

Mental Health Care (Rockfield) Limited

Rockfield House

Inspection report

Rockfield House
Rocky Lane, Anfield
Liverpool
Merseyside
L6 4BB

Tel: 01512604414
Website: www.mentalhealthcare-uk.com

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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 ●

Summary of findings

Overall summary

This inspection of Rockfield house took place on 24 March 2017 and was unannounced.

Rockfield House is registered to provide care and support for up to 14 adults with a learning disability. Bedrooms are spacious with en-suite facilities and the home also has two separate bathrooms which are equipped to help people with their mobility.

The home is close to local shops and other amenities and there are direct bus routes into Liverpool city centre. Parking facilities are available at the front of the home.

At the last inspection in October 2014, the service was rated Good. At this inspection we found the service remained Good.

The deputy manager had systems in place to ensure that staff were recruited safely and checks were carried out before they started working with vulnerable people. There was also a process to analyse incidents and accidents. Staff we spoke with knew what action to take in relation to reporting safeguarding and whistleblowing concerns. Rotas showed that there were enough staff on shift to support people with their needs. Risk assessments were robust and reviewed every month or when required. Medication processes were well managed.

Staff training was well managed and staff underwent regular supervision and yearly appraisal. Staff were trained in a range of subjects, however, we saw that not all staff were trained in MAPA, which we saw was essential to be able to support people who can display challenging behaviours. The manager has since contacted us to update us that most of the staff we identified have now been trained.

The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and associated legislation, and any DoLS were kept under review and applied for in people's best interests.

Everyone we spoke with, family members and people who lived at the home told us they liked the staff and they felt the staff cared about them. Staff we spoke with all told us they enjoyed their roles, and felt proud to be working at Rockfield House. Care plans were completed with the involvement of people and their families.

There was information stored in each person's care file which was person centred and which took the needs, preferences and backgrounds of each person into account. Each person had a one page profile in place. Complaints were well managed. There was a complaint's procedure on display in the main hallway, and everyone said they knew how to raise a complaint.

Quality assurance systems were effective and measured service provision. Regular audits were taking place for different aspects of service delivery by 'heads of' department. Regular action plans were drawn up when

areas of improvement were identified. Staff and resident meetings regularly took place to seek the views of people who lived in the home.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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 2014.¹ Explain whether this was a comprehensive or focused inspection:

This inspection visit took place on 24 March 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit we reviewed the information we held on Rockfield House. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service

We spoke with a range of people about the home including two people who lived at the home, two relatives and sixteen staff members. In addition we also spoke with the nominated individual for the organisation and the consultant psychiatrist.

We looked at the care records of three people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. This helped us to gain a balanced overview of what people experienced living at Rockfield House.

Is the service safe?

Our findings

People we spoke with told us that they felt safe at Rockfield House. Comments included, "I'm used to it here. Probably because it keeps me safe from myself. If I had a flat I might drink." Someone else told us, "I do security at night. I take my medicines alright. The staff help me."

There were processes in place to ensure that people living at the home were protected from abuse. This included a safeguarding policy and procedure which all staff had signed, as well as safeguarding training for staff. Staff we spoke with not only knew about how to spot the signs of abuse, but also how to raise a safeguarding concern.

There was a process in place to record, monitor and analyse incidents and accidents, which included an explanation of why the incident occurred and any remedial measures out in place as a result of this.

We looked at the procedure for managing, storing and administering medications. We saw that medication was stored in a dedicated, temperature controlled medication room. We saw that temperatures were recorded twice a day and were in the correct range. Medication which required cold storage was stored in a dedicated medication fridge, which were also recorded twice daily. Ensuring medications are stored within the correct temperature range is important as if medications are stored incorrectly it can affect their ability to work. We spot checked the MAR [medication administration records] for three people and counted their loose medications. All totals corresponded with what was recorded in the MAR. We checked the procedure for controlled drugs, (CD's) and saw these were stored in line with legislation. Controlled Drugs are medications with additional safeguards placed on them.

We saw that there were risk assessments in place covering areas such as vulnerability, hoarding, use of computers, aggression and allegations. There was also detailed information around what to do if a person absconds. For example one risk assessment stated the physical changes the person presented when they were distressed. This enabled staff to recognise the signs and support the person appropriately. We saw that these risk assessments were subject to regular reviews with the input of the staff team, this meant that any changes were discussed and the risk assessment was amended appropriately.

We checked the staffing levels currently in place for the home. We saw from looking at rotas that staffing levels were consistent. The manager explained to us that there had been a recent recruitment drive, and there was currently only one vacancy at the home. Staff we spoke with told us they felt there was enough of them on duty at the home. One staff member said, "It was hard a few weeks ago, but we have recruited, and new staff have started. I think we have a really good team." We saw that the recruitment and selection of staff remained safe, and staff were only appointed following a robust recruitment check.

The building was clean and free of any offensive odours. We saw that regular checks and maintenance took place to ensure the building was fit for purpose. These checks were recorded and we spot checked the date for some of them to ensure they had recently been undertaken.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The deputy manager demonstrated an understanding of the MCA and the associated DoLS. Discussion with the deputy manager confirmed they understood the need for DoLS to be in place and when an application should be made and how to submit one. We viewed the DoLS for two people who lived at the home including any conditions stipulated within the DoLS authorisation. We saw the provider was adhering to these conditions, and the DoLS were kept under regular review. Consent was gained in line with the principles of the MCA.

