Mental Health Care (Rockfield) Limited

Rockfield House

Inspection report

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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

Overall summary

Rockfield House provides accommodation and personal care for up to 10 people who have a learning disability including autism. The accommodation is over one level. There is a spacious lounge and a dining room, kitchens and an activity room. There are two well-maintained garden areas.

A registered manager was in post. 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.

People living at the home were kept safe from abuse because the staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. People and their families told us there was sufficient numbers of staff on duty at all times.

Summary of findings

We saw that staff and visitors were made aware of the need to ensure safety at all times. Visitors to the home we spoke with at the time of our inspection commented that they always felt safe in the home environment as there was always staff available.

People living in the home could be unpredictable in their behaviour. We observed staff supporting people in a way that ensured their safety whilst maintaining their dignity. The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These assessments were detailed and specific to challenging behaviours and were aimed at trying to get the person to be as independent as possible, including accessing the local community safely.

Relatives we spoke with told us the manager and staff communicated well and kept them informed of any changes to their relative's health care needs. People said their individual needs and preferences were respected by staff. People were supported to maintain optimum health and could access a range of external health care professionals when they needed to, as well as regular review by the companies own health care professionals. People told us they received an adequate amount of food and drink. We saw that individuals requiring specific diets were catered for and monitored.

We looked at how medicines where managed in the home. We found safe medicine practices which was monitored and reviewed. People's medication was regularly reviewed at clinical team reviews lead by a consultant psychiatrist. We discussed and recommend that the provider considers the National Institute for Clinical Excellence (NICE) guidance relating to the management of medicines in care homes when undertaking frequency of competency assessments for staff administering medicines.

People and their relatives described management and staff as caring, considerate and respectful. Staff had a good understanding of people's needs and their preferred routines and had developed care so that it was planned individually. We observed positive and warm interactions between people living at the home and staff throughout the inspection.

Staff told us they were well supported through the induction process, supervision and appraisal. We saw the training programme in place and staff told us they were supported and encouraged to develop their skills. There was a high percentage of staff with formal qualifications in care which evidenced a good knowledge base for their role.

The principles of the Mental Capacity Act (2005) [MCA] were adhered to for people who lacked mental capacity to make their own decisions. We saw examples where care and treatment had been carried out in people's best interest and this had included assessment of the person's mental capacity and good practice with reference to the MCA Code of Practice. Seven of the people living at the home were subject to Deprivation of Liberty Safeguarding (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff knowledgeable regarding the process involved.

Arrangements were in place for checking the environment to ensure it was safe. We spent time with the staff lead for health and safety who outlined the audits or checks that took place at the home. In addition, health and safety audits were conducted by senior managers for the provider [owner]. We observed that the building was clean and tidy. We saw an example of a Personal Emergency Evacuation Plan (PEEP) that had been developed for one person living at the home. This meant that the person was highlighted as at risk and needed support in case of the need for evacuation from the building in the event of a fire.

The culture within the service was person-centred and open. There were systems in place to learn from the outcome of incidents, complaints and other investigations. A process was in place for managing complaints and we found that complaints had been managed in accordance with this process. People who lived at the home were able to get involved with aspects of the running of the home and provided feedback regarding how care programmes were organised.

A statement of purpose was in place for Rockfield House. We highlighted to the manager that some of the information was not up-to-date and some necessary information was not included. The manager said they work to update this.

Summary of findings

We asked about notifications that are required to be sent to the Commission to inform us of key events in the home. We were aware that there were people in the home who were subject to Deprivation of Liberty Authorisations from the local authority. These are notifiable to CQC. The registered manager and the deputy manager were aware that notifications needed to be made following assessment by the local authority.

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.

There was a high level of understanding regarding how safe care was managed. Care was organised so any risks were assessed and plans put in place to maximise peoples independence whilst help ensure they are safe.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

Medicines were administered safely and there were good systems for checking and monitoring on-going medication management. We have made recommendations around the frequency of competency checks being made with staff who administer medicines and the recording of external medicines.

