

Andrew Pass

Rock House Residential Home







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

Rock House Residential Home provides residential care for up to 57 older people, including those living with dementia. People are accommodated on the ground floor and the first floor. There is a lift to the first floor bedrooms. There are three communal lounges and a large dining area. The home is located in the village of Tickhill near Doncaster.

This inspection took place on 22 October 2014 and was unannounced. The inspection team consisted of two inspectors. We last inspected the service in November 2013 and found they were meeting the Regulations we looked at.

The home had a registered manager who had been registered since 2007. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

From our observations we saw that staff took the time to listen to people and try to understand their needs and wants. For example, one person told the staff they had lost their glasses. One carer said, "I know exactly where they will be." The carer went off and returned with the glasses, the carer told us, "They (the person) always likes to put them in their dressing gown pocket and that's where I found them."

Staff we spoke with were knowledgeable regarding safeguarding procedures and were able to explain these should an allegation of abuse be made.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager also demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest. A health care professional we spoke with told us, "Without a doubt the staff understand the importance of the MCA."

We found there were enough skilled and experienced staff. The registered manager explained people's dependency was assessed and staffing levels reviewed based on people's assessed needs and risks. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People told us that they enjoyed the food and there was always an alternative if they didn't like what was on the menu. One person said, "The food here is excellent we have really good cooks. There is always something that I like on the menu."

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. A health care professional we spoke with during our inspection told us, "The staff are very good, well organised and always very knowledgeable on people's problems and needs." Another professional we spoke with said, "The service is run for the residents and not the staff, it is a high standard of care provided."

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The staff we spoke with were thoughtful about people's feelings and wellbeing. Staff gave good examples of how they were respectful and maintained people's dignity. For example, Staff spoke quietly when asking people if they wanted to use the bathroom.

People we spoke with told us staff were excellent. One person said, "The staff go the extra mile they really genuinely care and are excellent." Another person said, "I had a bad experience at my last home and was very worried, but staff made me feel at home, safe and welcome."

A wide range of activities were provided. We saw people were involved and consulted about all aspects of the activities, where they were able including suggestions for activities.

The manager told us they had received no complaints in the last twelve months. However some minor issues had been documented in the communication book. How these had been resolved were also recorded in the communication book. The registered manager acknowledged these should have been recorded in line with the complaints policy

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. We also saw quality monitoring questionnaires which had been returned completed. The comments written were very positive. For example, "It is reassuring to know my mum is cared for at such a high standard that is given at Rock House" and "All staff are amazing."

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?

The service was safe.

Good



Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when. The manager had improved the systems for monitoring medication ensuring medication was given as prescribed.

Is the service effective?

The service was effective.

Good



Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. The registered manager also demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

People had regular access to healthcare professionals, such as GPs, opticians and dentists.

Is the service caring?

The service was caring

Good



People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Summary of findings

Staff understood the way people communicated and this helped them to meet people's individual needs. For example, we saw that all staff on duty communicated with the people who used the service effectively and used different ways of enhancing communication by.

Relatives we spoke with told us the service was fantastic, that staff were kind, considerate and respected people. We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this. For example, Staff spoke quietly when asking people if they wanted to use the bathroom. And ensured they knocked on people's bedroom doors before entering.

Is the service responsive?

The service is responsive

People's plans were individualised and included their needs and their preferences. The records we saw consistently showed that staff were responsive to people's changing needs, showed that people were involved in their care where they were able. People's preferences and choices were respected. We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

The provider routinely listened to people's views. People told us the manager was approachable and always listened and responded to any concerns or suggestions.

The registered manager told us they had received no complaints in the last twelve months. However some minor issues had been documented in the communication book. The registered manager acknowledged these should have been recorded in line with the complaints policy and told us these would be in future.

Good



Is the service well-led?

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The registered manager listened to suggestions made by people who used the service and their relatives. For example one relative we spoke with said, "I made three suggestions to the manager which I thought would improve the service and the manager acted straight away.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Good



Rock House Residential Home

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.

At the time of our inspection there were 56 people living in the home.

As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI) SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We looked at all other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some

time looking at documents and records that related to people's care. We looked at five people's support plans. We spoke with six people living at the home, five relatives and one visiting professional. We also telephoned two visiting professionals to seek their views.

During our inspection we also spoke with eight members of staff and the registered manager. We also looked at records relating to staff, medicines management and the management of the

service.

Before our inspection, we reviewed all the information we held about the home and the provider had completed a Pre-Inspection information pack document. This is the provider's own assessment of how they meet the five key questions and how they plan to improve their service. This helped us to plan and identify areas to focus on in the inspection.

