Rockmount Northwest Limited

Rockmount Northwest

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 20 October 2016.

The service was last inspected on 20 January 2014 and was meeting all the regulations assessed at that time.

Rockmount Northwest is a 24 hour support, residential care home for people with a Mental health diagnosis. The service provides recovery and rehabilitation support to adults with complex mental health needs, who may also have a learning disability. The home is situated in Rishton, near the towns of Blackburn and Accrington. The home is located in close proximity to public transport links which gives easy access to either town by bus or train. The home is registered with the Care Quality Commission to provide care for up to 20 people.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we made one recommendation in regards to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of this report.

There was a registered manager 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 service told us they felt safe living at Rockmount Northwest. The staff we spoke with had a good understanding of safeguarding, whistleblowing and how to report any concerns.

We found people's medication was not managed safely. Medication stocks did not tally with the Medication Administration record (MAR). We also found some medicines were not administered in line with best practice. Following the inspection, the registered manager sent us confirmation that this had been addressed and systems had been implemented to identify these issues in future.

There were sufficient numbers of staff effectively deployed. Staff were recruited safely with references from previous employers being sought and DBS (Disclosure Barring Service) checks undertaken prior to them commencing in employment.

Appropriate risk assessments had been completed and were reviewed regularly to meet people's needs.

Staff induction was aligned with the care certificate and staff received appropriate training and supervision to support them in their role.

People's mealtime experience was positive and people were autonomous in deciding the services menus. The service had recently received a five star food rating and people were complimentary about the food provided.

Staff understood the Mental Capacity Act 2005 (MCA) regarding people who lacked capacity to make a decision. They also understood the Deprivation of Liberty Safeguards (DoLS) to make sure people were not restricted unnecessarily.

People were supported by staff that were kind and caring. Staff maintained people's privacy and dignity and promoted their independence.

Each person living at the service had their own care plan, which was person centred and detailed people's choices and personal preferences.

People were supported to maintain fulfilled and active lives. There was a comprehensive activities programme and people were supported to pursue education, employment and community activities.

The service had recently been granted an allotment and people spoke enthusiastically regarding the plans for the land.

There was a welcoming atmosphere throughout the home and people spoke positively about the visibility of the management and the leadership of the home. People told us they would recommend living at Rockmount Northwest.

Staff spoke of a positive culture and a management that were approachable and supportive.

We found the provider didn't conduct audits and despite the management conducting a number of audits, the internal audit processes in place at the time of the inspection had not identified the concerns we had raised in regards to the safe management of medicines. We received confirmation from the registered manager that this had been strengthened following our visit.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Recruitment practices were robust and staff demonstrated a good understanding of potential signs of abuse and safeguarding procedures to keep vulnerable people safe.

The service did not have appropriate arrangements in place to demonstrate they were consistently managing medicines safely.

Is the service effective?

Good

The service was effective.

Staff reported receiving regular training and supervision and said they felt sufficiently supported to undertake their role.

All staff spoken to had knowledge of the Mental Capacity Act (MCA 2015) and Deprivation of Liberty Safeguards (DoLS) and the application of these was evidenced in the care plans.

Referrals were made to medical and other professionals to ensure individual needs were being met.

Is the service caring?

Good

The service was caring.

People were treated as individuals and encouraged to make choices about their care.

Staff had developed good relationships with people and we observed positive interactions between people and staff.

People were treated with dignity and respect by staff that promoted their independence.

Is the service responsive?

Good

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person centred way.

The service had a comprehensive activities programme in place and supported people to pursue education and employment opportunities. People were positive about the activities and outings available.

A complaints procedure was in place which was attached to noticeboards in the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

The culture of the service was open and inclusive. We received positive feedback about the leadership from people, staff and healthcare professionals.

Audits had been carried out in a number of areas but these did not identify some of the issues we found during the inspection..

Team meetings were conducted regularly and staff told us they felt able to contribute to meetings in order to influence change at the service.

Rockmount Northwest

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 20 October 2016 and was unannounced. The inspection team consisted of one adult social care inspector from CQC (Care Quality Commission) who is a registered mental health nurse.