There were enough staff on duty at all times to help ensure people were cared for in a safe manner. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood and were following the principals of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and we saw people's dietary needs were managed with reference to individual preferences. People had access to health professionals to continually monitor and assess health care needs.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

Is the service caring?

Good

The service was caring.

People and relatives told us they were happy with the care and life in the home. We observed positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

Relatives told us the manager and staff communicated with them effectively about changes to their relative's needs.

Is the service responsive?

Good

The service was responsive.

People's care was planned so it was personalised and reflected their current needs.

A process for managing complaints was in place and people we spoke with and relatives were confident they could approach staff and make a complaint if they needed.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There were systems of audit in place so that the service was subject to on going checks and monitoring to help ensure consistent standards were maintained.

We found an open and person-centred culture within the home and the organisation. There were systems in place to get feedback from people so that the service could be developed with respect to their needs.

Rockfield 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which took place on 29 and 30 October 2014. The inspection team consisted of an 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. The expert was experienced in the field of learning disability and was supported by a second person to assist with the visit.

Prior to the inspection we accessed and reviewed the Provider Information Return (PIR) as we had requested this of the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the home.

We contacted one of the commissioners of the service to obtain their views. We also invited two external professionals who had knowledge of home to share with us their views of the service.

During the visit we spoke with three people who lived at the home and two family members were contacted by phone following the inspection visit. We spoke with six care/support staff, the registered manager and two clinical nurse specialists who were employed by the registered provider. We were also able to have discussion with a visitor who knew the service. They provided support for staff regarding diploma and apprenticeship training, as well a visiting professional who had come to assess a person living at the home.

We looked at the care records for three people, two staff recruitment files and other records relevant to the quality monitoring of the service such as safety audits and quality audits including feedback from people living at the home, professional visitors and relatives. We undertook general observations and looked round the home, including some people's bedrooms, bathrooms, dining and lounge areas.

Good

Is the service safe?

Our findings

The people we spoke with who lived at Rockfield House were clear that they enjoyed the support and quality of daily life in the home. One person said, "Like it here. The staff are good – been out to the shops today and the staff came with me." Another person said, ''The staff are always here. They sort anything out so I don't worry. There is always staff with me if I want to go out.'' We were made aware that all of the people living at Rockfield House had some level of staff support when out in the community to ensure they are safe and appropriately supported.

Family members we spoke with said they found the service to be safe and very good at managing any risks so that their relative could be as independent as possible. One relative said, "When I go home after a visit, I know [relative] is safe. He has some very difficult behaviour and the staff are so patient with him." Another family member told us, "If I had any problems or concerns, I would go and see the manager or one of the staff. They are so reassuring." Both said that their relatives had been in previous care homes but they had not been able to provide the support necessary to ensure any quality of life. We saw a comment in one of the care files for one person following a professional review which said that Rockfield House had 'stopped a cycle of placement breakdown which would not have been achieved without the support of the current placement'.

We saw that the people living at the home displayed behaviours that were challenging and, on occasions, unpredictable. We saw that staff and visitors were made aware of the need to ensure safety at all times. For example, the use of personal safety alarms for all staff and visitors to the home together with high staffing levels to both support people and maintain their safety. For the 10 people living at the home there were 11 care staff available on the day of our inspection in addition to the manager and other support staff. Two visitors to the home we spoke with at the time of our inspection both commented that they always felt safe in the home environment as there was always staff available.

One staff member discussed with us the safety of a specific person who throws things when they get frustrated. Their bedroom is adapted to keep themselves and others safe. We saw the room which was very bare in order to avoid the risk. We were told that staff often trial things and put objects in the room to make it less bare and see how the person responds. If it goes well then more personal items are introduced to test whether the challenging behaviour will change or stop.