We spoke with representatives of the local authority commissioners who had no concerns at the time of the inspection.

Is the service safe?

Our findings

We looked at how the service protected people from abuse.

We spoke with six people who used the service and the friends and family of five people. Everyone that we spoke with said they felt safe in the home. One relative we spoke with said, "I looked around a lot of homes before choosing Rock House and I knew instantly this was the right place to care for my mother." Another relative said, "We visit regularly and the staff are always on hand to talk to us about mum's care." One person we spoke with said, "I had a bad experience at my last home and was very worried, but staff made me feel at home, safe and welcome."

The staff we spoke with showed they understood their role in safeguarding vulnerable adults from abuse. They were able to describe signs which might indicate possible abuse or neglect. Staff confirmed they understood the procedure to follow to pass on concerns and felt confident these would be dealt with by team leaders or the registered manager. All the staff we spoke with said they would not hesitate to report any concerns. They said they had read the whistle blowing policy and would use it if they felt there was a need. The staff training records showed staff had received safeguarding vulnerable adults training and updates from the local council and the staff we spoke with confirmed this.

We looked at how the service managed risk to people using the service. People's choices and decisions were recorded in their plans and reviews. People who used the service and the staff described how they were supported to take risks so they could be independent for example, with their mobility. The records we looked at had an assessment of each person's care and support needs and risk assessments specific to their needs, with care plans detailing how support was to be given to minimise the risk. For example, people had been assessed each month about risks with their nutrition, falls and skin integrity.

The registered manager analysed incidents and accidents each month. We saw the records of this which showed potential triggers and trends were monitored to identify if any systems could be put in place to eliminate or minimise the risk. We saw evidence that different methods of managing people's challenging behaviour had been

implemented. For example one person became frustrated and staff had identified that if the person put on their coat and went for a walk in the grounds this helped calmed them.

We looked at how the service managed staffing and recruitment. There were sufficient staff on duty to keep people safe during our inspection. The registered manager explained people's dependency was assessed and staffing levels reviewed based on people's assessed needs and risks. Staff said there were always enough staff to meet people's needs.

We saw there were sufficient staff who spent time engaging with people who used the service in a meaningful way. We observed staff offering excellent guidance to one person who walked using a frame for safety. Over a period of time several other staff offered the same guidance which ensured a consistent approach was used to keep people safe.

Visiting health care professions we spoke with told us when they visited there was always plenty of staff available. They said, "There are always staff available to assist us and everyone knows what they are doing."

We found there was recruitment procedures ensured the required employment checks were undertaken. The manager told us that staff did not commence work with people who used the service until references had been received and they had obtained clearance to work from the Disclosure and Barring Service (DBS). This is a check to determine potential staff are able to work with vulnerable people. We looked at the recruitment files of six staff and spoke with staff that were on duty on the day of this inspection. The recruitment files confirmed that the required checks had been carried out prior to commencement of employment at the service.

Medicines were stored and administered safely. Staff were aware of safe procedures for receipt, administration and disposal. We found records were completed appropriately and medicines were given as prescribed. People's medication was regularly reviewed to ensure all medicines prescribed were required. A health care professional we spoke with told us, "Staff are excellent at managing people's pain to ensure they are comfortable."

We found people were not prescribed or administered medication to control behaviour, we saw from protocols in place that all other methods were explored and

Is the service safe?

implemented before medication was considered to control behaviour. For example, we saw that one person who had been admitted the week of our inspection had been prescribed a medication that would control their behaviour. The registered manager had request a review of one person's medication as they had identified it was not required, the person had settled and been safely managed without it. We saw this had then been reviewed by the GP and the medication had been changed from a regular dose to as and when required and the dose reduced.

Before our inspection, we asked health and social care professionals for their opinion of the service. They were positive about the service provided they told us staff were always responsive and maintained people's safety by their prompt responses to people's changing needs. There were no concerns raised about the service they provided.

Is the service effective?

Our findings

Staff we spoke with told us that most staff had worked at the home for a number of years. They said they enjoyed working at the home and they received guidance and support from the manager and team leaders. All new staff were subjected to a probationary period where they were expected to complete the provider's induction training which included a mixture of internal and external training. The registered manager told us that staff would shadow experienced staff until they were competent to work unsupervised with people who used the service. We looked at the training provided to staff and records which confirmed staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two, and three.

Staff also told us they could access training in specific areas for example one support worker told us they had attended training in end of life care and epilepsy. They told us this ensured they had the skills to meet people's needs.

We saw that staff had received training in dementia care and awareness and we saw staff related well to people. For example we saw people were supported to walk around the home freely, some with the support of staff. One person was supported to go for their daily walk in the grounds. They told us, "I like to go out every day for a walk, I would like to go on my own but staff like to keep me company and that's fine by me."