We asked people for their views about the service and facilities provided. During our inspection we spoke with; three people that lived at Rockmount Northwest, seven members of staff, which included; the registered manager, deputy manager, team leader, care staff and the cook. We spoke with three healthcare professionals following the inspection.

We looked at documentation including; three care files and associated documentation, three staff records including recruitment, training and supervision, five Medication Administration Records (MAR), audits and quality assurance documentation, a variety of policies and procedures and safety and maintenance completion of works and certificates.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us
by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 liaised with the local authority and local commissioning teams and we reviewed previous inspection reports and other information we held about the service.

Requires Improvement

Is the service safe?

Our findings

Our findings
We asked people who used the service if they felt safe living at RockmountNorthwest. People told us; "I feel safe, I sleep well." "I feel safe here. I have no worries about things like that. I know everyone living here." A health care professional told us; "My impression of the home is that it is a great place for vulnerable people to reside."

We looked at medicine management within the service. We viewed five medication administration records (MAR) during the inspection and saw that all prescribed medication had been signed as administered correctly and a running balance was documented for each medicine. We found the stock balance recorded for the five people we looked at did not tally with the remaining medication in the box. We saw there was more medication remaining than had been calculated. This meant that either; staff had not calculated medication properly when it had initially arrived at the service, medication had been omitted and signed as administered when it hadn't or medication had been obtained from another source which would account for the excess stock. Staff told us that when people went on leave from the service overnight, pharmacy packs were obtained which contained people's medication rather than using stock within the service. We felt this could account for the excess stock but could not determine this during the inspection as nobody had been on leave during the period we looked at and we were told excess stock accumulated was returned to pharmacy when the new cycle of medication commenced.

This meant there was a breach of Regulation 12(2)((g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the proper and safe management of medicines.

We found medicines were not always given as per best practice. Some medicines recommended to be given before food, such as medicines to reduce gastric acid, hormone replacements and antibiotics were observed being given after people had eaten. We asked the deputy manager and they confirmed that they were aware the hormone replacement medicine was recommended before food but that this had not been indicated on the MAR. Following the inspection, the registered manager confirmed they had contacted people's GP and pharmacy and these medicines were now in the blister pack separately to other morning medicines. This would enable staff to follow best practice recommendations and give these medicines prior to people receiving their breakfast.

We also found there was no information recorded with the MAR to guide staff when administering medicines which were prescribed to be given "when required" (PRN), this included medicines prescribed for anxiety, pain and constipation. There was no information available to guide staff when a variable dose of medicine was prescribed to support them to administer the most appropriate dose of medicine. However, following the inspection we were told that people had a PRN care plan and a medication support care plan in place to provide the required guidance to staff when administering PRN.

The current MAR also didn't enable staff to document the exact time PRN medication was given. The registered manager indicated that staff would document this information on the whiteboard and handover

file to ensure that sufficient gaps were maintained. We were unable to check whether this had occurred as there had been no PRN administered during the timeframe looked at.

We recommend that guidance regarding people's PRN protocols are stored with the MAR and that records are strengthened to enable staff to document in one place consistently when PRN has been administered.

We looked at how the service managed risks. We found individual risk assessments had been completed for each person and recorded in their care file. There were detailed care plans which outlined management strategies to guide staff on how to safely manage risks in order to maintain people's safety. A healthcare professional told us; "The staff at Rockmount NorthWest are pro-active in their management of risk and the quality of the documentation is excellent."

During the inspection, we checked to see how the service protected vulnerable people against abuse. We saw suitable safeguarding and whistleblowing policies and procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. The deputy manager was the safeguarding champion at the service and was part of the safeguarding county subgroup task committee. The deputy manager was committed to safeguarding matters and raising awareness. They disseminated information from the subgroup through staff and resident meetings. We saw easy read posters on noticeboards which identified what constituted a safeguarding alert and reporting concerns. We attended a resident meeting as part of the inspection and abuse and explanations of abuse were discussed. People requested to explore safeguarding and what this may look and feel like more in depth at the next resident meeting. This was documented as an agenda item for the next meeting.

