Cumbria Care

Rock Lea

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on 22 May 2015. We last inspected Rock Lea in July 2013. At that inspection we found the service was meeting all the seven regulations that we assessed.

Rock Lea is a residential home located in a residential area of Barrow in Furness and is close to local bus routes. The home provides personal care and support for up to 26 older adults. There is a separate unit in the home for up to six people who are living with dementia. People living at Rock Lea have a garden and outdoor seating to use and there is some car parking for visitors. The home provides accommodation on two floors that are both accessible by a passenger lift and bedrooms are for single occupancy. At the time of our visit there were 14 people living in the home.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

We found that service was not being effective in respect of the application of the principles of the Mental Capacity

Summary of findings

Act (MCA). We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not made sure that procedures were in place in line with the MCA and the associated codes of practice. Therefore staff did not have guidance to consistently respond when decisions were being made on people's behalf and in their best interests.

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

We spoke with all people who lived at Rock Lea and they made positive comments about their home. They told us that staff were available to help them when they needed assistance and that staff respected their privacy and treated them with "respect" and "consideration". We saw that the staff on duty approached people in a friendly and respectful way and everyone we spoke with told us that they felt safe and "happy" and "being well looked after" living at the home.

The registered provider had systems in place to make sure people living there were protected from abuse and avoidable harm. The staff we spoke with were aware of their responsibilities in protecting people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of anyone. We could see that the registered manager had acted quickly and appropriately to support and protect people's individual rights and had used independent advocacy services to do so.

They service had safe systems for the recruitment of staff to make sure the staff taken on were suited to working there. On the day of the visit there were sufficient care staff available to support the people living there. We saw that care staff had received induction training and on going training and development and had supervision once employed.

The environment of the home was welcoming and the communal areas were decorated and arranged to make them homely and relaxing and we found that all areas were clean and free from lingering unpleasant odours. We noted some minor maintenance issues with damaged plaster and paintwork and worn lounge carpets which detracted from the décor but did not present a safety risk to people living there.

Medicines were being safely, administered and stored and we saw that accurate records were kept of medicines received and disposed of so all of them could be accounted for.

People knew how they could complain about the service they received and information on this was displayed in the home. People we spoke with were confident that action would be taken in response to any concerns they raised.

Summary of findings

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.

Staff understood the procedures they needed to follow to safeguard people and knew how to report possible abuse or if they were concerned about a person's safety.

There was an adequate number of staff on duty to provide the support people needed. Staff had been recruited safely.

Medicines were being handled safely and people received their medicines correctly. Medicines were appropriately stored and records were kept of medicines received and disposed of so they could be accounted for.

Is the service effective?

Requires improvement

The service was not effective.

The registered provider had not made sure that formal procedures were in place in line with the MCA and associated code of practice. Therefore staff did not have guidance to consistently respond when decisions were made on people's behalf and to promote their best interests.

Staff had received training relevant to their roles to help make sure they were competent to provide the support people needed.

People were supported to have a nutritious diet. Where the home had concerns about a person's nutrition they involved appropriate professionals to help make sure people received the correct diet.

Is the service caring?

Good

This service was caring.

People told us that they were well cared for and happy living in the home. We saw that people were treated with respect and kindness and their independence, privacy and dignity were being protected and promoted.

Staff demonstrated good knowledge about the people they were supporting, for example detailed information on their backgrounds, their likes and dislikes and daily routines.

Is the service responsive?

Good

The service was responsive.

We saw that people made their own choices about their daily lives in the home. There were organised activities for people if they wanted to take part.

Support was provided to help people to follow their own interests and faiths and to maintain their relationships with friends and relatives.

Summary of findings

Information was displayed on how to make a complaint for people to use. There was a system in place to receive and handle any complaints raised

Is the service well-led?

Good

The service was well led.

People who lived in the home were asked for their views on how they wanted their home to be run and their comments were listened to.

