

Vista Care 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

What life is like for people using this service:

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were sufficient to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they could provide care based on current practice when supporting people. People received enough to eat and drink and were supported to use and access a variety of other services and social care professionals. People were supported to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

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 principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

People's needs were assessed and planned for with the involvement of the person and or their relative where required. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service and it was used to drive improvement. Staff felt well-supported and received supervision that gave them an opportunity to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the

CQC and external agencies.

Further information is in the detailed findings below

Rating at last comprehensive inspection: Good (report published 13/12/2016)

About the service: Rockingham House provides accommodation and personal care for up to four adults. People living at the service have complex needs that include Autism spectrum disorder, learning and physical disabilities. At the time of our visit there were four people using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

Good ●

The service was effective.

Details are in our Effective 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.

Rockingham House

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that the registered manager would be there.

Inspection site visit activity started on 3 December 2018 and ended on 3 December 2018.

What we did:

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and

information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

There were two people at the service on the day of our visit. They were unable to engage in conversation with us about their care so we spoke with three relatives and an advocate for one person living at the service. We had discussions with four staff members that included the registered manager, two senior staff members and a care and support worker.

We looked at the support plans of two people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Relatives told us they had no concerns about the safety of their family members living at the service. One relative said, "[Name of relative] has one to one staff to support them at all times. This makes a big difference and is in place to keep them safe."
- Staff felt that the people using the service were kept safe from avoidable harm. They understood their roles and responsibilities to safeguard people and were supported by up to date and clear policies and procedures. One staff member informed us, "I would not hesitate to report any concerns to the manager. I know she would take it seriously." All the staff we spoke with were aware of safeguarding procedures and records confirmed they had relevant and up to date training in this area." The registered manager was aware of their responsibility to report incidents of concern to the local authorities as required.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and their safety monitored. One relative told us, "All risks are covered. The staff are very particular about making sure everyone is safe." There were detailed risk management plans to identify all the risks present within a person's life. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. These included accessing the community, working in the kitchen, using transport and behavioural plans. Risk assessments were reviewed monthly or when there was a change in a person's individual circumstances. One staff member described one person's risk assessment and why it was in place. This matched the information we saw in the persons care plan and demonstrated that staff had a good knowledge of people's risk management plans and how to keep them safe.

Staffing levels

- Relatives told us and we observed there were enough staff on duty to meet the needs of people using the service. One person's advocate told us, "The staffing numbers are good. [Name of person] always has the required number of staff to support them."
- Staff said they felt there were enough staff to meet people's needs safely and didn't feel rushed or under pressure. One member of staff said, "This is one of the best places I have worked. The staffing is very good and it means we can meet people's needs properly."
- The provider followed a thorough recruitment procedures. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- Systems were in place that showed people's medicines were managed safely. A relative said, "I don't have any worries about [name of relative] medicines. I know they get them when they need them."

- Staff told us they had received training in the safe administration of medicines and had their competencies assessed. One told us, "We do an annual refresher and we are observed giving people their medicines to make sure we get it right."
- There was detailed information in people's care plans about how they preferred to take their medicines and to guide staff to ensure they administered people's medicines safely. We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- Staff received training to understand their role and responsibilities for maintaining standards of cleanliness and hygiene in the premises. We observed that all areas of the premises looked clean and there was cleaning equipment in place to reduce the risk of infection.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accidents and incidents were recorded and reviewed by the registered manager. The service supported people with complex needs that changed regularly. The staff we spoke with felt that any learning that came from incidents of behaviour, accidents or errors was communicated well to them through team meetings, a sign and read communication book and one to one supervisions. Different strategies were discussed and changes in support were implemented as a result of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- The needs of people were assessed prior to them living at the service so that the support they needed could be identified. The pre-assessment started with an assessment that people's families and those who knew the person best were involved in. This made sure there was accurate information about their past and present experiences, dreams aspirations and needs.
- A relative told us about the assessment process that took place with their family member. They said, "We were really surprised at how smoothly the transition went. We expected a few problems but it has all gone very smoothly. The staff took a long time to make sure they got it right."
- Assessments contained information about the healthcare professionals that needed to be involved in the person's care to ensure care was based on up to date legislation, standards and best practice. Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. This meant people's needs and choices were thoroughly assessed to help ensure they received effective care and support.