Throughout the inspection we observed staff providing constant support for people. The manager explained that this consistency was a key factor in building positive relationships and ensuring the right support was in place. We saw the rota for staff allocation to each person. Staff explained that people living in the home could be unpredictable in their choice of staff to support them and this was accommodated on a daily basis and changes made. We observed staff supporting people in a way that ensured their safety whilst maintaining their dignity. For example, we observed staff supporting people to move around the home safely. Some people had difficulty in communicating verbally but we saw that staff were aware of when people needed the toilet or wanted to go outside. We also noted that staff stayed with each person to ensure they took their medication safely.

The care records we looked at showed a range of risk assessments had been completed depending on people's individual needs. These assessments were detailed and specific to challenging behaviours and were aimed at trying to get the person to be as independent as possible, including accessing the local community safely. For example, one person's inappropriate behaviour and the safe management of this was detailed on the assessment we saw. It included input from the person concerned so they were involved and understood the need for the plan which involved cooperating with staff 'one to one' support. It meant that the person was able to enjoy trips outside the home. We saw that the plan was regularly reviewed, again with input from the person concerned. This was the same for other people living in the home. For example, one person's inappropriate behaviour was managed with a specific, detailed and reviewed plan so that they were able to go swimming which was an activity they enjoyed. The plan included attention to safety whist accessing and using the transport needed to get to the venue.

We checked how any incidents of aggressive behaviour where recorded and managed. We tracked through examples of incidents of aggressive behaviour and these had been recorded appropriately. They were reviewed through the services clinical team as well as being escalated through the home's quality monitoring system.

Good

Is the service safe?

This process ensured that any extra professional support needed could be actioned. We met with visiting clinical nurse specialists employed by the provider who gave examples of how incidents had been reviewed and any extra support, for example staff training, had been met. We spoke with staff who told us they felt reassured by this and supported. Staff told us about training in dealing with challenging behaviour that gave them the confidence to deal with incidents and keep themselves, and people living at the home, safe. New staff said this was covered in detail on their induction. We spoke with a visitor who told us they had witnessed an incident of aggression and staff had responded well and their intervention and response had ensured people were safe. The management of the situation was described as ''Excellent.''

The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training. A quality audit had identified the need to update some staff and the manager was aware of this. Recently employed staff we spoke with said that safeguarding was covered on induction training and was asked about during their job interview. All of the staff we spoke with were clear about the need to report through any concerns they had. One staff said "If I ever thought something was not right, I would be straight in to see the manager. I'm confident it would be handled right."

A recent incident involving the safety of a person who was being supported by staff in the community was reported thorough, by the manager to the local authority, as a safeguarding concern. The manager had been asked to investigate and had taken appropriate action following both internal and locally agreed safeguarding procedures. This rigour helped ensure people were kept safe and their rights upheld. We saw that local contact numbers for safeguarding were displayed in the staff office.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at two staff files and saw that appropriate applications, references and police checks had been carried out. We saw that the staff files are also audited by senior managers in the organisation and any discrepancies checked. This process helped ensure staff employed were suitable and safe to carry out their care role.

We saw easy read information available [in the activities room] which gave details of contact numbers for people living at the home if they felt unsafe. Staff had also developed a communication aid consisting of a series of pictures for people who could not communicate verbally. Staff used this to assist people to tell about their care needs including whether they were unhappy. We spoke with staff who were able to clearly identify if individuals were unhappy for any reason and how best to support them.

We observed, for short periods, a member of staff administering the morning medication in a safe way. Medication was held in a locked trolley in the clinic room. Some medicines were administered from here and others taken to the person concerned and administered. We saw that following each individual administration the records were completed by the staff. This helped reduce the risk of errors occurring. Medicine administration records [MAR] we saw were fully completed and accurate showing people had been given their medicines properly. Frequent checks were made by both the manager and a designated staff member on these records to help identify and resolve any discrepancies.

We found external medicines such as creams were not always recorded by the staff actually administering the cream. We discussed this and changes were made to the recording process and confirmed on the second day of the inspection.

