

# Broadacres Housing Association Limited

## Rockliffe Court - Hurworth

### Inspection report

Rockliffe Court  
Hurworth  
Darlington  
County Durham  
DL2 2DR

Tel: 01609767968  
Website: [www.broadacres.org.uk](http://www.broadacres.org.uk)

Date of inspection visit:  
16 May 2016  
19 May 2016  
24 May 2016

Date of publication:  
16 June 2016

### 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

This inspection took place on 16, 19 and 24 May 2016 and was unannounced. This meant the staff and provider did not know we would be visiting.

Rockliffe Court - Hurworth provides personal care to people living in their own accommodation. The accommodation is in one purpose built complex in Hurworth. On the day of our inspection there were 13 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Rockliffe Court - Hurworth was last inspected by CQC on 22 May 2014 and was non-compliant with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because risk assessments had not always been updated when they were due, which meant people and staff could be at risk of care not being delivered correctly. We checked this during our inspection and found risk assessments were now in place and up to date.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Staff had been trained in safeguarding vulnerable adults and procedures were in place to ensure people received medicines safely.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external health care specialists.

People who used the service, and family members, were complimentary about the standard of care provided by Rockliffe Court – Hurworth. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way.

People who used the service were aware of how to make a complaint and the provider had an effective complaints process in place.

The service had links with the community and local organisations.

Staff felt supported by the manager and were comfortable raising any concerns. People who used the service and staff were regularly consulted about the quality of the service.

## 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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people who used the service.

Staff had been trained in how to safeguard vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

Staff were aware of people with specific dietary needs.

People had access to healthcare services and received ongoing healthcare support.

The provider was working within the principles of the Mental Capacity Act.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their

wishes, including their end of life preferences, were taken into consideration.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

Care records were up to date and regularly reviewed.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role.

The service had links with the community and other local organisations.

# Rockliffe Court - Hurworth

## 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 was planned to check 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.

This inspection took place on 16, 19 and 24 May 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and Healthwatch. No concerns were raised by any of these professionals.

Before the inspection, 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 used this information to inform our inspection. We sent questionnaires to people who used the service, family members, staff and community professionals. We received 10 questionnaires back from people who used the service, one from a family member, six from members of staff and one from a community professional.

During our inspection we spoke with three people who used the service. We also spoke with the registered manager, human resources manager, head of support services and four care staff.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff and records relating to the management of the service, such as quality audits, policies and procedures.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at Rockliffe Court – Hurworth. They told us, "I feel perfectly safe" and "Yes, I do feel safe". In the questionnaires we sent out, people who used the service told us they felt safe from abuse or harm.

The provider had a recruitment and selection policy in place. We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out for each person. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

At least two references were obtained for each new member of staff, including one from the staff member's previous employer. The provider was unable to find copies of the references for one member of staff who had worked at the service for 15 years. In response, the provider carried out an audit of references for all staff at Rockliffe Court – Hurworth and it was found that all the other members of staff had references on file. Proof of identity was obtained from each member of staff, including copies of passports. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing levels with the registered manager, who told us they employed 10 permanent members of staff and had access to three bank staff. Staff worked a shift pattern, which included a sleeping night shift in case of emergencies. Staff we spoke with did not raise any concerns about staffing levels.

People who used the service told us they usually saw the same members of staff and if they were sent agency staff, the agency staff member was always accompanied by a staff member who was familiar to the person. This meant there were enough staff with the right experience, skills and knowledge to meet the needs of the people who used the service.

People who used the service lived in individual bungalows on the same site. Management and staff were based on site in offices and there was sleeping accommodation for staff who were available overnight in case of emergencies.

At our previous inspection, it was identified that risk assessments had not always been updated when they were due, which meant people and staff could be at risk of care not being delivered correctly. At this inspection, we found that risk assessments were in place for people who used the service, were up to date and described potential risks and the safeguards in place. Each person had a generic risk assessment for activities of daily living such as medicines, mobility, mental wellbeing, nutrition, sleeping, social interaction, behavioural issues and harm. If a risk was identified from the generic risk assessment, an additional risk assessment was in place. For example, people identified as being at risk of falls had control measures in

place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Regular checks were carried out to ensure that people who used the service were in a safe environment. These included evening and night time checks to ensure exterior doors and windows were locked. The service also had a fire procedure in place, which included regular checks of the fire alarm and emergency lighting. We saw personal evacuation plans were in place for each person who used the service.

The provider had a safeguarding adults policy and procedure in place. We saw this contained details of how to recognise signs and symptoms of abuse, how to make a referral, contact details for safeguarding staff and copies of safeguarding alert forms. CQC had been notified of all relevant safeguarding incidents and the registered manager understood their responsibility with regard to safeguarding. This meant the provider understood the safeguarding procedures and had followed them.

Accidents and incidents were recorded at Rockliffe Court - Hurworth and forwarded to the provider's head office for collation and analysis. The report forms recorded where and when the accident or incident had taken place, what had happened, who was involved and details of any investigation or post-accident analysis.