Quality audits were used to monitor care planning, medication management and service provision.

Staff told us they felt supported and listened to by the registered manager.

Rock Lea

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 22 May 2015 and was unannounced. The inspection was carried out by an adult social care lead inspector.

As part of the inspection we also looked at records and care plans relating to the use and storage of medicines. We also looked at care records, which included looking at five people's care plans and risk assessments to help us see how their care was being planned with them and delivered.

We also looked at the staff rotas for the previous month, staff training and supervision records and records relating to the maintenance and the management of the service and records regarding how quality was being monitored.

Before our inspection we reviewed the information we held about the service. We looked at the information we held about notifications sent to us about incidents affecting the service and the people living there. We looked at the information we held on referrals that had been made to the local authority safeguarding team, any concerns raised with us and any applications the manager had made under Deprivation of Liberty Safeguards (DoLS).

During the inspection we spoke with the14 people who lived in the home, three care staff, domestic staff, the supervisor on duty and the registered manager. We observed care and support in communal areas and at lunch time. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Good

Is the service safe?

Our findings

Everyone we spoke with who lived at Rock Lea had positive things to say about life in their home and told us that they felt safe living there and that they were well looked after by the staff. One person told us, "We all like the staff, they're a good lot and helpful. You can shout them anytime for anything". All those we spoke with told us that the staff were available to help them when they needed assistance.

We looked at care plans for five people in detail and saw there were risk assessments in place that identified actual and potential risks and the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Where a risk was identified we could see that action was taken to minimise this. For example, providing the right pressure relieving mattresses and gel cushions for people at risk of skin damage.

We saw that the assessment and management of risk had been reviewed and updated by staff so that people received appropriate support and treatment. There were contingency plans in place to manage foreseeable emergencies and how to support people if they needed to be evacuated. This helped to make sure that people were safe living in the home.

We found that the home was clean and tidy and there were no lingering unpleasant odours. The moving and handling equipment we saw in use, such as hoists, were clean and being maintained. Records indicated that the equipment in use in the home had been serviced and maintained under contract agreements and that people had been assessed for its safe use. However we noticed that there were damaged areas of plaster and woodwork on corridors and in doorways and the main lounge carpet was very worn in places detracting from the environment. The registered manager told us that the carpet was to be repaired to prevent further deterioration or a trip hazard.

During this inspection we looked at the way medicines were managed and handled in the home. We found that medicines were being safely administered and records were kept of the quantity of medicines kept in the home. We saw that there were appropriate arrangements in place in relation to the recording of medicines and records were signed correctly when medicines were given out. We counted six medicines and compared them against the records and found all the medicines tallied.

Charts were used for the recording of the application of creams by care workers and showed where and how they were to be used so that residents received correct treatment. We looked at the recording and storage of medicines liable to misuse, called Controlled Drugs that were being stored at the time of the inspection. We found that this was being done correctly and safely. We saw that medicines requiring refrigeration were stored within the recommended temperature ranges. However the office where other medicines were stored did not have the temperature monitored to help prevent any deterioration. We pointed this out to the registered manager and they addressed this before we left.

We could see that there were sufficient care staff available to support people. People we spoke with who lived there told us that the staff were available when they needed them and did not have to wait if they called for assistance. The supervisor and registered manager were on duty during the inspection and three care staff, one of whom was based on the unit with the six people living with dementia. There were also domestic and cooking staff on duty to support care provision. There was a stable staff team in the home that were able to tell us about the needs and personal preferences of the people they were supporting.

We spoke with the registered manager about how staffing levels were monitored to make sure the staffing in the home was determined in order to meet the needs of the people living there. The registered provider did not provide formal tools for the registered manager to use to monitor the staffing levels or the effect on staff of changes in people's dependency. Such tools would evidence good practice as they assist in formally assessing staffing levels when people's care needs increased or changed

We saw safe recruitment procedures were in place to help ensure staff were suitable for their roles. This included making sure that new staff had all the required employment background checks and references taken up. The registered manager had also developed a 'practical assessment' to be used at interview for new staff. This was to assess if the people being recruited had a good

Good

Is the service safe?

understanding of dementia and to see an empathy with people that might not be evident just in an interview. This was to improve the recruitment process so that values could be considered alongside experience and knowledge.