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. A health care professional we spoke with told us, "Without a doubt the staff understand the importance of the MCA and are aware of DoLS, if they are unsure they will always ask."

We spent time speaking with people who used the service about the choice of food and about how staff supported them to during meal times. We also observed lunch being served to people who used the service. People told us that they enjoyed the food and there was always an alternative if they didn't like what was on the menu. One person said, "The food here is excellent we have really good cooks. There is always something that I like on the menu."

Care plans we looked at contained a nutritional assessment. This was to identify risk of malnutrition and demonstrated that people were regularly weighed and referrals made when appropriate. Care plans contained people's preferences regarding food, drinks and snacks. One staff member told us about one person who disliked carrots, we saw this was clearly documented on their care records and we saw an alternative was provided at lunch time when carrots were on the menu. Hot and cold drinks were available throughout the inspection and we saw staff encouraging people to drink plenty of fluids.

We saw evidence care and support plans were regularly reviewed to ensure people's changing needs were identified and met. We saw records in the care plans we looked at which showed specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. A district nurse was visiting during our inspection and we saw staff take people to the treatment room to be seen in private. We saw staff obtaining information from the nurse to ensure they were aware of what procedure they had carried out and what they needed to do to ensure the person's needs were met. We also saw the visit documented in the care plan. The nurse told us, "The staff know people's health problems and work with us to ensure their needs are met."

Is the service caring?

Our findings

We checked what arrangements were in place to ensure that people using the service experienced positive, caring relationships. We observed care taking place and looked at whether people's dignity and privacy was upheld, and whether they were treated with respect and compassion.

We looked at care and support plans for five people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

We saw that people who were at end of life had their needs assessed and identified. We also saw family were involved in identifying specific needs. This ensured people's wishes and feelings were addressed. Staff told us that people who were cared for in bed should be checked every two hours to ensure they were clean, change position and see if they wanted a drink or any food. However staff we spoke with said, "We do not leave people two hours there is always a member of staff around checking on them regularly."

Health care professional we spoke with told us the staff were very good at end of life care. One professional told us, "The staff are very good at ensuring people are comfortable and pain free. They meet all their care needs working with families and other professionals."

We saw that staff addressed people with warmth and kindness, and appeared to understand their needs well. As part of the inspection, we undertook a Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Using SOFI we saw that staff took the time to listen to people and try to understand their needs and wants. For example, one person told the staff they had lost their glasses. One carer said, "I know exactly where they will be." The carer went off and returned with the glasses, the carer told us, "They (the person) always likes to put them in their dressing gown pocket and that's where I found them."

The staff we spoke with were thoughtful about people's feelings and wellbeing. Staff gave good examples of how they were respectful and maintained people's dignity. For example, Staff spoke quietly when asking people if they wanted to use the bathroom and ensured they knocked on people's bedroom doors before entering. Staff understood the way people communicated and this helped them to meet people's individual needs. For example, we saw that all staff on duty communicated with the people who used the service effectively and used different ways of enhancing communication by touch, ensuring they were at eye level with people who were seated, and altering the tone of their voice appropriately for those who with hearing difficulties.

We also observed staff being very patient and caring, one person was very restless and continually wanted to get out of the chair and walk round. The staff enabled this talking to them quietly and reassuringly.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We spoke with relatives who said, "The staff always lets me know immediately if my mum has been unwell. When I visit staff always make me feel involved in mum's care. This is an excellent service." Another relative said, "My relative moved here from another home, the difference is amazing, they are more alert and aware of what's happening around them." Another relative confirmed that they regularly attended reviews of their relatives care and felt involved in decisions about their care and treatment. Another relative told us, "The staff deserve an award they genuinely care about everything and everybody."

One person we spoke with told us, "Staff go that extra mile, they really care, and I cannot praise them enough." Another person said, "The care is first class out of this world."

We also observed people treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when

Is the service caring?

people required assistance and responded appropriately. One person we spoke with told us, “The staff always maintain my dignity and I observe they treat everyone with dignity and respect.”

Is the service responsive?

Our findings

We looked at five people's care records in detail and found they were clearly identifiable and accessible to the care staff. They were easy to navigate, properly completed and legible. People's plans were individualised and included their needs and their preferences. The records we saw consistently showed that staff were responsive to people's changing needs, showed that people were involved in their care and that their preferences and choices were respected. For example, we saw care plans showed that relatives had agreed with the care plan and stated if they wanted to be involved in any reviews that had taken place. Relative we spoke with confirmed staff communicated with them about their relatives care, in particular if their needs had changed.