We looked at the management of medicines and saw the provider's medicines administration policy. Care records included 'Resident self-medication assessments', which were up to date and recorded whether the person was able to self-administer their own medicines. Questions included whether the person understood the purpose of the medicine, whether they were able to open bottles or packaging containing medicines, whether they were able to use eye drops or inhalers and whether they would remember to take their medicines.

Medicines were not administered by staff at Rockliffe Court – Hurworth, as all the people who used the service self-administered their own medicines, but medicine administration records (MAR) were in place for people who required prompting and supporting with their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Medicine checks and audits were carried out regularly and staff received medicine supervisions. These involved an observation of staff to ensure they followed correct procedures, ensured the person had taken their medicines and MARs were correctly completed. The registered manager told us a medicine audit had identified a person who administered their own medicines had missed a day. The person's needs were reviewed with the person and their care manager and it was agreed that the person's care plan would be updated to include staff prompting and observing the person taking their medicines and staff to update the MAR.

This meant appropriate arrangements were in place for the administration and storage of medicines.

# Is the service effective?

## Our findings

People who used the service received effective care and support from well trained and well supported staff at Rockliffe Court - Hurworth. People told us, "I am well looked after" and "They [staff] are very good". In the questionnaires we sent out, people who used the service told us they received care and support from familiar and consistent care and support workers.

Staff received mandatory training in safeguarding, equality and diversity, health and safety, food hygiene, moving and handling, first aid and safe handling of medicines. Mandatory training is training that the provider thinks is necessary to support people safely. Additional specific training was provided for staff that required it, for example, training in multiple sclerosis, dementia and epilepsy. Staff we spoke with told us that their training was regular and up to date. In the questionnaires we sent out, people who used the service told us their care and support workers had the skills and knowledge to give them the care and support they needed and staff told us they got the training they needed to enable them to meet people's needs, choices and preferences.

New staff completed an induction to the service and the registered manager told us that any new staff would be enrolled on the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care.

Staff at Rockliffe Court – Hurworth received regular supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Formal supervisions took place quarterly, with an informal monthly meeting taking place where any ongoing concerns could be raised. Supervision records we saw included discussions on workloads, key worker duties, teamwork, health and safety concerns, training, diversity, personal circumstances and management concerns. Staff told us they received regular supervisions and appraisals.

Some of the people who used the service were supported by staff at meal times. One person had been referred to the speech and language therapist (SALT) due to difficulty swallowing. The person had a risk assessment in place, which took into account recommendations and guidance from the SALT. For example, to give the person time between mouthfuls, to ensure the person eats a soft, mashable diet and to try not to encourage talking while the person was eating. Staff were advised to monitor and pass on any concerns or significant changes in the person's health to the SALT.

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. We checked whether the service was working within the principles of

the MCA.

All of the people who used the service had the capacity to make their own decisions about their care and support. People had 'My advance decision to refuse treatment' forms in their care records and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms had been completed for some of the people who used the service. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These records were up to date and showed the person who used the service had been involved in the decision making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from or to external specialists including GPs, district nurses and podiatrists.

# Is the service caring?

## Our findings

People who used the service were complimentary about the standard of care received from staff at Rockliffe Court – Hurworth. They told us, "They [staff] are very polite", "They encourage me to do things, they motivate me" and "Very happy. I have no concerns". In the questionnaires we sent out, people who used the service told us they were happy with the care and support they received from the service and that staff were caring and kind.

People we saw were well presented and looked comfortable with staff. We saw staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity, often laughing and joking with people. We saw staff knocking and waiting for a response before entering people's bungalows.

Staff we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported.

People who used the service told us they were made to feel involved and could describe conversations they had with staff regarding their care plans. People were able to make choices regarding their care and we saw this was clearly documented in people's care records. For example, "[Name] says they control everything and that is how they like it. If [Name] needs help, they will ask for it", "Make sure staff know [Name]'s preferences to maintain good hygiene, perfume, make-up, nice clothes and nice food" and "[Name] does not like to be spoken down to".

The registered manager told us they had worked closely with one person who used the service and their care manager and had agreed changes to the person's care plan to include personal care. This meant staff had additional time to carry out extra personal care, including assisting the person with a shower, if the person wished.

Staff told us that privacy and dignity was very important. One staff member told us, "It's our top priority." In the questionnaires we sent out, staff told us people who used the service were always treated with respect and dignity. We asked people whether staff respected their privacy and dignity. They told us, "Definitely. If I'm poorly or can't get in to the shower, they come and help me. They sit in the lounge, giving me privacy, or give me a buzzer to call them" and "They respect my privacy". This meant that staff respected people's privacy and treated people with dignity and respect.

