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Rock Cottage Care Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rock Cottage is a care home providing personal and nursing care to 33 people aged 65 and over at the time of the inspection. The service can support up to 36 people, some of whom may be living with dementia. Rock Cottage accommodates people across two floors in one adapted building.

People's experience of using this service and what we found

Some people and staff told us they did not feel there were enough staff across the service and told us sometimes people were left waiting to receive support. We did not observe this during our inspection; however, we have made a recommendation about reviewing people's dependency levels to ensure there are enough staff to meet people's needs.

There was a registered manager in place, however they had applied to the Care Quality Commission to deregister from this role. This was because they wanted to place an emphasis on their role as a registered nurse. The provider had employed a new registered manager who was due to commence employment at the beginning of January 2022.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. Medicines were managed safely, and systems were in place to ensure lessons were learned when things went wrong.

People said they were treated with dignity and spoken to with respect. People and relatives we spoke with were happy with the way the service was managed. The registered manager had improved the governance systems to monitor the quality of the service provided to help ensure people received safe and effective care.

Staff told us they enjoyed working at Rock Cottage. Staff worked well with each other and with other agencies to provide consistent, effective and timely care. The management worked with other organisations to meet people's assessed needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 3 September 2020) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the

provider was no longer in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, caring, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, caring, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rock Cottage on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rock Cottage Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rock Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We spoke with Healthwatch who are an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with five people who used the service and 11 relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, a senior carer, care workers and the activity coordinator.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager used a dependency tool to determine the number of staff required across the service. However, we received a mixed response from people and staff about staffing levels and whether these were sufficient to meet people's needs in a timely way.
- We did not observe anyone waiting to receive support on the day of our inspection and we did not find evidence people had come to harm as a result of any staff shortages. We spoke with the registered manager about the feedback we had received.

We recommend the provider reviews all dependency scores for people living at Rock Cottage so this can be measured against the staffing dependency tool.

- Staff were recruited safely. The provider had the necessary recruitment checks in place, such as checks with the Disclosure and Barring Service, to ensure employees were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Rock Cottage. Comments we received included, "The general atmosphere here makes me feel safe", "I can talk to the staff here", and "Yes, it is a safe place to be." Relatives we spoke with told us they felt their relatives were safe living at Rock Cottage.
- Staff had received mandatory safeguarding training and knew how to recognise and respond to concerns of abuse.
- Where concerns had been identified, these had been reported to the appropriate authorities in the correct way.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were assessed and planned for.
- Care plans contained information for staff to support people in the most appropriate way and staff told us what actions they would take to keep people safe.
- People with specific health conditions such as diabetes had detailed plans in place to ensure support was provided in line with their specific needs.
- Environmental risks were assessed and reviewed regularly.
- Accidents and incidents were recorded and reviewed. Themes, trends and patterns were identified, and actions taken to prevent the risk of a reoccurrence.
- Since the previous inspection, the registered manager had addressed areas of practice requiring improvement and had since received a positive quality assurance report from the local authority.

Using medicines safely

- There was an electronic medicines management system in place. This had been fully embedded since our last inspection and had reduced the margin for medication errors to occur.
- People told us they received their medicines as prescribed and on time. We observed medications being administered in a safe way.
- There were protocols in place for medicines which were required on an 'as required' basis.
- Medicine stocks we checked correlated with the electronic records and regular checks of the medicine administration records were completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People told us they did not receive any formal way of sharing their thoughts about their care, but staff were available to talk to if they needed. We shared this with the registered manager.
- The registered manager completed pre assessments before people moved to live at Rock Cottage. The registered manager said, "Will always complete a pre assessment to determine if we can meet people's needs."
- Relatives we spoke with stated they were kept informed about changes to their relative's care needs. One relative said, "I will get a call if there are any changes. [Relative] had two falls recently and I was informed immediately." Another relative told us, "They [staff] are scrupulous about this."

Ensuring people are well treated and supported; respecting equality and diversity

