

Mr & Mrs J R Smith

# The Rock

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: The Rock is a residential care home that provides personal care to 14 older people, some of whom were living with dementia.

People's experience of using this service:

People told us they felt safe; however, we found people were not always protected from risks associated with their environment, medicines management and potential risks to people's health and welfare had not always been assessed.

People were not always protected by safe recruitment processes. The provider had not always obtained the necessary pre-employment checks before new staff started working at the service.

Systems and processes to monitor the service had either not been established or operated effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. The provider's quality assurance processes did not identify the issues we found at this inspection. These included concerns with the safety of the environment, risk management, recruitment and medicines management.

There was a risk that people's rights were not protected because staff did not always act in accordance with the Mental Capacity Act 2005 (MCA). Where people's capacity was in question MCA assessments were not always taking place and best interests decision processes had not always been followed.

Improvements were needed to ensure the service met the needs of people living with dementia. There was a lack of signage to help people living with dementia find their way around the home. People's bedrooms were not easily identifiable with nothing displayed on their doors. We made a recommendation to the provider about this.

People were supported by staff who had completed a range of training to meet their needs. Staff told us they felt well supported by the management team. The management team monitored staffs' practice through regular observation but did not have a system of formal supervision meetings. We made a recommendation about this.

People received personalised care from staff who knew them well and understood how to meet their needs. Care plans contained information about individual preferences and what was important to people such as interests and activities. However, during the inspection we observed people were not engaged in meaningful activity and there was no information displayed within the home about activities on offer. We made a recommendation to the provider to review their activity provision at the service.

People and their relatives felt staff were kind, friendly, and attentive to their needs. We observed warm interactions and people were treated with kindness and care by staff. One person said, "I feel like one of the

family. I am one of the family!" Another person said, "Staff look after us ever so well."

People's privacy and dignity was respected, and their independence promoted.

People had access to healthcare professionals when required and were supported to maintain good healthcare. Health professionals we spoke with told us they were happy with the quality of care and engagement from the service.

Rating at last inspection: At the last inspection the service was rated Good (report published 18 October 2016).

Why we inspected: This was a planned inspection based on previous rating.

Enforcement: During this inspection we found four breaches of regulation. Action we told provider to take can be seen at the end of full report.

Follow up: We will carry out ongoing monitoring of the service and check the improvements have been made at our next inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# The Rock

## 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 was 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.

**Inspection team:** The inspection consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** The Rock is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The manager was also the registered provider. A registered person is legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The first day of the inspection was unannounced. Inspection site visit activity started on 20 March 2019 and ended on 21 March 2019.

**What we did:** We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority safeguarding adults team, the quality team, community nurses and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people and two relatives to ask about their experience of the care provided. We spoke with four members of care staff, the management team which included; the business manager, home supervisor and the registered manager who was also the registered provider.

We reviewed a range of records. This included four people's care and medicine records. We also looked at three staff files around staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely.

- Medicines management and administration posed a risk to people as systems did not comply with good practice and guidance from the Royal Pharmaceutical Society. For example, medicines were not being dispensed from the packaging. Staff were placing people's medicines in a weekly compliance aid. This is known as 'secondary dispensing' and introduces a risk to the safe management of medicines.
- Medicines requiring refrigeration were not stored appropriately or securely and could be accessed by all staff.
- Some people were prescribed medication to be administered 'when required' [PRN]. There were no protocols in place to guide staff on the circumstances when these medicines should be offered or administered.

Assessing risk, safety monitoring and management.

- People were not always protected from risks associated with their environment. Some people living at the home liked to walk around independently but due to living with dementia, were at increased risk of harm from risks associated with their environment.
- During the inspection we saw a first-floor fire exit door alarm, was not working and did not alert staff when the door was opened. The fire exit led to a steep outside stair case. This meant people were not protected from falling down the stairs.
- Two windows on the first floor did not have window restrictors fitted and where window restrictors were fitted, the opening was not restricted to 100mm or less. There was no risk assessment in place for people at risk of falling, in relation to this. This did not comply with Health and Safety Executive guidance.
- Not all radiators within the home had been covered to protect people from the risk of getting burned by leaning or falling against them. There was no risk assessments in place.
- Risks to people's health and welfare had not always been assessed and detailed guidance was not available for staff to refer to. This included risks associated with people's health, for example, living with diabetes.
- There was no risk assessment or care plan in place to guide staff on the safe management of people with urinary catheters.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

(2014).