We spoke to staff to ascertain their understanding of safeguarding procedures. All the staff spoken with told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff told us; "Abuse could be mental, physical or verbal. I'd report my concerns to the manager." "Abuse could be physical, mental, financial, involve use of medication. I would recognise potential signs of abuse if a change in person's behaviour; withdrawn, secluded, agitated, bullying others, refusing activities they usually engage with. I would report concerns straight to the management." "I'd be Whistleblowing straight to CQC or person's care coordinator if concerned about anybody's treatment by a member of staff here."

We saw people living at the service had been involved in recruitment by being involved in the interview process. People living at the service had devised their own questions and received training from management regarding the interview panel and recognising what qualities people wanted in staff. We looked at three staff files to check if safe recruitment procedures were in place and saw evidence that Disclosure and Baring Service (DBS) check information had been sought and two references before staff commenced working at the service. This meant people were empowered to be involved in staff recruitment and management ensured appropriate recruitment decisions were made when employing staff to work with vulnerable adults.

During the inspection, we looked to see whether the home had sufficient numbers of staff to meet people's needs. We saw the deputy manager, team leader and four care staff were on duty. We looked at the staff roster and established that two day staff worked until 23.00 and overlapped two waking night staff to enable people to be supported in the community until late in the evening. □

We asked staff for their views on staffing levels. Staff told us; "We did need more staff and two people have just been recruited. Shifts haven't been short though because all the staff picked up extra hours to cover. Management really good too." "Management have helped cover the weekends when needed until new staff

recruited. We always have four or five staff on, that's enough."

Upon arrival at the home, we completed a walk round of the building to look at the systems in place to ensure safe infection control practices were maintained. The premises were clean throughout and free from any offensive odours. We saw communal bathrooms and toilets had appropriate signage and liquid soap and paper towels were available. We saw the service had recently been awarded a five star food hygiene rating and noted that infection control and maintaining a clean environment was discussed at the weekly resident meeting to maintain standards.

We looked at how falls, accidents and incidents were managed at the home. We saw that staff completed accident forms. The management could demonstrate that they monitored falls and made timely referrals to other agencies but they did not currently complete an individual trend analysis. However, the service was monitored through the NHS safety thermometer which provided an overarching analysis for falls, urinary tract infections, pressure care and admissions which meant there was a means in place to extract this information.

We looked at the safety documentation, to ensure the service was appropriately maintained and safe for people. Gas and electricity safety certificates were in place and up to date, the alarm call system and fire equipment were serviced yearly with records evidencing this. Call points, emergency lighting, fire doors, self-closing fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There were also individual emergency evacuation plans (PEEPs) in place that would help ensure staff were aware of individual's support requirements in the event that an emergency evacuation of the building was required, such as in the case of a fire.

The service had a maintenance person that visited weekly and conducted checks on the general environment which included; people's sinks and showers water temperature checks, radiator covers and thermostat controls.

Good

Is the service effective?

Our findings

We asked healthcare professionals for their views as to whether staff at Rockmount North West possessed the right knowledge and skills. They told us; "Rockmount Northwest is an excellent service, it is a very skilled staff team." "My experience of the care at Rockmount and their staff is extremely positive. They are all knowledgeable when I speak with them." "The staff are very professional."

We confirmed new staff that commenced with the service received an induction aligned with the care certificate and they shadowed experienced staff. The care certificate was accessed externally through college. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control. New staff completed a probationary period for three months to enable management to establish that they possessed the right values to continue working at the service.

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. From discussions with staff and from looking at the training records, we found all staff received a range of appropriate training applicable to their role. Training consisted of a mixture of e-learning and external training. Training included; first aid, safeguarding, healthy eating and food hygiene, mental capacity, moving & handling, dignity & respect, information governance and record keeping. We asked staff for their opinions on the training provided. Staff told us; "We receive a lot of training. Management are proud of the training provided and I feel equipped to undertake the role."