Staff skills, knowledge and experience

- People continued to be supported by staff that had the skills and knowledge to meet their needs. One person's advocate told us, "The staff are very good. I went out with [person] and a staff member. I was very impressed how they supported [person]."
- Staff told us and records confirmed they received a comprehensive induction and a varied package of on-going training to help them meet people's needs. This was kept updated regularly so staff knew how to provide care for the people who lived at the service. One staff member told us, "The training is very good and it is right for the people we support."
- Staff told us they were well supported and received regular one to one supervision so they could discuss any issues of concern or share good practice.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy and balanced diet. They were supported with pictorial menu plans and were given the structure and routine around food and mealtimes that they required.
- The staff all had a good knowledge of what people liked to eat, and were motivated to encourage people to eat healthily as much as possible to increase their overall wellbeing. Care plans documented people's preferences and any requirements they had with food and drink.
- The registered manager told us and records confirmed that staff worked closely with the dietician and speech and language therapists to ensure that people had the right support with their dietary needs.

Staff providing consistent, effective, timely care.

- People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people, and had good communication with professionals including social workers, reviewing officers and other healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files.
- People were given the support they needed to make sure they were able to access health services. Health and medical information was recorded in detail for each person. Support was tailored to each individual to ensure they were prepared and able to cope with a variety of situations and procedures that may cause them anxiety.
- Staff made social stories for people which showed pictures of the service people would be attending, for example the dentist. Social stories are a tool to help individuals on the autism spectrum better understand communication, interpersonal skills and processes. These would be used several weeks before the person attended the appointment and helped to lessen their anxieties.

Adapting service, design, decoration to meet people's needs

- The premises and environment met the needs of people who used the service and were accessible to each person. People's bedrooms were decorated to reflect their personality and interests.

Ensuring consent to care and treatment in line with law and guidance

- 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 decisions 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 it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had a good understanding of the principles of the MCA and when to make an application. All four people using this service had the appropriate DoLS applications made and sent to the local authority.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were supported by staff who were kind, caring and wanted to provide a friendly and homely environment for the people using the service. A relative commented, "All the staff have gone out of their way to make sure [name of relative] has settled in smoothly. The transition was magnificent and that's all down to the staff."
- We looked at the most recent comments received from health professionals. One read, '1Good support shown to [person] from the staff who have built up positive relationships with [person].'
- Staff told us that working on a one to one basis with people helped them to build up relationships and get to know the person as an individual and not someone who was just part of the service. One staff member told us, "This is like a second home to me. I love to see how the residents here are progressing and we are still getting to know them."
- People were involved in their care as much as they were able. For example, staff supported people by ensuring they had a structure to their day. People organised their day with staff using pictorial timetables, because their routines were extremely important to them.

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

- Relatives told us that their family members were supported to make choices about their care and told us that staff respected their choices. For example, we saw that one person preferred to stay in their room and obviously enjoyed their own company. All staff we spoke with were aware of the persons preference to stay in their room and respected their choice to do so.
- Care plans contained detailed guidance for staff about how to support people to make choices. For example, in one person's plan of care it stated that the person was able to make choices by pointing, signing or using a Picture Exchange Communication System (PECS). This allowed them to communicate using pictures by giving a person the picture of a desired item in exchange for that item. By doing so, the person was able to initiate communication.
- We saw that people could have access to an advocate if they felt they were being discriminated against under the Equality Act, when making care and support decisions. One person was using the services of an advocate at the time of our visit.

Respecting and promoting people's privacy, dignity and independence

- Staff completed specialist training in relation to managing people's behaviours. This training was not only to help people to manage their behaviours it was also to achieve choice, respect, community participation and dignity.
- The privacy and dignity of each person was respected by staff and we saw that each person had a detailed care plan that documented all aspects of their care and life choices. This contained regular prompts to staff

to respect people's choices and right to privacy, whilst making sure they remained safe.