- Other risks to people had been assessed and managed appropriately.
- We saw individual risk assessments for people including assessments for falls, nutrition, weight and skin care. Risk assessments were reviewed monthly or as people's needs changed.
- Other aspects of the environment were safe.
- Systems were in place to keep people safe in emergencies. Firefighting equipment and systems were monitored and fire drills carried out. Evacuation plans were in place to ensure people received the support they needed in an emergency.

### Staffing and recruitment

- Safe recruitment practices were not always followed. This meant that new staff were starting work before written references, full employment histories and a full Disclosure and Barring Service check (DBS) had been completed.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received care and support from sufficient numbers of staff to meet their needs.
- Relatives and staff felt there were enough staff on duty to support people and keep them safe.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives confirmed this.
- Systems were in place to safeguard people from abuse.
- Staff attended training and were knowledgeable about identifying abuse. Staff told us they were confident the managers would act to deal with any safeguarding concerns raised with them.
- The management team were aware of their responsibilities and knew how to report concerns.

### Preventing and controlling infection

- People continued to be protected against the risk of infection.
- Staff had received training in infection control and supplied with personal protective equipment for use to prevent the spread of infections.
- The service was clean and smelt pleasant and a programme of refurbishment was ongoing.

### Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. The managers told us how they reviewed all incidents and accidents and analysed for trends.
- The managers could give examples of changes that had been made following these reviews and actions that had been taken to minimise or prevent reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Records showed that people's capacity to make particular decisions was not consistently assessed. For example, when a person was assessed as needing a sensor alarm mat to reduce their risk of falls, a capacity assessment had not been carried out to demonstrate that the person was unable to make the decision for themselves and a best interests decision process had not been followed.
- The service had shared occupancy bedrooms. Records did not demonstrate that people had consented to the room sharing arrangements or that the decision to share a room was made in their best interests.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in MCA and DoLS. We heard and saw staff offered people choices and involved them in decision making; asking for consent before delivering any care or support.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

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

- Improvements were needed to ensure the service met the needs of people living with dementia.
- There was a lack of signage to help people living with dementia find their way around the home to maintain their independence. There was no signage in corridors or on doors indicating where bathrooms

and toilets were located.

- People's bedrooms were not easily identifiable. There was no room number or name displayed on the doors to help people remember which bedroom was theirs.
- We also noted that there were few sensory items such as reminiscence or rummage stations for people with memory impairment.
- People could decorate their rooms how they wished. They had access to a communal lounges and dining area.
- The service had a garden however, we were told that people were not able to use the garden as it was unsafe. We were told the provider had plans to develop the garden to make it available to the people living at the service.

We recommend the provider seek advice based on current best practice, on how to ensure the environment meet the needs of people living with dementia and memory loss.

#### Staff support: induction, training, skills and experience

- People were supported by staff who had completed a range of training to meet their needs.
- Staff were knowledgeable about how to support people effectively and told us about training they had completed which helped them to provide effective support.
- Staff training included safeguarding, moving and handling, the Mental Capacity Act 2005 (MCA), dementia awareness, medicines, health and safety, infection prevention, behaviours that challenge, nutrition, fire and food safety.
- New staff were given an induction which included shadowing more experienced staff.
- Staff told us they felt well supported by the management team.
- The management team monitored staffs' practice through regular observation and told us they did not have a system of formal supervision meetings. This process may mean that staff do not have the opportunity to meet with their manager formally to reflect on their practice or identify areas of their practice that need development or further training.

We have made a recommendation the provider seek advice and guidance from a reputable source in developing effective staff supervision processes in order to support staff.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Assessments recorded people's ongoing physical and mental health needs and provided the service with the opportunity to assess whether they could meet those needs.
- Staff knew people well and applied learning effectively in line with best practice, which led to positive outcomes for people and supported a good quality of life.

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

- People were provided with a choice of food and drinks which met their needs and preferences.
- People were complimentary about the food and said there was always a choice available. Comments included, "Excellent food, good helpings" and "Lovely home, lovely food."

- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved where required, to support people and staff.
- Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.

