

PureCare Care Homes Limited

Rock House

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

This inspection took place on the 02 March 2016 and was unannounced.

Rock House provides care and accommodation to up to fifteen adults with enduring mental illness. The premises looks and feels like a normal home, is well decorated and tastefully furnished. People were enabled to manage their mental health and recovery if they became unwell by the support provided by staff in the service. There were thirteen people using the service at the time of our inspection.

At our previous inspection on 17 September 2015, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to regulation 19 and what checks were made of new staff employment histories.

At this inspection, we found that the recruitment policy and practises at the service had been improved. Safe recruitment practices had been followed before staff started working at the service, this included full employment history checks. The manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed. There were enough staff with the skills required to meet people's needs.

A registered manager was not employed at the service. 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. An experienced senior member of staff was in day-to-day charge of the service. The provider had recruited a new manager who was applying to register with CQC.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

All of the people we talked with were very happy with the care and support they got from staff. They liked their home, felt safe and told us the staff were kind and caring. Staff respected people in the way they addressed them and helped them to move around the service.

Staff had been trained to recognise and respond to the signs of abuse. Discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered provider or outside agencies if this was needed.

Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal to support them to carry out their roles.

Staff were friendly and very knowledgeable about mental health matters and the needs and requirements of people using the service. Staff supported people in making arrangements to meet their health needs. People had access to health services and referrals for additional support were made when people needed it.

Medicines were managed, stored, disposed of and administered safely. People received their medicines in a safe way when they needed them and as prescribed.

People received the support they needed to eat and drink enough.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. The risks to individuals, for example in moving safely around the service, had been assessed and action taken to reduce them. Staff understood how to keep people safe. The registered provider had taken action to ensure the premises were safe and met people's needs.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

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.

People were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs. Risks to people's safety and welfare were assessed. The premises were clean, maintained and equipment was checked and serviced regularly.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed. Incidents and accidents were investigated thoroughly and responded to appropriately.

Is the service effective?

Good ●

The service was effective.

People spoke positively about the care they received. They told us it met their needs. People were encouraged to choose a variety of foods to maintain a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Staff worked to deliver effective care as directed by health and social care professionals who were expert in mental health care.

Staff understood people's individual needs. They had received appropriate training and gained further skills during their employment. Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made in the person's best interests.

Rock House

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 took place in response to information we received about the service. We checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and provided a rating for the service in the safe and effective domains under the Care Act 2014.

This inspection took place on 2 March 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we received information of concern about staffing levels, people's safety and that staff were not being properly managed or supported.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We spoke with three people about their experience of the service. We spoke with the Senior Manager, the Deputy Manager and one care worker, to gain their views about the service. We also spoke to an independent advocate about their views of the service.

We spent time looking at records, policies and procedures and incident and accident monitoring systems. We looked at two people's care files, two staff record files for newly recruited staff, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

Prior to this inspection we received information of concern from former members of staff in relation to care practices at the home. This included information alleging that there were not enough staff to keep people safe, that people had been at risk of harm from the behaviours of other people using the service and that maintenance was not effective. We were unable to corroborate these allegations at this inspection.

At our previous inspection on 17 September 2015, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to regulation 19 and what checks were made of new staff employment histories.

At this inspection, we found the provider had made improvements.

People told us they were safe at Rock House. One said, "I feel very safe the staff are always here for me." People did not feel at any risk from others in the service. Other people said, "The place is always lovely and clean. It is always cleaned at night and when I come down in the morning it all looks lovely. This is really important to me, I hate unclean places." And, "I do stuff myself and staff know me well, so that makes me feel secure".

People were protected from the risk of receiving care from unsuitable staff. New staff had been through an interview and selection process. Recently seven new staff had been recruited. The manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications and gaps in their employment had been checked. All staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

We could see that the way staff were deployed matched people's needs in their care plans. We reviewed the rotas for January and February 2016. These showed that the required number of staff were consistently deployed. Agency staff had been used to cover a period of high staff turnover, but we could see on the rotas that the same agency staff had been used. This maintained consistency. The staff duty rotas demonstrated how staff were allocated on each shift. For example, the rota showed if staff were going outside of the service with people for planned activities. The rotas supported that there were sufficient staff on shift at all times. If a member of staff telephoned in sick, the person in charge would ring around the other staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to supervise people and keep them safe.

People continued to be safeguarded by staff who were trained and understood their responsibilities to report concerns. People told us they had never experienced any forms of abuse in the service. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff had

access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff spoke confidently about their understanding of keeping people safe. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to.