We looked at how medicines were audited. We saw a robust audit procedure was in place covering all aspects of medicines management. Weekly and monthly checks of systems were carried out and action had been usually taken when any shortfalls in medicines handling had been identified.

The competency of staff was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with one staff who told us that competency checks were made by the manager following initial training and this was also confirmed by the manager. We saw in one instance that this had been as long ago as 2006 with no formal assessment of competency since.

Good

Is the service safe?

We recommend that the manager formally reviews the frequency of monitoring of staff competency with reference to the National Institute for Clinical Excellence (NICE) guidance relating to the management of medicines in care homes

We found that for medicines, prescribed to be given 'when required', there was guidance with the relevant medicine administration record or care plan documentation to help staff administer these medicines in a safe, consistent and appropriate way. All medicines were subject to regular clinical review led by a consultant psychiatrist at fortnightly intervals. This helped ensure medicines were reconciled and reviewed appropriately.

Arrangements were in place for checking the environment to ensure it was safe. We spent time with the staff lead for health and safety who outlined the audits or checks that took place at the home to ensure the environment was safe. We were provided with paperwork to show that a monthly health and safety audit was undertaken. In addition, health and safety audits were conducted by senior managers for the provider. Specific checks took place and these included checks of equipment in use and fire safety checks. To ensure the safety of people living at the home, key areas such as kitchens were locked but accessible for people with staff support. We observed that the building was clean and tidy.

We saw an example of a Personal Emergency Evacuation Plan (PEEP) had been developed for one person living at the home. This meant that the person was highlighted as at risk and needed support in case of the need for evacuation from the building in the event of a fire.

Good

Is the service effective?

Our findings

Rockfield House provides specialist support for people who have learning disabilities and can display challenging behaviour which can affect their quality of life. People living at the home who were able to explain and offer an opinion regarding their care were very satisfied that their care needs were being met. They cited the staff as being the reason for this. One person said, ''The staff are all good. They help me to get out and go shopping and other places. They know what they are doing.''

Relatives we spoke with were very aware that staff had the skills and approach needed to ensure people were receiving the right care. One relative said, '' The staff are unbelievable. The care is excellent and staff seem confident in what they do.'' Another family member said, "They are pretty good. If there are any problems they contact you. I get included in reviews of the care. It's great that they have professionals available to help."

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and two of the staff we spoke with confirmed they had recently been involved with this over a two week induction process. The training included specialist subjects appertaining to the needs of the people they would be supporting. For example, epilepsy awareness, autism and introduction to learning disabilities, positive behavioural support, mental health introduction and dealing with challenging and aggressive behaviour. These sessions were run by professionals, employed by the provider, who also visit and provide advice and develop programmes for people living at Rockfield House.

We spoke with a visiting external assessor who provided and supported staff with diploma and apprenticeship schemes. We were told that the service was keen to support and develop staff and this was given a high priority. New staff were enrolled on training programmes as soon as possible after starting work. The registered manager told us that all staff had a qualification in care such as NVQ [National Vocational Qualification] or Diploma and this was confirmed by records we saw. Staff spoken with said they felt supported and the training provided was of a good standard. They told us that they had had appraisals by the registered manager and there were support systems in place such as supervision sessions and staff meetings. Staff meetings were chaired by different staff members and staff all felt they were listened to and could have input.

We saw from the care records we looked at those local health care professionals, such as the person's GP [local GP that worked with the home and the consultant responsible for overall medical review], speech therapist and dietician were regularly involved with people if they needed it. All people benefited from regular two weekly psychiatric and medical reviews.

We asked people who lived at the home their views of the meals and access to drinks throughout the day. Everybody we spoke with were positive in that they felt they had choice and staff support to maintain a balanced diet. One person we spoke with said, "There is always a choice of food. If you don't like something you can ask for something else. We get asked what we want to eat."

Staff explained that due to the nature of the care needs it was difficult to get some people to eat communally and everybody was on an individual diet plan. This was based on choice and preference, as well as some people with very specific dietary needs. Each person had a file in the kitchen detailing their meal and dietary needs. We reviewed two people who had medical conditions requiring special diets and staff support around these. We found staff knowledgeable and clear in their understanding and support.