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

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

- People had access to healthcare professionals when required and were supported to maintain good healthcare.
- Care records we looked at evidenced that people had been referred to healthcare professionals such as, speech and language therapist, dieticians and GP's.
- We saw that advice given by healthcare professionals was acted upon and included in people's care records. This ensured people could lead, as far as reasonably possible, healthy lifestyles.
- Health professionals we spoke with told us they were happy with the quality of care and engagement from the service. One health professional commented, "The staff are all great and are all very caring, always looking out for the best interests of their clients. My GP partners and I all agree The Rock is the place where we would like to spend our last few years."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives felt staff were kind, friendly, and attentive to their needs. One person said, "I feel like one of the family. I am one of the family!" Another person said, "Staff look after us ever so well."
- We observed warm interactions and people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- We saw people smiling when staff were working with them and staff were unhurried in the tasks they completed with people.
- Staff told us they enjoyed working at the home. One staff member said, "I love my job, this is exactly where I want to be. Everyone cares about the residents."
- Staff received equality and diversity training and understood how to deliver care in a non-discriminatory way ensuring the rights of people with a protected characteristic were respected.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support provided. People and their relatives were given the opportunity to provide feedback about the service through regular reviews and through the completion of questionnaires.
- Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private, staff were discreet when asking people if they required support to use the bathroom to have their comfort needs met.
- We observed that staff called people by their preferred names and spoke to them politely and with respect.
- People's independence was promoted and encouraged according to their capabilities and abilities. We saw that people were encouraged to do things where possible, and were supported to go out into the community. This meant that people's independence was promoted.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care.
- Staff knew people well and understood how to meet their needs, and people chose how they preferred their care to be delivered. Care plans were individualised and centred around what support people needed, with guidance for staff. These were reviewed regularly and kept up to date.
- Care plans included information to guide staff about people's preferences. This included how people's needs relating to their protected characteristics were met including considering their culture, religion and sexuality.
- Staff were knowledgeable about people's communication support needs. When staff spoke with people we saw them adapting to how the person would best receive information, for example by pointing at objects and speaking loudly and slowly. However, we noted that there was little in the way of information for people displayed around the home, such as; food menus, what activities were on offer or information to help orientate people with memory problems, to the date, time or season.
- People's individual interests were documented in their care plans. There was information about what was important to the person including people in their life, activities and their history.
- Some people were supported to go out into the community during the day. However, we observed other people spent much of their time sitting with the television on, and were not engaged in meaningful activity. We spoke to the managers and staff about the lack of activity provision and was told staff tried to encourage and engage people in activities they may enjoy, but this was not always successful.

We recommend the provider reviews their activities programme to ensure it follows best practice and meets the needs of people living with dementia.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place which explained how people and their relatives could complain about the service and how any complaints would be dealt with. Information about how to complain was displayed within the service.
- People and relatives told us they had no complaints but would feel able to raise any concerns with the managers. One person said, "If I had any worries I would go and ask the Manager."

## End of life care and support

- Systems were in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved when appropriate.
- Staff had received training in end of life care and understood people's needs, respecting people's religious beliefs and preferences.
- The service provided specialist equipment and medicines at short notice to ensure people were comfortable and pain free.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The managers did not have sufficient oversight of the service to ensure people received the care and support they needed that promoted their wellbeing and protected them from harm.
- Systems and processes to monitor the service had either not been established or operated effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. The provider's quality assurance processes did not identify the issues we found at this inspection. These included concerns with the safety of the environment, risk management, recruitment and medicines management.
- Medicine audits and checks had failed to identify that some aspects of medicines management put people at risk and did not comply with best practice guidance.
- There was no system in place to ensure that people were protected by safe recruitment practices.
- The service's quality assurance arrangements had not always upheld people's rights in line with The Mental Capacity Act 2005 (MCA) by ensuring people were supported in the least restrictive way possible and decisions made, were made in their best interests.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- The managers understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The managers were also aware of their responsibility to display their rating when this report was published.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff and managers knew people and their relatives well which enabled positive relationships to develop

and good outcomes for people. All staff we spoke with demonstrated a desire to provide quality care for people using the service.

- People and their relatives told us they felt the service was well run and responsive to their concerns and needs.
- The managers understood their responsibility under the duty of candour and there was an open and honest culture within the service.

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

- Staff told us they felt the service was well managed and they were supported in their roles by the management team. Comments from staff included, "The management are very fair and supportive" and "I think they are very good and they are approachable."
- Staff told that they had regular handovers and meetings which allowed discussion to take place on any changes required to improve the service provided, and staff could raise their views if they wished to do so.
- People and their relatives had the opportunity to present their views about the quality of service provided. For example, surveys took place to obtain people's views about the home. Comments included, "The care and compassion provided by The Rock and all of their staff is excellent" and "They go the extra mile."

Working in partnership with others

- The service worked in partnership with other organisations in order to provide a quality service to people living at the home..
- The service had liaised with health care professionals to ensure timely referrals were made and where necessary additional support had been sought. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.
- We received a very positive response from health care professionals we spoke with about the care being provided and the responsiveness of the staff.
- The managers told us they kept up to date with good practice by attending local authority events, provider forums and training.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Appropriate systems were not in place to ensure consent was always sought regarding people's care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Appropriate systems were not in place to ensure people received safe care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Appropriate systems were not in place to ensure good governance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Systems and processes were not always followed when recruiting new members of staff.