We saw records that confirmed some people were monitored in relation to their food and drink intake. Carers had documented when they had assisted people with this care need. The registered manager said they regularly checked the records were fully completed. This helped to make sure that care staff were delivering and recording people's care correctly.

People were encouraged to make choices about their everyday activities such as what to wear, what to do and what to eat. When asked the cook what would happen if people did not like the two choices of meal that were on offer we were told, "We would make them something else to eat."

The activities were appropriate for people's ages and interests and people were asked if they wished to take part. We observed one lounge during the morning. People were alert and engaged with staff who were present throughout. Some people chose to sit and read magazines and staff offered to change the magazine when they had finished reading it. Other people were doing art work and playing games of dominoes. There was banter and laughter between the staff and the people who used the service accusing one another of cheating.

In the afternoon we observed a movement to music exercise class, organised by 'Pulse' (an outside activity group). This was enjoyed by all the people who attended.

One person we spoke with told us, "I look forward to the exercise to music, the men who do the activity are very good." There was also joking between people who used the service, they commented to the man, 'look at those legs' this caused everyone to laugh.

Where people were cared for in bed we saw evidence that staff regularly interacted with them. One staff member we spoke with said, "We ensure the people who are cared for in bed are not isolated. Staff allocated to those people, spend time popping into the room. We ensure those who enjoy music have a radio playing while others like to watch and listen to the television. We also keep charts that make sure they are not left in one position for too long."

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. They told us they had received no formal complaints in the last 12 months. However some minor issues had been documented in the communication book. How these had been resolved were also recorded in the communication book. The registered manager acknowledged these should have been recorded in line with the complaints policy and told us these would be in future.

People we spoke with did not raise any complaints or concerns about living at the home. Relatives we spoke with told us they had no concerns but would discuss with the staff or manager if they needed to raise any issues.

We were shown a recent quality monitoring questionnaire that had been sent out to people who used the service, relatives and health care professionals. We looked at a number of returned questionnaires the comments were very positive. For example some comments were, "It is reassuring to know my mum is cared for at such a high standard that is given at Rock House." and "All staff are amazing."

We observed staff gave time for people to make decisions and respond to questions. The registered manager told us residents and relatives meetings were held and gave people the opportunity to contribute to the running of the home. They also held regular staff meeting to ensure good communication and effective running of the service.

Is the service well-led?

Our findings

At the time of our inspection the service had a Registered Manager who had been registered with the Care Quality Commission since 2007.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager showed us daily, weekly and monthly audits which included environment, infection control, medication and care plans. These were well organised, easy to follow and comprehensive. We saw copies of reports produced by the registered manager. The reports included any issues identified that required action, we saw that the actions were addressed immediately and resolved as quickly as they were able depending on what action was required. For example when it was identified new floor covering was required in a bedroom this was ordered immediately, however took time to be delivered and fitted.

The staff members we spoke with said communication with the management team was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. Observations of interactions between the registered manager and staff showed they were inclusive and positive

The registered manager listens to suggestions made by people who used the service and their relatives. For example one relative we spoke with said, "I made three suggestions to the manager which I thought would improve the service and the manager acted straight away." The relative told us that they had asked for name badges for staff. The manager had said some badges could harm people so they agreed to have names embroidered on their uniforms. The relative also suggested another TV on opposite walls so that everyone sitting in the lounge could see the TV. When she next visited the TV had been put in place. She also said to make visitors feel more welcome they should be offered a cup of tea. This changed immediately and now all visitors are offered drinks on arrival at the home.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff we spoke with were also aware of whistleblowing procedures. They told us if they felt the managers were not responding appropriately to any allegations they would not hesitate to whistle blow to ensure people were protected. However staff also told us the managers listened to any concerns they raised and had always responded appropriately.

Staff meetings were held on a monthly basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for the last three months these showed staff had opportunity to raise issues and discuss any points of interest. The staff we spoke with told us the registered manager had an open door policy therefore staff or people who used the service and their relatives were able to contact them at any time.

Any accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked for to identify if any systems could be put in place to eliminate the risk.

There had been no safeguarding referrals or whistleblowing concerns raised within the last year. Although there had been one in the previous year and all staff had responded to this following correct procedures to safeguard people who used the service.

The registered manager had identified that in some areas the service could improve the environment to become more able to meet the needs of people living with dementia. They were aware of new guidance and best practice. They told us they would look at ways to enhance the surroundings to improve quality of life for people living with dementia. For example they had coloured cups and mugs but had not provided coloured plates. Best practice guidance for example EHE Environmental Assessment Tool from Kingsfund 2014, suggests that if food and drinks are presented on coloured plates it is appears more appealing to people living with dementia.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.