Each person also received on-going medical monitoring. One person was receiving daily 'in house' checks for blood sugar monitoring and the staff responsible understood how this was carried out and how to observe for any signs and symptoms of a low blood sugar which could put the person at risk. The other person also had regular blood checks for a specific condition requiring a special diet and was being well monitored.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We saw examples of people being assessed for their mental capacity in relation to specific treatments and how a decision had been made in their best interest that involved family members. For example, we reviewed one person who was having their

Good

Is the service effective?

medicines administered 'covertly' meaning they were not aware they were taking them as they were disguised in food. This method of administering medication is usually used if a person is refusing medication necessary for their health and they lack the capacity to make a decision to refuse. We saw that an assessment of this had been undertaken by the person's consultant psychiatrist and as the person lacked the ability to give informed consent, the need to administer the medication covertly had been made clear as in the persons 'best interest'. This was backed up by a clear plan which had been reviewed on an on-going basis. Relatives had been consulted and kept involved. Another person had had a best interests meeting over the need for a dental procedure. The lack of the person's mental capacity to make a decision was recorded by the professionals concerned and the relative of the person had again been consulted and informed of the decision. A plan of care was devised covering the whole of the procedure from leaving and returning to the home.

The GP who attended the home said that people were well supported by these processes and staff always referred and acted to support people's rights in this area.

Seven of the people who lived at the home were subject to Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the manager and senior staff knowledgeable regarding the process involved. One of the people we reviewed was subject to such an order and the paper work seen explained why they had been placed on such an order.

We saw that there were occasions when people had been subject to restraint by staff in order to protect them from harm. We reviewed one person subject to restraint on recent occasions. We saw this had been recorded effectively both in a register and also on individual incident forms. These had been processed internally and subject to review. We noted that restraint had been used for the minimum time to be effective. The person's care plan explained when restraint would be used to protect the person from the risk of injury.

We had a look around the building and observed that bedrooms, lounge areas, bathrooms and corridors were spacious and safe. The bedrooms we saw were well personalised and reflected people's individual choices. The building was all on one level and there was easy access to a secure large garden area and a second garden area to the rear of the building. The manager explained that people living at the home had been involved with some of the projects and design to the garden areas, such as the building of a fish pond and cage for the keeping of birds. We saw people living at Rockfield House enjoying some time in these areas. Kitchens were accessed with staff support. We spoke with one person who had their own key to their bedroom to help provide some privacy and security.

Good

Is the service caring?

Our findings

People who lived at the home, who were able to comment, spoke well about the staff and were positive about the way they were supported. They told us the staff treated them in a kind and respectful way. They said the staff were caring and considerate. One person said, ''Staff respect me. I can go out when I choose and staff come with me. I like to go to the pub to watch the football.''

We observed the interactions between staff and people living at the home. We saw there was an obvious rapport and understanding. Some of the people displayed behaviour that was excitable and socially challenging. Staff were observed to be calm and appropriate in their responses. They were able to explain why they responded. One staff told us, ''If you don't respond in a set way [person] just gets more exited.'' The staff explained this was a way of the person learning to modify their behaviour.

Throughout the inspection we observed staff supporting people who lived at the home in a timely, dignified and respectful way. People did not have to wait long if they needed support as many were supported on a 'one to one' basis during the day. We noted there was positive and on-going interaction between people and staff. We heard staff explaining things clearly to people in a way they understood.

We saw information displayed in the activities room for people living at the home. This included an easy to understand pictorial complaints leaflet on the notice board. Also staff had taken time to develop a communication tool based on picture prompts which was used for some people. However, we looked at the 'service user guide' and saw this had not been reviewed for some time and was not in an easy to understand format. We spoke with the manager who agreed some work was needed on this to make it more accessible and easy to understand for people living at the home. We were told this document was kept in the staff office, not accessible to people living at the home.

