

Warmest Welcome Limited

Rockingham House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 June and 5 July 2018 and was unannounced.

Rockingham House is registered to provide residential care for up to 26 older people. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is a converted and extended town house and accommodation is provided across three floors. At the time of our inspection, there was 21 mainly older people using the service.

At our last inspection, we rated the service 'Good' overall. At this inspection the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. They had been the registered manager since July 2015. They were supported by senior care workers and a director of care in the management of the service.

During the inspection people who used the service consistently told us they felt safe at Rockingham House. Staff were safely recruited and enough staff were deployed to make sure people's needs were met in a timely and safe way.

Staff had a good understanding of people's needs and very detailed risk assessments were in place to guide them on to how to provide consistently safe care. The registered manager closely monitored any accidents and incidents that occurred to identify any actions that could be taken to prevent a reoccurrence and keep people safe. Medicines were stored, recorded and administered safely.

The environment was clean and well maintained. Work was planned to replace carpets and renovate certain areas to develop a more dementia friendly environment. We spoke with the registered manager about developing environmental risk assessment to ensure it covered potential risks relating to single paned glass in windows. The provider acted to address this.

Staff received regular training and we received positive feedback about the effective care and support they provided. The registered manager used supervisions and an annual appraisal to support staff's continued professional development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager had a very good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff provided effective support to help people make decisions and records clearly evidenced people's rights were protected when they lacked mental capacity.

People gave positive feedback about the food provided and staff supported people to make sure they ate and drank enough. Staff worked closely with healthcare professionals to make sure the care and supported met people's needs and they received medical attention when necessary.

Staff were very kind and caring. They provided attentive care and support in a respectful and compassionate way. People told us staff maintained their privacy and dignity. People had choice and control over their daily routines and staff respected people's decisions.

Staff provided person-centred care and support. They knew people well and were responsive to their needs. People's care plans were very detailed and person-centred and supported staff to provide good care. Care plans were regularly reviewed and updated to make sure they continued to meet people's needs. People were supported to engage in a wide range of meaningful activities. We made a recommendation about developing record keeping in relation to this.

We received very positive feedback about the management of the service. People, relatives, professionals and staff told us the registered manager was very caring, approachable and responsive to feedback. There were clear systems in place to support the effective management of the service. Records were very organised and regularly audited to identify areas for improvement. The registered manager was very committed to delivering high quality care and promoted a person-centred, open and inclusive culture within the home.

The provider was proactive about researching and implementing changes in legislation and best practice guidance. This included for accessible the accessible information standard and the general data protection principle.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rockingham 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 was planned to check whether the provider was 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 under the Care Act 2014.

This inspection took place on 28 June and 5 July 2018 and was unannounced. The inspection was carried out by one inspector and an assistant inspector.

Before the inspection we reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We asked for feedback from the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with four people who used the service and five people who were their relatives or friends. We also received feedback from two health and social care professionals.

We spoke with the registered manager, director of care and six staff including senior care workers, care workers, the activities coordinator and cook.

We had a tour of the home, which included people's bedrooms with their permission. We reviewed four people's care plans, risk assessments, daily notes and medication administration records. We also looked at four staff's recruitment, induction and training files, meeting minutes, maintenance records, audits and a selection of other records relating to the running of the service.

Is the service safe?

Our findings

People who used the service consistently told us they felt safe. Feedback included, "Without a doubt I'm safe" and "I feel perfectly safe. I'm very well looked after as staff tend to all our needs."

The provider had a safeguarding policy. Staff completed training and understood their responsibility to identify and respond to safeguarding concerns.

Staff assessed people's needs and had acted to minimise risks. Risk assessments contained very detailed and clear information to guide staff on how to safely support people. Staff showed a good understanding of people's needs and were quick to identify and respond to potential hazards to keep people safe.

The registered manager had a comprehensive system to monitor any accidents or incidents that occurred and to make sure action was taken to prevent a similar thing happening again. This showed a proactive approach to managing and minimising risks.

Medicines were managed and administered safely. Staff completed training and the registered manager observed their practice to make sure they followed good practice guidance. The registered manager used audits to continually monitor, identify and address any issues to make sure medicines were managed safely.

Staff had been safely recruited. Appropriate checks had been completed before new staff started work. Our observations, rotas and people's feedback showed us enough staff were deployed to meet people's needs. A relative said, "They have time to stand and chat with people, they are not always rushing off."