All the staff told us they received regular supervision and annual appraisal, and we saw documentation to confirm this had consistently taken place. Staff told us; "We get supervision approximately every three to six months and an appraisal." In addition to management supervision, staff attended reflection sessions with a psychologist monthly. Management used incentives to encourage staff to attend and provided sandwiches and drinks. Staff were paid for attending the sessions if they were on a day off. The psychologist discussed mental health and different diagnosis and provided staff with the knowledge and skills to support people and meet their individual needs. A staff member told us; "Psychology has been really useful at helping us support [person]. They've given us the confidence to override the voice and [person] responds."

We asked people living at the service for their views on the food. People told us; "The food is good. I really like the steak and kidney pie and chips. We get plenty to eat." "The food is very nice, there is always plenty to eat and we can get things at other times if we are still hungry." "We pick what we're eating for dinner and tea and the cook makes it for us."

We saw people living at the Rockmount Northwest were offered a choice of meals. The menu was devised in consultation with people living at the service at the residents meeting on Thursday. People told staff what they wanted for their lunch and dinner the following week and the staff shopped Friday and devised the menu which commenced the following Monday.

We saw people's different dietary needs were catered for. People requiring halal foods were given the same opportunities to devise their own menu and the food was ordered on Friday from a family run business that delivered the fresh halal produce the following Monday.

We saw people's individual tastes were catered for. There was an around the world night one evening when people chose food from a different country. People made their own pizza and had a takeaway night. We saw that extra meals were made and frozen so that people had a choice if they didn't like what was on the menu that day they could choose from the frozen meals.

We saw the fruit bowl was well stocked and observed people going to the kitchen and getting what they wanted. We asked staff why the fruit wasn't in communal areas for people to freely access and were told it was unable to be left out due to people with specialist dietary needs. Staff and the chef were able to tell us people's individual dietary needs and who required their food preparing differently. For example, pureed. We saw snacks were controlled for some people due to their diabetes but that alternative low sugar options were provided.

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Staff told us; "One person is at risk of choking, they can have things like Weetabix for breakfast with a lot of milk mixed in. Staff identified people that were nutritionally compromised and we confirmed that they had been seen by their GP and dietician and the correct recommendations were being followed. We saw food was home cooked and nicely presented to stimulate people's appetite. There was a food chart/diary kept in the kitchen which was completed timely.as people ate to maintain an accurate record.

People were registered with a local GP within the first week of moving to the service. People were supported to attend the surgery for their annual physical health check which included physical health checks and well person sexual health. Staff could access other professionals for people via referral through the GP, for example dietician or speech and language therapy. People received support to ensure they received appropriate physical and dental health care including attending primary and secondary medical care appointments. People had a comprehensive health passport in their file which detailed all their health needs and how they wanted their care to be delivered. This provided continuity between services if a person required hospital admissions.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff spoken with demonstrated a good awareness of the Mental Capacity Act (MCA). Staff told us; "MCA is the ability to make certain decision for themselves. DoLS puts things in place because people are not able to make the decision regarding where they live." We saw people's family, care coordinator and GP had been involved in discussions about people's mental capacity before an application to the local authority was made. There was evidence of best interest decisions being made in regards to people's finances due to other people's vulnerability and people had advocates in place when they had no family to act in this capacity.

We saw people had consent forms in their files that people had signed themselves. This included providing consent in relation to room access, information sharing, personal care support, financial support, medication management, audit and inspection, physical observations.

Good

Is the service caring?

Our findings

We asked people living at Rockmount Northwest if they liked living at the service and whether they were happy with the care they received. People told us; "Staff are fine, very nice." "The staff are nice, can sometimes seem a bit strict with you when they want you to clean your room ordo your laundry." "The carers are alright. I have a lot of respect for them. I know I can go to them if I'm ever worried about anything.

The healthcare professionals we spoke with were also complimentary about the care provided at the service. Healthcare professionals said; "I find that the staff are very supportive and caring towards service users." "The staff really do care about the people under their care."