Relatives we spoke with and people visiting at the time of the inspection were pleased with how staff displayed a caring attitude. Comments included: "The staff are very good and very caring." ''Staff are very sympathetic'' and ''Staff give a lot of support and are interested in [person].'' We saw feedback forms that had relative's comments on them regarding the care and support. We saw positive comments around the respect shown to people living at the home and how privacy was respected.

The staff we spoke with had a good knowledge of people's needs. They told us it took time to get to know people's needs and preferences when they first moved to the home. The manager and senior staff told us of the value of building positive relationships and having continuity to the care provided. When we looked at care files we saw that personal histories were recorded along with people's likes and dislikes. Staff were able talk in detail about each person as an individual. Staff said they encouraged people to make choices, such as choosing what to wear and what to have to eat and how to spend their day. We saw in some instances people were invited to their own regular care reviews with their staff team. This was a way of including and giving positive feedback to the person.

Each person who lived at the home had their own bedroom, which was personalised to their own preference. Relatives told us could use their relative's bedrooms for private time with their visitors.

Good

Is the service responsive?

Our findings

We asked people who lived at the home how staff involved them in planning their care. Two of the people we spoke with told us they had regular meetings with their care team and were involved in planning their care. We saw these recorded in the care files. We saw that at the last meeting for one person they had only attended briefly. This, however, had been long enough for the person to write some comments and these were positive regarding the support provided by staff. We also heard from staff that this person had been able to change their mind regarding which staff supported them on a daily basis. This had been understood by staff, and actioned, as it was seen as a part of the person's right to choose; the main goal being the need to be active and meet the demands of the day. The person told us they had ''something to look forward to'' which was possibly moving into some new accommodation [planned as part of the development of the home].

People told us the staff respected their preferred routine. A person told us, "I can get up and go to bed when it suits me. Staff don't mind – I can stay up late listening to records." We saw activities were personalised to each person. One of the comments on a feedback form from a social care professional said, '' Activities are on offer in-house and the community depending on individual needs and interests.''

We saw a programme of activities for each person. People we spoke with told us about some of these which included trips outside the home to a day centre, shopping, local walks, swimming, attending learning courses, meals out, cinema and visits to the local pub. One person said they had been on holiday over the summer and had seen their relatives. Another person showed us their course certificates of attainment from a local college.

We looked at the care record files for three people who lived at the home. Each person had an individual assessment of need. We found that care plans were individualised to people's preferences and reflected their identified needs. They were very detailed and in many cases had been signed by the person concerned or there was evidence that plans had been discussed with relatives.

We could see from the care records that staff reviewed each person's care on a monthly basis. In addition there were 'care team' meetings recorded. The manager recorded a review of the care every three months. The reviews were detailed and involved a revision of care plans if necessary. Relatives we spoke with confirmed they were involved in sharing information about needs and preferences on an on-going basis and there was evidence on some of the care files of their inclusion in decisions where the person concerned lacked capacity to make decisions about care.

We saw some relative and professional feedback survey forms provided to us by the manager. The manager acknowledged that the response to these was fairly low but the relatives and professionals who had responded were satisfied with the quality and individualised nature of care and commented on the standard of the accommodation and the food. The registered manager and staff explained some of the projects such as developing the garden areas which people living at the home had been involved with. These provided both focused activity and an opportunity to be involved in the planning of the home.

We observed a complaints procedure was in place and people, including relatives, we spoke with were aware of this procedure. An easy read version was displayed in the activities room. We discussed with the manager and agreed this could be displayed in other areas of the home. People said the manager was approachable and they would not hesitate to raise any concerns they may have. We asked one person if they had a complaint would they tell someone and they said yes. They also knew who they would complain to. They said would tell the team leader, get a complaint form and would go to the manager about their concern. A relative said, ''If I have any issues [the manager] sorts things out straight away.'' The registered manager maintained a log of the complaints and we observed that the last complaint was received in May 2014. It had been managed appropriately in accordance with the complaints procedure.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. We spent time talking to the manager and asked them to define the culture of the home and the main aims and objectives. The manager was able to talk positively about the importance of a 'person centred approach' to care. Meaning care was centred on the needs of each individual rather than the person having to fit into a set model within the home. The manager felt this was evidenced through the development of positive relationships with staff who supported people in individual teams based around each person's preferred lifestyle and activities.