Appropriate health and safety checks and regular maintenance had been completed to ensure the home environment and any equipment used were safe. The provider had risk assessments for the home environment. We spoke with them about ensuring this explored whether safety glass was needed for single paned windows above the ground floor. They took immediate action to address this. The provider had systems in place to protect people from the risks associated with a fire.

The home environment was very clean and tidy. Schedules were in place to make sure areas of the home were regularly cleaned. A relative told us, "It is always fresh and clean. There is never a smell. It is spotless." Staff wore glove and aprons and followed good hand hygiene practices to minimise the risk of spreading infections.

Paintwork in some areas was chipped or worn making it harder to keep clean. Audits had already identified the majority of these issues and action was taken or plans were in place to address this.

Is the service effective?

Our findings

Staff provided skilled and effective care throughout our inspection. They completed a range of training to continually improve and develop their knowledge and skills. The registered manager monitored staff's training needs and acted to arrange courses when training needed to be updated.

Staff gave positive feedback about the training and told us additional courses as well as advice and guidance was always available. The registered manager used supervisions and appraisals to monitor staff's performance, wellbeing and support their professional development. A member of staff told us, "Our manager does supervisions. We get those quite often. If we have any worries or queries, it's a good chance to talk to them about it."

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 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff completed training on the MCA and DoLS and kept detailed records relating to mental capacity assessments and any best interest decisions made. These demonstrated a good understanding of the MCA and showed people's rights were protected. Appropriate applications had been made to deprive people of their liberty.

People gave positive feedback about the food. Comments included, "I've enjoyed the food, you have a choice" and "I think it's very good. When they bring you a drink in the afternoon or evening, they will bring you biscuits or a bit of cake too. You're never hungry."

The menu was planned to take into account people's preferences. Special dietary requirements were catered for. Staff monitored people's food and fluid intake and regularly weighed people to make sure they ate and drank enough.

The provider had adapted the building to make sure it was suitable and met people's needs. Equipment and adaptations enabled people to access areas of the home. People's bedrooms were personalised according to their individual style and preferences. There were communal areas and accessible outdoor spaces for people to use and enjoy. The provider had plans in place to replace carpets and seating to make the environment more dementia friendly.

Staff had effective working relationships with healthcare professionals and supported people to access healthcare services when needed. Professionals told us staff made appropriate referrals and praised staff's knowledge, the good communication and effective working relationships they shared. One professional said, "We have a very good working relationship, they are friendly and approachable. Staff are knowledgeable and they follow advice."

People's care plans included information about their medical history and incorporated advice and guidance from healthcare professionals. This supported staff to provide effective care based on up-to-date clinical knowledge and best practice guidance.

Is the service caring?

Our findings

People consistently told us staff were caring. Comments included, "The staff are exceptionally friendly" and "The best thing is the friendliness of the care. The staff are very kind." Relatives said, "They really do care about people" and "[Name] is well looked after and cared for. Staff talk to them in a lovely way and treat them nicely." Professionals told us, "The staff are very caring and they have the people's best interests at heart" and "Staff seem very caring and very good at their jobs."

Staff were consistently kind and caring in the way they spoke with and supported people throughout our inspection. They were polite and respectful in their approach, offered people choices and respected people's decisions. When people became anxious, they were quick to respond and provided attentive and compassionate reassurance to reduce people's distress. This showed staff were caring.

People responded positively to staff laughing and joking with them. Conversations were relaxed, informal and friendly, and people clearly felt comfortable and enjoyed speaking with staff.

People consistently told us staff maintained their privacy and dignity. They said, "I like the way they treat me. They're friendly which is important" and "They always knock at the door before they come in. If you don't say 'come in', they won't come in. If you're on the toilet and they want to come and clean, they always say, 'Don't worry ill come back soon'."

Staff completed equality and diversity training. They understood the importance of supporting people to maintain their dignity and treating them with respect. They used people's preferred names and knocked on people's bedroom doors before entering their rooms. This showed us staff respected people's privacy and personal space. A member of staff explained, "I always treat people as an individual. Make sure their doors are closed and the curtains are closed. I treat them how I would like to be treated."

People were clean and well cared for. Staff supported people when necessary to maintain the personal hygiene and dress according to their wishes and preferences.

Staff supported people to have choice and control over their daily routines. One person said, "We're not forced to do anything." Information was available in accessible formats to help people make informed decisions. For example, picture menus helped people chose what they had for lunch.