We asked people if staff treated them with dignity and respect. People confirmed they had their own keys for their bedroom doors and that staff knocked before entering their room. We asked staff how they ensured they maintained people's privacy and dignity. Staff told us; "I always treat people how I would want to be treated. We do have to address people's hygiene and ask people to shower but we make sure nobody is able to hear when we are having those conversations." "Always knock on people's doors and wait to be invited in." "Knock, talk and ask permission before going in to a person's room." Privacy and dignity was also an agenda item on the residents meeting when a person raised with people the need to lock bathroom doors when using the toilet.

The service had a dignity and respect champion. A dignity champion is a designated person who is passionate about maintaining people's human rights; providing person centred care and provides support to the team to achieve this.

During the inspection we saw several instances where staff promoted people's independence. People were provided with their own tea bags and coffee and were encouraged to make their own hot and cold drinks independently throughout the day. People maintained their own environment, and participated in cleaning and household tasks. People told us they enjoyed washing up and preparing vegetables for meals. There was a person that was partially sighted and staff supported them to orientate with their voice giving directions and guidance rather than leading the person by their arm. We asked staff how they promoted people's independence. Staff told us; "We don't take the person's hand. We guide them with our voice. We encourage people to do their own laundry." "We support people to achieve things for themselves and not do it for people." "We are there to assist people and not to do it for them." We were told one person swept the leaves and emptied the bins. The person had started doing these household tasks of their own volition and staff told us that it kept them occupied and they expressed a sense of value having these tasks to fulfil.

A healthcare professionals told us; "Rockmount Northwest is incredibly person centred in their approach." "I find that they know their service users very well and provide a structured positive routine and promote independence with regards to social inclusion."

Management used creative means to support people to understand the EU referendum to enable them to make informed decisions. The deputy manager and team leader participated in an EU debate to educate

people on the issues. They swapped views so not to unduly influence people living at the service and answered people's questions in the context of their adopted position.

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. The service captured people's individual needs through person centred care planning. We saw the service met people's cultural needs. The service had a multi -purpose quiet room on the top floor which staff and people living at the service were able to use for prayer. People were supported to attend the Mosque on Friday and the service catered for people's cultural dietary needs. Staff spoke openly with people about gender, sexuality and relationships.

Staff had attended end of life training. We were told the service wouldn't purposely admit a person that was on end of life but that they would support a person that lived at the service and was nearing the end of their life and wanted to remain at the home. We were told of a person that had passed away at the home following diagnosis of a terminal illness. The person had been Muslim and prior to their death, the management had liaised with the Mosque and staff were educated regarding how they met the person's cultural needs at the time of their death. The Mosque performed the cleansing following the person's death, provided emotional support to other people living at Rockmount Northwest and assisted with the funeral arrangements.

Good

Is the service responsive?

Our findings

A healthcare professional working with the service told us; Staff always contact me when they've had any concerns with regards to [person] or when there has been a deterioration in their presentation."

During the inspection we looked at three care files. We saw the care files we looked at contained initial assessments which had been undertaken by management prior to people moving in to Rockmount Northwest. We saw support plans had been developed from the initial assessment which included; people's likes and dislikes, there were details regarding what people liked and admired about the person, things important to them, things people needed to know. We saw safety and support plans included; accessing the community, budget management, personal care, mental health, independent skills, medication, risk and nutrition and support.

Staff were identified as keyworkers for people which meant they were responsible for a number of people living at the service and ensuring their needs were being met. We saw people's care was reviewed regularly and this was achieved through key worker sessions. Key worker sessions were a one to one discussion between the identified staff member and person. The session was undertaken weekly and then the support plans were formally reviewed monthly based on information obtained from the outcome of key worker sessions. People's care was also reviewed in conjunction with their care coordinator through the care programme approach (CPA). A CPA is a framework which is used to determine how mental health services will support the person. A care coordinator is identified and oversees the CPA and they are responsible for planning the care and support people receive. People living at the service also had an annual medication review with their GP.

We looked to see if the service was responsive to people's needs. A person told us; "I go to bed when I want and get up when I want." Staff told us that when people came to Rockmount Northwest that they often verbalised being scared of eventually having to leave the service. We saw through support plans how staff supported people to develop social skills, perform activities of daily living and promoted people's independence in order for them to gain confidence. We were told that there was no time limit to people staying at the service and people could stay at Rockmount Northwest for as long as the service could meet their needs. The service could also be used as a platform to stepping down from hospital prior to stepping down to more independent living.