All the staff we spoke with knew what action to take if they felt someone needed to be safeguarded from abuse or possible abuse. The care staff we spoke with told us about they had recently done refresher training on recognising and reporting abuse. They said they would be confident reporting any concerns to a senior person in the home. There had not been any recent safeguarding incidents raised at the home but when they had been made in the past the registered manager had acted quickly to refer incidents to the appropriate agencies.

Requires improvement

Is the service effective?

Our findings

People we spoke with who lived at Rock Lea told us that the staff supporting them respected the daily choices and decisions they made. People told us the care staff who supported them knew them well. One person told us, "They [staff] help me and know I like to do for myself, they help me stand and use my frame, I prefer to do that and not be hoisted". Another person told us, "They [staff] always ask me what I want to do or eat and they are always giving me drinks. Mind you, they do a good cup of coffee".

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with the registered manager, supervisor and staff on duty to check their understanding of MCA and DoLS. They demonstrated an understanding of the principles involved and how to make sure people who did not have the mental capacity to make decisions for themselves should have their legal rights protected.

We looked at care plans to see how decisions had been made and recorded around 'do not attempt cardio pulmonary resuscitation' (DNACPR). We saw that GPs had made clinical decisions as to whether or not attempts at resuscitation might be successful. No one living there had an advance directive to indicate particular treatment preferences in the event of not being able to make a decision. We saw that people who had capacity to make decisions about their care and treatment had been supported to do so.

We found that the information on file for decisions made around resuscitation was not consistent. For example, there were DNACPR forms that had been completed by doctors that stated other authorised people, representatives and independent advocates had been involved in the decision making process where they believed people lacked capacity to make the decision themselves. There were no records of who the people or representatives involved were or of the discussion or best interests meeting having taken place where there was a possible lack of capacity. The care records did not show this had been recorded and the manager was not aware of these discussions having taken place.

Some forms completed by doctors indicated there was an Emergency Health Care Plan(EHCP) in place when the home did not have these plans or evidence that they been discussed. We noted that the information around who held Power of Attorney (PA) for a person was not always in people's care plans. As a result it was difficult to know who held legal authority to make decisions about health and welfare on someone's behalf. It was not always clear in care plans whether the PoA referred to health and welfare or just finances. Some care plans had this and some did not. Powers of Attorney show who has legal authority to make decisions on a person's behalf when they cannot do so themselves and may be for financial and/or also care and welfare needs.

We could see examples of where the registered manager had acted to promote people's individual rights and best interests when they had believed it necessary to protect people's rights. This included getting people independent support and assessment to help people understand or make decisions about their treatment in their best interests. This process had not been done formally with records of the best interest's decision-making process being followed. As a result we could not evidence the decision making process against the MCA.

We spoke with the operations manager for the service who confirmed that these procedures were under development centrally by the registered provider. This was to provide consistent procedural guidance to registered managers and staff of the organisations' agreed best interest processes Such guidance was required to make sure staff could consistently act in line with legislation across the organisation. For major treatment decisions this process needed to be in place already, evidenced and recorded in line with the MCA and associated codes of practice.

The manager was keen to address this immediately whilst waiting for the new guidance and began to do so before we left. They spoke with their line manager to raise the topic across the organisation and put together a format they could use in line with the MCA codes of practice to provide an audit trail of any future decision making and show the basis for all future decision making. This indicated to us the manager's commitment to taking action to uphold people's individual rights in the absence of the registered provider having put systems in place to do so formally.