- Staff were given clear guidelines about how to support people who may display certain behaviours whilst in public or communal areas, and how best to de-escalate that situation. Retaining a person's dignity was clearly a priority alongside their personal safety and that of others.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- Care was person centred and tailored to meet the needs of each individual. People and their relatives, where possible, were fully involved in their care. One relative told us, "So far the staff have been marvellous. They have gotten to know [relative] really well in such a short space of time and already understand how to manage [relative's] behaviour in a calm and dignified way. I have been very impressed."
- A comprehensive assessment was completed before a care package was agreed. These focused on what was important to each individual, their personal goals and wishes as well as obtaining information about their preferred lifestyles, their health needs, beliefs, hobbies and interests. The initial assessment formed the basis for the development of people's care plans.
- People's cultural needs were identified in their care plans. For example, if people wanted staff of a particular gender to meet their personal support needs the service could provide this. Staff liaised with people and their families to ensure that any needs relating to their religion or family traditions were met.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff we spoke with all told us of the importance of accessible information for the people they were supporting. One said, "Communication is the key. If someone can't tell us what they want, it makes them feel anxious and frustrated."
- The provider had taken steps to ensure they met people's information and communication needs. We saw detailed communication plans and tools that were tailored to meet each person's communication needs. Staff used social stories to support people with preparing and understanding a wide variety of tasks. We saw that pictorial schedules were used to support people with communication and provide structure to their routines.
- People were supported to follow their interests and take part in social activities. Care plans contained details of all the activities people enjoyed and on the day of our visit three people had been out to their preferred activity. We saw these included trampolining, walks, swimming, going out for meals and trips to the cinema and walks

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place that was accessible to people's relatives and was also available in the main hallway in pictorial form for people using the service. One person's advocate told us they had approached the registered manager with some concerns and these had been dealt with swiftly.
- We were told that people living at the service would find it very difficult to make a complaint. However,

staff carefully responded to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service.

- Staff told us they would raise any changes in behaviour or any concerns that a person may not be happy to the registered manager.
- We saw that the service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. Two people had funeral plans place that had been organised by their families.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager told us they promoted an open and transparent ethos and staff told us they felt valued and listened to. One member of staff commented, "The registered manager is a good role model. They are very knowledgeable and encourage us to speak up."
- Relatives and staff told us they felt the service was well-managed and the registered manager was always available. On relative said, "I know I can call and always speak to the registered manager. They never say 'sorry I'm too busy'."
- Staff felt well supported and said they had opportunities to speak with the registered manager whenever they needed to. They also said that the registered manager had maintained a focus on staff providing care which was centred on the people who used the service and that the staff team shared this focus. They achieved this through meetings and one to one supervision sessions.
- Relatives and staff spoke highly of the registered manager. One relative said, "The manager is so approachable and you can go to her with anything. They work with us all the time so she knows first-hand what we all do."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that quality checks were effective and identified areas where actions needed to be taken. For example, they completed regular checks to ensure care plans were reviewed and where necessary updated monthly. We found that care plans had been reviewed monthly which showed the quality checks on the care plans were effective.
- Staff felt they were well trained and supported and were committed to the care and development of the people they supported. They felt that when they had issues they could raise them and felt they would be listened to. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

Engaging and involving people using the service, the public and staff

- The provider and the registered manager positively encouraged feedback from people, relatives, staff and health professionals and acted on any concerns raised to continuously improve the service.

- Satisfaction surveys were carried out with people, their relatives and staff. Feedback was analysed and used to implement improvements or suggestions. For example; one person had a behaviour plan that their family members did not think was working well and fed this back to the registered manager who then arranged a meeting with health professionals. As a result the persons behaviour plan was adjusted and care plans and risk assessments updated and the persons anxieties had started to lessen.

Continuous learning and improving care

- Information from the quality checks, complaints, feedback, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.
- The registered manager demonstrated an open and positive approach to learning and development and ensured staff had access to the training they needed, including specialist training in behaviour management.
- There were internal systems in place to report accidents and incidents and the management team and staff investigated and reviewed incidents and accidents. There was a real desire to 'get things right' so all incidents were recorded and any actions taken. The registered manager told us that following any incidents there would be a review where staff involved were de-briefed on the incident and support plans would be updated and if needed new strategies introduced.

Working in partnership with others

- Staff worked in partnership with other agencies that included health professionals from different specialisms, for example, speech and language therapists and psychologists. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.