provider. They went on

to say this was supportive as they could "bounce ideas off one another."

We saw the last rated inspection was displayed in a communal area and also on the provider's website in accordance with the law.

People told us they knew who the registered manager was and that they saw them on a regular basis. Throughout this inspection we saw the registered manager chatting with people and spending time with relatives and visitors. Those we spoke with told us they found the registered manager to be open and approachable. One person said, "[Registered manager's name] is very approachable and has gone out of their way to do things." Another person told us about an item of clothing that got damaged and how the registered manager promptly got it repaired to their satisfaction.

People and relatives told us they felt informed about Roden Hall Nursing Home and received regular updates in the form of a newsletter. For example, people told us about the changes to Roden Hall Nursing Home and the new building which was being completed. People and relatives were invited to regular residents and family meetings. It was during these meetings that they could raise any issues they felt. However, it was also an opportunity to receive updates on living at Roden Hall Nursing Home. We saw minutes of these meetings were available for people who were not able to attend.

Staff members we spoke with told us they felt comfortable approaching the registered manager with any concerns and were confident they would be valued and listened to. One staff member said, "I know I can go to them at any time and I will be taken seriously." Staff members told us they have regular staff meetings where they can discuss aspects of the care provided or anything which involves Roden Hall Nursing Home. One staff member told us they couldn't go to the last staff meeting by the registered manager had provided information on what was being discussed prior to the meeting. This enabled them to approach the registered manager beforehand to express their views. They told us this was a good way to be included otherwise they would miss out on the discussions.

Staff members we spoke with told us they felt happy to question practice and to raise concerns if they needed. They felt they would be supported, by policies such as the whistleblowing policy, if they required it.

The provider had established working links with the local community, other healthcare professionals, and community services providing support for people. These included, GP and specialist health professionals. People living at Roden Hall Nursing Home benefited from these established links as they had good access to these services.