This indicated a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This

Requires improvement

Is the service effective?

is because the registered provider had not made sure that formal policies and procedures were in place in line with the MCA and associated code of practice. Staff did not have procedural guidance so they could respond consistently and assess people's capacity and ability to consent in line with legislation.

People who required support with eating received this in a respectful way with staff prompting people with their meals. People told us that they enjoyed their meals and always had a choice. One person told us "It's fish and chips today, my favourite". Another told us, "The food here is good, the meat is well cooked so its tender" and another said "I often want something different, they [staff] go out of their way to find something I do like and tempt me". One person told us "The service is good".

We saw that people's care plans had a nutritional assessment in place and that people had their weight monitored for changes so action could be taken if needed. We saw that if someone found it difficult to eat or swallow advice was sought from the dietician or the speech and language therapist (SALT) and the information received was in the care plan. There was also information on people's dietary needs such as diabetic diets and soft meals.

We could see that staff training was being monitored and planned for by the registered manager across the year. The registered manager had requested places on the training courses that staff needed to attend to keep their training up to date and the dates when this would be provided.

The registered manager was also able to provide confirmation of the dates of all requested training updates that were scheduled to take place. This helped to make sure staff stayed up to date with current good practices.

Staff we spoke with told us that in preparation for a move to the new home the manager had been doing a range of training with them. They told us that great emphasis was being put on how they were going to support people living with dementia. Staff told us the training had been "very good" and had made them more aware of current good practice.

Good

Is the service caring?

Our findings

All the people we spoke with who lived at Rock Lea had praise for the care provided by the staff. We were told by one person that “They [staff] make this a comfortable and nice spot to live”. We were also told by a person how the staff would sit with them and help them to play bingo and dominoes, which they enjoyed doing.

We used the Short Observational Framework for inspection, (SOFI) to observe how people in the home were being supported and were spending their time. We joined people living with dementia during their lunch and saw that it was a talkative and pleasant time. One person told us, “It’s a nice little group we have here”. We saw that staff took the time to speak with people and took up opportunities to talk with them and offer reassurance if needed.

During lunch we found there was good interaction between staff and people living there and a lot of good humour and laughter. We saw that the staff took the time to chat with people and took up opportunities to interact and include everyone in general chatter and discussion. We saw that people who could not easily speak with us were comfortable and relaxed with the staff that were helping them.

People confirmed to us that their privacy and dignity were respected and said they were always asked how they wanted to be looked after. People told us that they could have visitors when it suited them. We saw that staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

Bedrooms we saw had been made more personal with people’s own belongings, such as photographs and ornaments to help people to feel more at home and this was encouraged so that people had familiar things around them. All bedrooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to and see their relatives in private. One person told us “I like to be quiet in my room to read my papers”.

We saw that when care staff assisted people with their mobility they made sure that people’s clothing was arranged to promote their dignity. This helped to maintain people’s dignity and independence. They called people by their preferred names as stated in their care plans.

We saw that where the registered manager had doubts about a person’s ability to give valid consent to a decision about treatment they had involved advocacy services to support that person. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes.

We found that 'The Six Steps' palliative care programme was in use in the home. This is a programme that aims to enhance end of life care and support. Some staff had received training in this programme. The registered manager and all the care staff we spoke with demonstrated an understanding of how important it was to support people and families properly at the end of life. They told us that they were supported by the district nursing service and the person’s GP to provide the right care and treatments at the end of a person’s life.

Good

Is the service responsive?

Our findings

During our inspection we received only positive comments from the people living there about their daily life in the home and that daily routines were flexible depending on what they wanted to do. We were told, by one person" They [staff] know what I like, they always bring me my coffee with the morning paper as soon as I come into the lounge".

The service had a complaints procedure that was on display in the home for people living there and visitors to refer to. This was also available in easy read formats. There was a system in place for logging any complaints received but there had not been any since our last inspection. There was also a system for logging comments made about the service and the care received. We looked at these and the recent positive comments including a person referring to Rock Lea as their "other family".

