

Andrew Pass

Rock House Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rock House provides accommodation with personal care for up to 57 older people. There were 52 people living at the home at the time of the inspection. At the last inspection on 22 October 2014, the service was rated Good. At this inspection the service remained Good.

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 using the service continued to receive safe care. Robust staff recruitment procedures were followed. Staffing levels met people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

People using the service continued to receive effective care and have 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.

People received care from staff that had the knowledge and skills to meet their needs. Staff engaged well with people. Staff and people knew each other well. Staff spoke with people in a way that was respectful. Staff delivered care in such a way that protected people's privacy, dignity and individual choices were respected.

Staff referred people to health care services for specialist health care advice. Health care professionals we spoke with were confident that people's changing care needs were reported promptly and staff acted on professional guidance to help improve people's health.

People were supported with their nutritional needs and access to activities and individual interests. People also knew how to complain and were encouraged to share their views and opinions about the service they received. There were formal opportunities for people and relatives to feedback any concerns through surveys.

There were processes to monitor the quality of the service provided. There were other checks which ensured staff worked in line with the organisation's policies and procedures. Environmental checks were completed and staff knew the correct procedures to take in an emergency.

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.

Rock House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 June 2017 and was completed by one adult social care inspector. 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 reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with five people who lived at the home, two visiting healthcare professionals and one visiting GP. We spoke with the registered manager, deputy manager and seven members of staff including care and kitchen staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed six people's care records to see how their care and support was planned and delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Is the service safe?

Our findings

At this inspection, we found people had the same level of protection from abuse, harm and risks as we saw at our previous inspection. This means the rating continues to be 'Good'.

People told us they felt safe and secure at the service. One person said, "I definitely feel safe here." Another told us, "It's a lovely place with lovely staff, yes I'm safe."

Staff had received training in safeguarding people from abuse. They understood the importance of this and their responsibilities to report any concerns. Staff were confident in how to report concerns and could tell us which external agencies could provide support if required.

Risks related to people's care needs were accurately assessed, up to date and informed staff what they should do to reduce these risks and keep people safe. The registered manager and senior staff updated risk assessments when risks changed.

We looked at the arrangements in place for making sure the environment was safe. A fire risk assessment of the building was in place and people who lived at the home had a PEEP (personal emergency evacuation plan) to ensure their safe evacuation in the event of a fire.

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We saw the recruitment records for staff contained application forms, appropriate references and Disclosure and Barring Service (DBS) checks. DBS checks consist of a check on people's criminal record and an additional check to see if they have been placed on a list for people who are barred from working with vulnerable adults. There were enough staff available to meet people's needs. No agency staff were used, and the service had no current staff vacancies.

Medicines were administered, stored and disposed of safely. Staff were trained to administer medicines. The registered manager completed competency checks on staff to ensure medicines continued to be administered correctly. Protocols (medicine plans) were in place when people needed medicine on an 'as required' basis, so staff supported them consistently.

Is the service effective?

Our findings

People received care from a staff team that were knowledgeable and skilled in carrying out their roles and responsibilities. Staff told us they received comprehensive induction training and specific training was provided to meet the needs of people using the service. For example, dementia care, nutrition and pressure area care.

Staff told us they had regular supervision meetings to discuss their learning and development needs and that annual appraisal meetings took place. Records viewed at the time of inspection also confirmed the meetings took place as planned.

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. Where people had been unable to make a choice or decision, a decision had been made in the person's best interest and recorded in their plan of care.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had submitted applications under the DoLS and these had been authorised. The management team and care staff were complying with any conditions applied to the authorisation and knew who these were for and what the restriction were for. All staff had received training and understood the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS.

People told us they were happy with the meals they received and always had a choice. People were supported to receive a healthy balanced diet with plenty to drink. Staff frequently offered people tea, coffee or cold drinks. The cook told us they would always provide an alternative if people did not want what was on the menu. We conducted a Short Observational Framework for Inspection (SOFI) over lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. Meals were well presented and there was plenty of choice. We saw that people who needed assistance to eat received individual attention. Staff sat beside people and told people what the meal was, they gave people time to eat, and chatted to them while gently encouraging them. Staff were also aware of any dietary needs people may have such as, low sugar or pureed food.

The service worked closely with healthcare professionals, following their guidance and advice that was also was incorporated within the care plans. Records within people's care plans evidenced that staff arranged for healthcare professionals to see people for routine health checks and in response to sudden illness and changing needs. We spoke with a visiting healthcare professional who said, "Staff are well trained and know the residents needs very well. The manager is superb and ensures the home is exceptionally responsive." We also spoke with a G.P. who told us, "The relationship with the home and the surgery is very good; I have

confidence with the care given at Rock House."

Is the service caring?

Our findings

At this inspection we found people enjoyed the same positive interactions with staff as they had during our previous inspection. This meant the rating continued to be 'Good'.