A person told us that they would never wanted to leave Rockmount Northwest whilst another person told us that they wanted to move to another area. They told us that staff had contacted their care coordinator so that this could be explored further and that they had started looking for appropriate accommodation in their chosen area.

We saw staff worked in conjunction with other healthcare professionals. The service had a psychologist that visited weekly and provided support to people living at the service. The psychologist supported people to develop coping strategies to manage their symptoms.
The psychologist also conducted training sessions with staff and provided staff with the mechanisms to

support people to manage their symptoms.

We looked to see how staff supported people to engage with employment, education and social activities. We saw activities were promoted on a noticeboard in the activities room and on the corridor to inform people living at the service what was scheduled. Staff told us; "We actively encourage social inclusion. Some people don't want to come out of there room as much as other people but we do try." "We encourage people to take exercise and we'll walk the long way with people to the shop or to McDonalds to encourage people to get more exercise."

We saw the home had two lease cars which the registered manager explained the provider had purchased to support staff to promote activities in the community. We were told the service had previously had a mini bus but the management expressed that they had felt the mini bus could be perceived as stigmatising. They also said that it had meant social outings were restricted when people had medical appointments as there had been only one vehicle to utilise to facilitate all this.

We looked at the weekly scheduled activities that people had the opportunity to participate in. Activities included; newspaper weekend sports review, music, bingo, scrabble, arts and craft, pool, table tennis, competitions, food quizzes and taster sessions, board games, cards, magnetic darts, discussion what news in the papers, wii sports, book club, knitting/stitching, dvd and popcorn nights, mindfulness relaxation session with CDs, ladies pamper sessions hair/nails, karaoke and shopping.

People were asked weekly by staff at the residents meeting what activities they wanted to participate in the following week. We observed people indicated shopping activities, football, gym, swimming, badminton, dining out for afternoon tea and attendance at the Mosque. What people wanted to do for Halloween and bonfire night was discussed and arrangements made to facilitate people's requests.

We asked people living at Rockmount Northwest and staff whether they felt there were sufficient activities and opportunities to provide structure to their day. People told us; "I think there is enough to do, I'm going swimming today." "We do activities. We say what we want to do the following week at the meeting on a Thursday and this is scheduled for us. I do sometimes feel a bit bored but I don't like to go out on my own." "There are enough activities." Staff said; "There are enough activities, which people chose at the weekly meeting. Some people do refuse but we try and encourage them to engage and do things that we know they enjoy doing." "People can go wherever they want to go. It's their choice."

People voiced being excited about a forthcoming Blackpool trip that was arranged the following week. Staff were taking people to a 1960's event, to see the illuminations and one person had requested to stay over in Blackpool for a few days which had been arranged. We saw further holidays scheduled throughout the year to; Blackpool, Lake district, spa break, Wales, Norfolk, a music weekend in Southport, Costa del sol, London sightseeing and a show, Edinburgh weekend and Harrogate.

We saw some people living at the service were also engaged in voluntary work, such as; maintaining environments, canals, recycling for arts and crafts, charity shops, salvation army, farm projects which promoted modern day occupation. People also attended education; learn direct; maths, english and information technology.

The service had recently been allocated an allotment across the road from the service. A staff member had secured a small amount of funding which was being used to plant raised beds, potatoes, beans and an orchard. People at the service spoke positively and enthusiastically about the allotment and everybody was

engaged in the development. There were plans to make a bug hotel and erect a greenhouse. The produce would be used as part of the weekly meals and this engagement in an outside activity promoted social well-being and the physical aspect of the project provided some people with physical exercise and social stimulation in a safe environment.

We saw the service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information was displayed around the service and the complaints process was detailed in the service user guide. There were only minor complaints that had been received and we saw that the complaint had been acknowledged and actioned in the timescales indicated in the policy. We noted the service had received compliments and one family member had complimented the staff for supporting [person] and attributed the [person] remaining out of hospital to the care they received.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager 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.