This culture was also evidenced when talking to staff at all levels. We spoke with visiting health care professionals who were employed by the provider to carry out reviews in the home and support staff in carrying out care programmes. Both professionals reinforced the importance of therapeutic relationships between staff and people using the service. One said ''The consistency of relationships are very important.'' This was one reason why the home did not make use of agency staff cover at any time and always covered any shortages with in-house staff known to people living at the home. We saw that staff and people living at Rockfield House knew and interacted positively with senior managers and visiting professionals. Relatives spoken with also made positive comments regarding the manager who was clearly the key point of contact.

Staff told us they received positive and on-going support. One staff gave an example of an issue that had occurred some time ago that had been stressful. The registered manager and provider had been very supportive and had acted to protect the staff member and give support. The result was that the situation had been resolved. They said this made them feel valued. A member of staff said to us, "We do have staff meetings and we get listened to. Also the manager lets us run our own meetings. You can speak to managers any time. They are very approachable."

Staff told us communication was good and there was plenty of forums to share information and raise ideas. The staff we spoke with knew about the proposed developments of the home and felt they could contribute with ideas. A member of staff said, "There are meetings every couple of months and staff handovers. If I had any issues or concerns I would raise them then.'' They said they believed management would be supportive and protective of them if they raised concerns.

A process was in place to seek the views of families, professionals and people living at the home about their care. We saw returned forms completed for all of these groups. Although there were not many forms returned, those seen provided positive feedback about the home. The central culture related by the manager was also reflected in the surveys with comments around staff approach and the individualised nature of the care.

We looked at some of the more formal process and systems and documents to see if these reflected a similar open and communicative culture. A Statement of Purpose [SOP] was in place for Rockfield House which had been signed as reviewed in February 2014. We highlighted to the manager that it was not up-to-date as some of the information was out of date including the complaints policy attached to the SOP and reference to an old address for the Care Quality Commission [CQC]. We also discussed the need to include a business address preferred for the serving of any regulatory notices.

We asked about notifications that are required to be sent to the Commission to inform us of key events in the home. The registered manager was aware of these and there was a process for identifying when notifications should be sent. We were aware that there were seven people in the home who were subject to Deprivation of Liberty Authorisations from the local authority. These are notifiable to CQC. When we checked our records we had not been notified of four of these. Following the inspection we checked with the home and were told that the four outstanding notifications had not been sent as the people concerned were still going through a process of assessment following referral. We were sent written updates by the home on the current status of these with information that a statutory notification would be sent to CQC once assessments had been completed by the local authorities concerned.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes both internally and external to Rockfield House that senior manager for the organisation carried out. Internally, for example, we saw a comprehensive health and safety auditing system for the

Good

Is the service well-led?

home's environment which also checked when key safety certificates needed updating such as fire, gas and electrical. We looked at these and they were up to date. We also saw a comprehensive medication audit; any issues picked up had been highlighted and fed back to staff. The manager conducted internal audits including reviews of care planning for each person in the home.

We saw that statistics such as accidents and incidents and medication errors were fed into a computer system by the manager and these could be analysed centrally by senior managers and compared to other services in the company. Any issues could be highlighted and fed back to the registered manager. We saw a full 'Audit Report for Rockfield House' had been carried out in August 2014 by a senior manager for the company. The audit had looked at many of the systems in operation in the home and overall Rockfield House was rated as 'compliant' in most areas. We saw that areas highlighted for improvement had been subject to an action plan by the manager to address. The audit had not identified issues around the home's Statement of Purpose or notifications to CQC.