People were treated with kindness, compassion, dignity and respect. One person said, "I am very happy here and the staff are wonderful." Another person said, "I am staying here whilst my house is being made ready. I have enjoyed my stay very much. The manager and her staff have been very nice indeed." A health care professional told us, "There is a wonderful atmosphere here, the staff have a great demeanour." We saw written feedback from people who used the service, visitors and relatives. Comments included; "Everything is done for me and I don't have to worry about anything," "The manager is so switched on when it comes to care it is incredible," and "It's a fantastic place." We observed good interactions between people using the service and the staff. The atmosphere was light hearted with lots of laughter and good humour, it was evident that people felt comfortable with the staff and had good relationships with them.

Staff communicated well with people to let them know what was happening. For example, we saw staff assisting one person to move from a chair to a wheelchair. Staff encouraged the person telling them how near to the wheelchair they were before sitting down. Each time staff walked by a person they engaged with them and asked if there was anything they needed.

Staff understood the importance of maintaining confidentiality. This was reflected in the discussions we had with staff and the observations made during the inspection. Information about people using the service was kept confidential, stored securely and only accessed by people who had permission to do so.

We observed people's dignity and privacy being respected by staff during the inspection, such as staff knocking on people's door before entering their rooms and waiting for a reply before they entered. People's preferred term of address was also respected. Staff's approach to people was genuine, caring and considerate.

People were able to choose how they spent their time, and were free to relax in their bedrooms or in the communal areas. We saw that people were able to have late breakfasts and choice of when they got up and how much support they needed from care staff. People were able to maintain their independence within in the home and care staff asked if people wanted to be involved in everyday tasks such as preparing the tables for lunch.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. This meant the rating continued to be 'Good'.

Peoples' needs were assessed prior to moving into the service. One person told us, "I came to visit the home to have a look around before moving in. I was made very welcome and everything was explained."

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. Care plans were developed following the assessments and contained good descriptions of people's needs and wishes. Care plans were regularly reviewed and updated if required. Staff told us people's care plans contained all the information they needed to be able to care for the person in the manner they wished.

Staff told us they felt the home was focussed on people. One staff member told us, "All staff know that everything we do has people at the heart of it. Not just what we do but how we do it and the manner we do it in." Most staff had worked at the service for a long time. Staff knew people very well, for example, a staff member told us in detail about a one person's unique daily routines and preferences.

People told us they enjoyed being able to take part in activities and entertainment the home offered. An activity organiser was employed and there was a regular programme of activities and events. These included singing, word games, crafts and gentle exercises as well as outside entertainers. Staff told us that when the activities staff was not there, other staff encouraged people to take part in activities.

All the people we spoke with said they could talk to any of the staff if they had any concerns. The registered manager took a proactive approach and regularly spoke with people to see if they were happy with all aspects of the service they received. The registered manager told us that they welcomed the opportunity to learn from complaints and pass on compliments to staff. The complaints policy was clearly displayed in the home.

Is the service well-led?

Our findings

At this inspection we found the service was as well led as during our previous inspection. This meant the rating continued to be 'Good'.

People received a service that was well-led. A registered manager was managing the service at the time of our inspection. They were responsible for the overall management of the service. The registered manager understood their role and informed the CQC of incidents that occurred at the service which were notifiable. One person we spoke with said, "The manager is very nice, she always asks if I am ok and if I need anything." A staff member told us, "The manager sets very high standards and leads the team very well." A visiting healthcare professional commented, "The manager is very good indeed, she leads a knowledgeable and caring team very well."

People and relatives were invited to give their views on the service they received, by attending meetings and completing feedback questionnaires. Comments we saw included; "Very clean and very well managed. Highly recommended." "The home is built on the foundations of love and care." Another comment was, "The support given by you [registered manager] and the staff team helped us immeasurably during what was a really difficult time."

There were systems in place to assess and monitor the quality and safety of care provided. A series of audits were undertaken by the registered manager. Monthly audits were undertaken including medicines, care plans and accidents and incidents. The registered manager told us that they had recognised that the system of audit could examine further the quality provided and as such was in the process of redesigning some of the audit tools used.

Staff understood what was required of them in their role. Staff told us that they liked and respected the registered manager. One member of staff said, "The manager is hands on." Staff understood who they needed to speak with if they had a concern whilst on duty. One member of staff said "I would go to the registered manager or deputy who was leading the shift for the day." Staff were encouraged to participate in team discussions. Staff told us that they were valued and listened to and were able to contribute to the running of the service. For example, staff had been appointed as champions for infection control, dignity and dementia. These staff had a particular interest in these areas of work. They had received additional training and were a source of information and guidance for other staff.

Staff told us meetings were held within the home and minutes were available; separate meetings were held for the day and night staff to ensure everyone could attend. Meetings were also held at senior management level. It was evident good communication existed around the service.