There was a clear management structure and the registered manager had the immediate support of a deputy manager and team leader. We saw there was an on call rota between the managers which meant a manager was contactable 24 hours a day, seven days a week to offer advice or support to the staff team if required.

We asked people living at the service for their views on the management and whether they felt the service was well-led. People told us; "The management are nice, good management." "The management are nice people." "They treat us right. We have holidays and cake at the weekly meetings. I've no concerns. It's a good place to live. You don't need to have any worries about this home."

People and staff told us that the management door was always open and they felt the leadership was good. Staff said; "The service is well led, the management are really good at what they do. They are very supportive, their door is always open." "The home is well-led. The office door is always open so that we can approach them if we need anything. It's a good team. I feel well supported." "Management are all very good. Very approachable and supportive. If I have a problem, or I'm not sure about anything, I know I can go to them."

A healthcare professional that we spoke with mirrored this sentiment and said; "I have nothing but praise for the placement and would definitely recommend it."

We saw the management used a keyworker interest checklist which matched keyworkers to people based on their interests. For example; a key worker was matched to a person who enjoyed cricket because the staff member was a cricket umpire in their spare time. The service ethos was that although the expectation is that staff would support people with whatever choices they made, it was a much more enjoyable and effective experience if the member of staff had a passion or interest in the same thing as the person that they key worked.

We looked to see if staff were appropriately supported by management to fulfil their role. We saw staff received an employee handbook on commencing with the service and this contained key policies for staff to refer too to support them in their role. We noted that the policies were also available online and in hardcopy in the staff office. The policies we looked at were reviewed regularly which meant staff had access to up to date guidance and information.

We saw that staff meetings were conducted bi-monthly. Topics discussed during the meetings included; matters arising, policies and procedures, documentation, crisis plans, information governance, training,

general operational issues, discussion about people and their needs, SU involvement and autonomy, maintenance, health and safety, recruitment, good news and celebrations and compliments and complaints. Staff told us that they felt able to contribute to the meetings and felt they were an opportunity for shared learning. We saw that the management had also conducted an away day with staff as further support to develop roles and the service.

The service had an up to date website which provided an overview of the service, facilities, accommodation and detailed up -coming events and what was happening. This meant people in the community looking for a similar service would have access to relevant and current information regarding Rockmount Northwest.

The management captured people's views regarding the quality of the service through sending regular surveys to people. The surveys had been aligned with our key lines of enquiry (KLOE's) and we saw separate surveys had been sent for; safe, food, dignity and respect. An analysis of the results obtained was conducted which generated a response and the management identified actions to respond to feedback and facilitate improvements to the service.

Resident meetings were also conducted weekly and provided a further opportunity for people to give their feedback regarding the service received. On the day of the inspection we attended the resident meeting and noted that 16 people from the service had attended. The agenda for the meeting included a recap of actions from the last meeting and management provided an update against these. Health and safety was covered and people's coats were identified as a trip hazard/fire hazard and it was reiterated that these needed to be hung up. People discussed the food for the next week and collectively chose the menu, their activities and discussed upcoming events and celebrations. The meeting was vibrant and was a good opportunity to capture people's involvement and autonomy regarding the care they received.

We looked at how the provider audited the quality and safety of the service. We were told that the provider did not conduct their own audit. However, we saw the management carried out a number of audits which included; a bedroom audit with the person's keyworker which included; checks on electrical appliances and maintenance requirements, accident reporting and investigation, risk management, medication management, training, PPE and infection control, COSHH, first aid, weekly/monthly medication audit and environment audit.

We found the medication audit had not been effective as it had not identified the issues that we found during this inspection

This meant there was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to effectively assess, monitor and improve the quality and safety of the services provided in relation to the safe management of medicines.

Following the inspection, the registered manager sent us confirmation that they had addressed the areas identified during the inspection. They also sent us a revised medication audit tool which would identify the areas that we had raised as part of their own internal auditing process.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We found medicines were not managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The service had failed to assess and monitor the quality of service provision effectively.