People were supported by appropriately trained staff. We saw that each staff member had undergone an induction in line with the principles of the Care Certificate, as well as the providers own mandatory training requirements. The Care Certificate is a set of principles which can be used to support new workers in the first twelve weeks of their roles. We checked the training matrix, and saw that less than half of the staff team were trained in MAPA. MAPA stands for Management of Actual or Potential Aggression, and is training undertaken by staff to help them to support people who can display behaviours which can be challenging. We were concerned about these statistics, so we raised this with the deputy manager at the time of the inspection. We found that the additional members of the staff team had been booked on to attend the training. The deputy manager has since updated us that the training dates have been brought forward for staff to attend this training course sooner. Staff were appropriately supervised every six weeks and engaged in annual appraisals.

We saw that people were supported appropriately with their nutritional and hydration needs. People were free to enter the kitchen and make their own meals with staff support if they wished, and some people were encouraged to do this to help promote their independence if they ever chose to move from Rockfield House into a community setting. Food menus were completed with the input of the people who lived at the home, and were nutritionally balanced. We saw that some people had certain types of diets they must adhere to as part of their medical needs. The deputy manager had recently completed a piece of work with people who lived at the home and with input from a nutritionist, which showed the types of meals and foods people liked, and what the nutritional value of the food was.

There was appropriate documentation in place which the staff completed when people had attended either a GP appointment or an appointment with another medical professional. We saw from looking at these records that people had access to healthcare services when they needed them.

The home was large and spacious. The environment was stimulating for people, and there was a lot going

on in the gardens as there were numerous water features and an Aviary. On the inside of the home, we saw one of the rooms was in the process of being converted to a large activity area for people. We spoke to the activities coordinator, who had plenty of ideas to encourage people's participation. For example, we saw one person who had been encouraged to make a pizza. We saw that this person would not usually eat a lot of food, and their diet intake was poor. However, they had eaten and enjoyed the pizza they had been supported to make. One of the staff said, "I think it was more the ownership of doing this themselves."

Is the service caring?

Our findings

During our inspection we saw that people were subject to caring and familiar interactions from staff. One visiting family member we spoke with spoke positively about the home and the staff. They said, "The change in [family member] is amazing. They [staff] are fantastic." Someone else said "Staff treat me well. I'm happy with the staff. They're okay. I chose the colours in my room. I get to choose what I do every day." Another person said, "I like the staff."

A relative that we spoke with told us they were free to visit any time and the staff always made them feel welcome.

We observed staff supporting people who had complex behaviours with some aspects of their daily life. We saw that staff used respectful language when speaking to people, and always communicated with people in a way that they understood and was appropriate. We observed that some staff had Makaton symbol cards worn on a lanyard around their necks to aid in this type of communication.

We saw that contact details for a local advocacy agency was displayed in the main hallway area.

We saw, and a family member whom we spoke with confirmed that they were actively involved in the completion and review of people's care plans. A family member told us, "I am always kept very well informed."

Staff we spoke with told us they enjoyed working at Rockfield House. All of the staff we spoke with said they liked supporting the people who lived at the home. Staff used words such as 'positive' 'empower' 'independence' 'choice' and 'well-being' when they described how they supported people. One staff member said, "I love seeing how people become more independent each day."

Is the service responsive?

Our findings

People who lived at the home told us that they felt they received person centred support. Person centred means support which is based around the needs of the person and not the organisation.

People spent time telling us how they liked to spend their days. One person said they enjoyed going for bus rides. Care plans we saw contained information about each person's background, likes, dislikes, and how they wanted their support to be delivered.

We saw there was a separate part of the building designed as a 'step down' processes, to enable people who might want to live on their own eventually to learn and develop their skills with staff support. One person who lived in this section of the home told us, "I've been talking about moving to my own place. I've got a review in May."

People were given support which was right for them and met their needs. For example we saw that one person had been referred to SALT (speech and language therapy) and there were guidelines in place for staff to follow to support this person with their meals, which included the use of a specialised spoon. There were accompanying risk assessments in place for staff to follow to enable them to support this person.

Each person had a one page profile in place, which contained a 'snapshot' of important information about that person, such as what they liked to do, and how their diagnosis affected them.

Everyone we spoke with told us they knew how to complain. The complaints procedure was clearly displayed in the main hallway of the home. We checked the complaints log and saw there had been no recent complaints. The complaints policy had been recently reviewed and incorporated contact details for other external organisations, such as the local authority if people wished to escalate their complaint.

Is the service well-led?

Our findings

The deputy manager had recently applied to become registered with the Care Quality Commission to become the registered manager.

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. The registered manager was on leave at the time of our inspection, so we were supported by the deputy manager and the nominated individual.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities and said they would recommend working for the company to other people. The culture of the home was friendly and transparent. The deputy manager was honest about recent staffing shortages at the home, however they told us how they had addressed this issue, and we saw there was only one vacancy at the time of our inspection.

There were policies and procedures for the staff to follow, staff had signed the policies and they were aware of their roles and responsibilities within them.

We looked at a range of quality assurance procedures for different areas of the running of the home. We spoke to one of the quality assurance officers who told us the company had undergone a restructure, and now had 'heads of' for each department, such as safety, clinical care, effectiveness, service user/stakeholder involvement and medicines. The quality team met once a month and covered the whole of the organisation. We saw there was also monthly quality meetings for residential managers. The quality officer explained that their role included visiting the home every two weeks to support the deputy manager. They said "We look at everything from top to bottom including reviews. For example, we identified an issue with service user finances that led to the development of the financial passport."

Team meetings and resident meetings took place regularly and feedback from people who lived at the home was regularly requested and used to improve service delivery.

The deputy manager was aware of their role and had notified the Care Quality Commission of all reportable incidents as required. The ratings were displayed from the last inspection.