None of the people we spoke with said they had any reason to make a complaint. One person said "No complaints whatsoever about this place" and " I am always telling them what I think, no one takes offence". All confirmed they had confidence in the registered manager to listen to any complaints they might have and deal appropriately with them.

There was an activities programme displayed in the home so people knew what was happening. People also told us that "The girls always tell me if there is any bingo on". People also told us about the other activities in the home they could take part in if they wanted, including 'pamper' sessions for manicures and hand massage, crafts as well as trips out. We were shown photographs of a recent pub night in the home where there had been pub quizzes, pie and peas and drinks. People said they had enjoyed this and "We all joined in and the girls dressed as barmaids".

We found that a range of information was available for people in the home to inform and support their choices. This included information about the providers, the activities and outings offered, and information about support agencies such as advocacy services that people could use. People living there told us they were able to follow their own faiths and beliefs. They told us that they could attend religious services if they wanted to and that they could see their own priests and ministers as they wanted to.

Assessments of individual need and risks had been undertaken to identify people's care and support needs. Care plans were developed detailing how these should be met. We saw that care plans were reviewed and updated to show where people's needs had changed so that staff knew what kind of support people required. For example, we could see where changes in a person's physical health had been reflected in their 'six steps' assessments.

We saw that everyone living at Rock Lea had a 'hospital passport', this was information about the person, their health and care needs, medication and what they wanted in order to support them. This was to help make sure that should a person need to transfer to another care setting quickly all the relevant information would be available.

We saw in people's care plans that their health and support needs and preferences were clear and personal information was included. Where they were able people had signed and agreed their plans and had been involved in reviews with their social worker. The personal and background information or 'life stories' that staff had developed with people and their families were aimed at getting a full picture of a person and their lives before they lived at Rock Lea. Staff we spoke with had a good understanding of people's backgrounds and lives and this helped them to give support and be more aware of things that might cause people anxiety.

Good

Is the service well-led?

Our findings

People who lived in the home said they knew the registered manager of the service and saw them and the supervisor every day to talk with. They told us they felt comfortable talking with them and asking questions. We were told, "they are a friendly lot". Everyone we spoke with told us that they felt that the home was being well run for them and they were asked how they wanted things done in their home.

We looked at the minutes of the 'resident's meetings' and saw that people had discussed a range of issues about what they wanted in their home, such as activities. There was information and discussion about the new home that was being built that people were going to move into and explanation about the delays in opening. People told us they were looking forward to moving to the new home when it was complete.

We saw during our inspection that the supervisor and the registered manager were accessible and spent time with the people who lived in the home and engaged in a positive and informal way with them. The registered manager and all the staff we spoke with were knowledgeable about the people living there.

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All the staff we spoke with told us that they were well supported in the home. They said they had regular staff meetings and individual supervision to discuss practices, share ideas and any areas for development. We were told that the registered manager "Keeps us motivated". Staff spoke well of the management team in the home and the support and training being given to help them move into their roles in the new home when it was completed.

The registered manager used the systems in place to assess the quality of the services in the home. We saw that audits had been done on care plans and medication records on a monthly basis and there was also a weekly stock check of medicines. This was to help make sure that the information on file was up to date and that the correct procedures had been followed by staff. The records we examined for medication and care provision were being monitored and were up to date and clear.

We saw that the registered manager had made checks on the premises and environment. They had identified some areas that needed attention, such as the damaged carpet and had requested this be addressed under the registered provider's maintenance processes. There were processes in place for reporting incidents and we saw that these were being followed and if required CQC had been notified.

The registered provider carried out their own annual internal quality audits and health and safety audits against their own policies and procedures. There were also regular visits from the operations manager for Cumbria Care to do their own checks on aspects of the service and monitor the standards in the home.

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The registered provider did not have procedures in place in line with the Mental Capacity Act and the associated codes of practice to assess people's capacity and ability to be involved in decision making and give consent in line with legislation.