We saw that people's independence was promoted. Each person lived in their own self-contained bungalow and care records described how people wanted to remain independent. For example, one person's care record stated, "I wish to remain on my own and maintain my independence." Staff we spoke with were aware of people's wishes when it came to promoting independence and we saw people were encouraged to care for themselves where possible.

People's end of life wishes had been taken into consideration and were documented in the care records. These included contact details, burial wishes and religious needs. The registered manager told us that some

staff members had completed end of life training and training for all staff was going to be arranged. This had been identified as important due to two people who used the service expressing specific end of life wishes.

# Is the service responsive?

## Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they started using Rockcliffe Court - Hurworth. This ensured staff knew about people's needs before they began using the service.

Each person's care record included a front sheet, which recorded important information about the person such as date of birth, next of kin, care manager and GP details, religion and end of life requests. Each person also had an accident and emergency grab sheet, which recorded the person's preferred name, medical history, any regular medicines the person was taking, current health problems, known allergies, method of communication and dietary needs. This document provided important information for hospital staff in case the person needed to be admitted to hospital.

Each person had a person centred care plan in place, which included communication, mobility, toileting, personal care, pressure area and skin care, eating and drinking, sleep, medication, social needs and domestic needs.

Care plans had been written in consultation with the person who used the service and family members and described the support people needed. For example, one person's care plan stated, "I live in a domiciliary care setting and can manage day to day activities but these can vary due to my health. The support and/or care I require is to have my flat cleaned weekly and my bed made up. I need, on occasion, assistance with drying my feet and putting socks on. The only risk to me is if I fall". This demonstrated that people's voices were listened to and incorporated into care planning.

Another person was identified as having minor communication issues and although they had no problems with comprehension, they tired quickly and staff were instructed to "Allow [Name] time to respond to you."

Daily records were completed for each person who used the service and included records of discussions, appointments, care provided and any family or healthcare professional contact.

Activities were not provided by the service however people were supported to do what they wanted. For example, one person was supported to go supermarket shopping once per week. Another person told us they were supported to go and see their family on a Friday. A 'Garden buddies' scheme operated at Rockcliffe Court – Hurworth. This involved volunteers coming to Rockcliffe Court – Hurworth and assisting people with their gardening.

We saw a copy of the provider's complaints policy and procedure. This provided information of the procedure to be followed when a complaint was received. Each person who used the service had a copy of the provider's service user guide, which explained the compliments and complaints procedure.

Complaints were logged electronically and an annual complaints report was produced. People we spoke

with were aware of the complaints policy but did not have any complaints. In the questionnaires we sent out, people who used the service told us they knew how to make a complaint. This showed the provider had an effective complaints policy and procedure in place.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. People who used the service told us, "You can speak to them [registered manager] at any time" and "If I have any concerns I raise them with [registered manager] or my keyworker. Everything is fine".

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. Staff told us, "I have respect for my manager", "[Registered manager] is very approachable" and they have an "Open door". In the questionnaires we sent out, staff told us their manager was accessible and approachable and dealt effectively with any concerns raised, and that they would feel confident about reporting any concerns or poor practice to the manager.

Staff were regularly consulted and kept up to date with information about the home and the provider. Staff meetings took place approximately monthly and included discussions on staffing, training, people who used the service, surveys and communal facilities.

The service had links with the local community and a variety of events took place at Rockliffe Court – Hurworth. These included a garden fete and an event to commemorate the Queen's 90th birthday. The service also had close links with the neighbouring GP practice and pharmacy, local community organisations and the village Methodist church.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. The provider had a quality assurance process in place, which included consultation with people who used the service, family members and representatives, reviews of care plans, questionnaires, a review of complaints, staff appraisal, supervision and training, and audits carried out by the provider. The provider's head of support services visited the service at least monthly and met with the registered manager, and reviewed care records and documentation. The head of support services also attended staff meetings and meetings for people who used the service to discuss and feedback on any issues raised.

The registered manager completed regular quality monitoring checks of all care records and documentation. These recorded whether any issues were identified, what actions were recommended, the dates all actions were to be completed by and any additional comments. The registered manager told us these checks were discussed as part of staff supervision meetings so any issues could be fed back to the individual staff member.

Regular meetings took place for people who used the service. Subjects discussed at these meetings included parking, communal areas, heating, gardens, call system and events.

The registered manager showed us a copy of the 2016 customer experience report. This replaced previous

paper based questionnaires and was the result of face to face conversations with people who used the service. Following initial phone calls to gauge the person's interest, appointments were made to interview people in their own homes or in surroundings they felt comfortable in. All of the people who used the service agreed to take part and some were supported by family members, friends or staff. People were asked to rate the quality of care plans, service provided by staff, emergency call system, social aspects, communal areas and the general overall service. Responses were generally positive and only a few minor areas for improvement were identified. For example, some people felt the buzzer emergency call system was no longer fit for purpose. The registered manager told us the provider is to install a new intercom system following further consultation with people who used the service.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources and through methods of communication that people who used the service could engage with.