We observed staff routinely offering people choices and promoting people's independence. A member of staff explained, "We ask them if they would like to wash their hands and face. We support them to choose their own clothes rather than just picking it for them."

Is the service responsive?

Our findings

Staff provided person-centred care to meet people's needs. A person who used the service said, "Anything you want, the staff will try and get it for you. They think of everything you need. They're there for you which is a great thing." A relative said, "I can't fault them, they have been fantastic. The staff are always cheerful and go out of their way to help."

People who used the service had care plans. These contained very detailed and person-centred information about their needs and guidance for staff on how best to meet those needs. They included information about the person, their family and life history as well as details about hobbies and interests. This helped staff to get to know the person and what was important to them. Care plans evidenced people's communication needs had been assessed to make sure information was presented in an accessible format.

Staff did know people well and understood their needs. They used monitoring charts, for example, regarding people's food and fluid intake to effectively monitor and ensure people's needs were met.

People's care plans recorded information about any end of life wishes they had. The provider had detailed policies and procedures relating to end of life care and we received very positive feedback about support staff provided with this. A professional told us, "They were very, very caring towards a palliative patient I was visiting and showed a lot of empathy."

Care plans were regularly reviewed and updated. People were involved in this process to make sure they were happy with the support provided and that it continued to meet their needs.

People were free to spend their time how they wanted to. The provider employed an activities coordinator to arrange and lead on a wide range of activities. A person who used the service said, "We play dominos. A man comes with his ukulele and gives us a sing song. That's very good." A relative told us, "'Little ones' from pre-schools come around, a few chaps come around and do singing and there's outings and trips out."

An activities schedule was in place and numerous photographs showed the range of activities and events people enjoyed. We recommended the provider develop record keeping around activities to more clearly evidence the range of activities on offer and which people joined in.

Staff supported people to keep in touch with relatives and friends. Relatives consistently told us they were made to feel welcome. One relative said, "They look after us well with drinks and cakes when we visit."

The provider had a complaints policy and procedure. We spoke with the registered manager about displaying this in a larger more accessible format. People told us they felt able to raise issues and concerns and staff would listen and respond to them. One person said, "They're all very good. You feel as if you can talk to them. I'm sure they'd help you in whatever way they could." Systems were in place to make sure any complaint or concern was investigated and responded to.

Is the service well-led?

Our findings

We received overwhelmingly positive feedback about the management of the service. Comments included, "[Registered manager's name] is very nice, very pleasant. They always talk to you, to ask if you're alright and whether there's anything they can do for you" and "The top management is extremely good. They are excellent, very positive."

Relatives told us, "The manager is excellent, really reassuring. Any little concerns we can go to them or they come to us so we know what is going on as they keep us well informed" and "[Registered manager's name] has been fantastic. They are so easy to talk to and if there's any concern they'll ring you."

Professionals said, "I think it is a very good home, they are very caring" and "This is one of the nicest homes I've been to." They went on to explain the environment was homely, staff were friendly and caring and they provided consistently good care to meet people's needs.

Staff told us the registered manager was approachable and supportive. They said, "[Registered manager's name] is always available. If you have any problems you can go to them and ask them. They have an 'open-door' policy", "[Registered manager's name] is a good manager they always help me when I need it" and "They are a really good manager. They are really approachable and very good with the residents as well as they used to be a carer."

The registered manager was a visible presence and actively involved in managing and coordinating the care and support. People who used the service knew who the registered manager was and responded positively to them. There was a friendly, open and inclusive atmosphere within the service. The registered manager promoted a person-centred and genuinely caring approach to supporting people and maximising their quality of life.

Records were detailed and organised; there were clear systems and processes in place to support the effective management of the service. The registered manager and provider completed a range of audits to continually monitor and improve the service. These identified areas for improvement and action plans were put in place, reviewed and updated to make sure changes were made.

The provider had detailed policies and procedures in place to guide staff and support the effective running of the service. The provider was proactive in researching best practice guidance and incorporating this into their policies, procedures and practice. For example, they used team meetings and supervisions to promote good practice relating to the General Data Protection Regulation (Europe's new framework for data protection laws) and the Accessible Information Standard (the legal requirement to provide information in a way that people with a disability or sensory loss can understand).

The registered manager used surveys and completed regular reviews to further monitor the service and make sure it met people's needs. The registered manager and provider were very open to feedback during our inspection and immediately acted on suggestions. This demonstrated they were very committed to

continually improving and developing the service.