People were protected from harm. The manager understood how to protect people by reporting concerns they had to the local authority or care managers. People had been assessed to see if they were at any risk from their behaviours and mental illness. The risk and vulnerabilities people faced living with mental illness fluctuated and this was taken into account by the manager. As the risks to people increased, the staff interventions increased as well to ensure people's mental health remained as stable as possible. Where risk had been identified, the steps staff needed to follow to keep people safe were well documented in people's care plan files. Additional risks assessments instructed staff how to promote people's safety at times when their mental illness got worse. For example, if people became more vulnerable in their local community due to changes in their behaviours.

There continued to be systems in place to monitor and collate incident and accident data to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. The records showed that managers were investigating and reviewing the reports and monitoring for any potential concerns. Incidents and accidents were made available for audit and were monitored as part of the provider's governance processes. This ensured that risks were minimised across the service and that safe working practices were followed by staff.

Staff continued to follow the provider's policy on the administration of medicines. Staff told us that their medicines administration competences were checked by the manager against the medicines policy. Medicines were stored safely and securely in people's rooms or in temperature controlled rooms within lockable storage containers. Temperatures were checked and recorded.

The medicine administration record (MAR) showed that people received their medicines at the right times as prescribed by their GP. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and this was done in line with the service procedures and policy. 'As and when' required medicines (PRN) were administered in line with the PRN policies. This ensured the medicines were available to administer safely to people as prescribed and required. People were asked for their consent before they were given medicines and staff explained what the medicine was for.

The premises had been maintained and suited people's individual needs. We observed that the service was clean. Equipment checks and servicing continued to take place regularly to ensure the equipment was safe and fit for purpose. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. This showed us that the premises, equipment and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The registered provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. People and staff received training in how to respond to emergencies and fire practice drills were in operation. People told us they practiced fire evacuations. Records showed fire safety equipment was

regularly checked and serviced. Therefore, people could be evacuated safely.

Is the service effective?

Our findings

Prior to this inspection, we received information of concern from former members of staff in relation to care practices at the home. This included information alleging that staff were not properly supported by managers and that people's rights were not being respected. We were unable to corroborate these allegations at this inspection.

People told us that they could make their own decisions about their care and routines. People went out when they wanted to, with or without staff support. One person said, "The staff are available when I need them and they do care for me when I am unwell." Another person said, "I love it here, the staff are great, all of them – there are no exceptions." And commented, 'This the best place I have lived in by far and I've lived in a lot of places.'

Staff supported people to maintain their mental health by assisting them to attend regular appointments with the community mental health team or GP. People's general health and wellbeing was monitored by staff. Records showed that if people reported feeling unwell staff took appropriate action.

People consented to their care and their rights were protected. People told us that staff asked their consent before entering their rooms or providing care and support. We saw that people had consented to receiving things like dental treatment in their care plans. Care plans included advanced decisions about the care staff should provide if people became mentally unwell and could not make their normal day-to-day decisions.

Staff told us that the training was well planned and provided them with the skills to do their jobs well. Training consistently provided staff with the knowledge and skills to understand people's needs and deliver safe care. The provider had systems in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. Training was planned and specialised to enable staff to meet the needs of the people they supported and cared for.

There was a system in place to ensure that any newly recruited staff would receive an induction that followed nationally recognised standards in social care. The training and induction provided to existing staff ensured that they were able to deliver care and support to people to appropriately. Staff were provided with regular one to one supervision meetings as well as staff meetings and annual appraisal. These were planned in advance by the manager and fully recorded. Training records confirmed staff had attended training courses after they had been requested in supervision meetings.

Staff were trained in maintaining safety and reducing the risk of harm from challenging behaviours when people's mental health was unstable. Staff had received training in relation to caring for people with behaviours that may cause harm to themselves or others.

People's health was protected by proper health assessments and the involvement of health and social care professionals. This promoted effective management of people's health with long term conditions. Community psychiatric nurses (CPN) visited people to assist staff to maintain people's wellness and

recovery. We asked staff about their awareness of people's recorded needs and they were able to describe the individual care needs as recorded in people's care plans. This meant that staff understood how to effectively implement people's assessed needs to protect their health and wellbeing.

People continued to be provided with food and drink that enabled them to maintain a healthy diet and stay hydrated. There was lots of flexibility for people around eating, drinking and meals. This helped people maintain their independence and created a person centred culture around meals. People had been asked for their likes and dislikes in respect of food and drink. Staff supported people to avoid foods that contained known allergens people needed to avoid. Members of staff were aware of people's dietary needs and food intolerances.

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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people with fluctuating capacity due to their mental illness, showed that decisions had been made in their best interests. These decisions included how decisions would be made on people's behalf when their mental health changed. Records showed that relevant people, such as social and health care professionals and people's relatives had been involved.

Records showed that the manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. Decisions made were reviewed with people. This ensured that people were not unlawfully restricted.