- Overall, people told us they were well supported by kind, compassionate and caring staff. Comments we received included, "The staff are lovely", "I think they [Rock Cottage] deserve complimenting. When someone is ill, they get special attention", and "I think they [staff] are very attentive to people who are not well."
- Care records we viewed contained detailed information about how to meet and promote people's individual cultural needs. The registered manager was in the process of compiling a care plan in relation to a person's heritage. The registered manager said, "We will speak to the family and get more information to add to the care plan."
- Staff had received equality and diversity training. A staff member said, "The registered manager did an equality and diversity course with us."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and their independence was promoted. Comments we received included, "Yes, they do respect my dignity", "Yes, they [staff] talk with respect", and "Yes actually, they do respect my dignity."
- We observed staff respecting people's privacy and dignity and we saw examples of this during our inspection. For example, people were spoken to quietly and in a respectful manner when being approached about personal care needs. Doors and curtains were closed when people were being supported with personal care, and support was offered to people at mealtimes in a dignified way whilst promoting people's independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person centred and took into consideration people's needs and wishes.
- Plans were reviewed to ensure staff had the most up-to-date information available to them.
- People gave us their views about activities and told us they would like to have other activities available to them. We brought this to the attention of the activity coordinator so this could be explored further with people.
- There was an activities programme in place developed by the activity coordinator. They told, us, "I try and do different things for people and different themes. For example, we had an Italian week where we had Italian themed food and a road trip through Rome. I am part of a larger group of activity coordinators on a social media platform, and we all share ideas. I also complete risk assessments, so I know what activities are safe for people to participate in."
- During our inspection, the residents of Rock Cottage were entertained by a singer and there was Christmas themed food and drink, such as mince pies and sherry, for people to enjoy during the activity.
- During COVID-19, staff had helped people stay in contact with their relatives in line with government guidance. A relative said, "They [staff] are good. I got phone calls and some zoom calls."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their obligation in meeting the AIS. People's care records documented specific communication needs and recorded actions to be taken to ensure information was accessible.
- We saw examples of good practice evidencing where additional communication support had been provided. For example, talking media had been installed on a telephone for a person who was partially sighted. There were talking books available for the person to listen to at their leisure.
- Information was available in different formats as needed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and complaints were responded to in line with the policy.
- People and relatives we spoke with told us they knew how to make a complaint and would feel

comfortable in doing so.

End of life care and support

- People's care records identified if people had a 'do not attempt cardiopulmonary resuscitation' order in place.
- The registered manager had completed booklets which detailed people's wishes and preferences for when they reached the end of their life. The registered manager told us, "The 'When I die' booklet covers special requests such as funeral plans. We have a great relationship with the local GP surgery and work closely with the local hospice; we always try and ask the right questions before people are unable to tell us."
- On the day of our inspection we observed the registered manager liaising with professionals from the local hospice to support someone who was receiving palliative care and support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, the registered manager had implemented an effective system to assess and monitor the quality and safety of the service. Regular audits were completed, and actions taken to address any shortfalls.
- The registered manager had oversight of the service and staff had clear lines of responsibility and accountability.
- Information was shared through meetings and handovers to ensure people received continuous care and improved outcomes.
- The registered manager was clear about their registration requirements and had been submitting notifications to the CQC about key events at the service, such as deaths and safeguarding concerns, as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had taken positive steps to improve practice across the service and had been committed to delivering a positive culture which was reflected in staff feedback.
- Staff comments included, "They [registered manager] are a friend to staff but they know they have to be a leader. I find them great as a leader and manager. You can go to them with any problems and they love the residents." Another staff member said, "[Registered manager name] is very good; they listen to us and the residents."
- The registered manager told us they were proud of the work they had put into making Rock Cottage a nice and safe place for people to live. They said, "I like to think I am very open and approachable, and staff understand that. I like to get out and work on the floor as it is a good time to share practice, and an

opportunity for staff to talk to me. I am approachable and staff know they can always come to me for support. I lead by example."

- The registered manager had been awarded 'The Queen's Nurse' award and had been shortlisted for 'nurse of the year'. They told us, "The applications had to evidence my skills, how I care for people and demonstrate my integrity. I am always learning. It is so important as then I can transfer my learning to the staff here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on their duty of candour responsibilities. The registered manager told us, "It means being open and transparent; we have notified families previously where things have gone wrong and apologised."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they had team meetings to discuss their ideas and concerns as a team, although the frequency of these had reduced due to the pandemic.
- Staff gave us mixed responses as to whether they received supervision with the registered manager. We brought this to the registered manager's attention who evidenced supervisions were taking place on a training matrix, although during the pandemic the frequency of these had been reduced. Supervisions were carried out in a variety of ways, including individual and group sessions. The registered manager told us certain training sessions were recorded as supervision due to staff having the opportunity to discuss people's needs and enhance their practice and development.
- People told us they did not always get the opportunity to feedback about the service through formal mechanisms such as surveys and questionnaires. However, relatives we spoke with said they were able to engage about the day-to-day running of the service through feedback forms and questionnaires. We informed the registered manager who stated they would work alongside the new manager to develop new ways for everybody to actively engage with the service.
- Relatives, on the whole told us the registered manager was good at keeping them up to date with any concerns or changes in the care their family member received. In addition, relatives told us they felt able to approach the registered manager if they had any concerns and they felt confident these would be addressed.

Working in partnership with others

- The registered manager worked alongside other agencies, organisations and professionals to support people and meet their needs.
- The registered manager worked with partners from the local authority to address recent issues in order to improve practice and to continually improve care for people living at Rock Cottage.
- External stakeholders and professionals told us they felt people living at the service were in receipt of safe and effective care.