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Rock Cottage Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We completed an unannounced inspection at Rock Cottage Care Services on 14 March 2016 and 15 March 2016. At the last inspection on 19 December 2013 the provider was meeting the required standards.

Rock Cottage Care Services are registered to provide accommodation with personal care and nursing for up to 36 people. People who use the service may have physical disabilities and/or mental health needs such as dementia. At the time of the inspection the service supported 35 people.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider did not have effective systems in place to consistently assess, monitor and improve the quality of care. This meant that poor care was unable to be identified and rectified by the registered manager and provider.

The registered manager was not fully aware of their responsibilities to inform us (CQC) of any notifiable incidents that had occurred at the service.

We found that improvements were needed to ensure that medicines were managed safely.

People felt safe when they were supported and staff had a good understanding of people's risks, although records we viewed did not always provide details of people's risks

People were supported to be involved in meaningful hobbies and interests within the service, but improvements were needed to ensure that people had access to hobbies and interests when the dedicated worker was unavailable.

There were enough suitably qualified staff available to keep people safe and the provider had effective recruitment procedures in place.

People were supported by staff who had received training, which gave staff the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care and the provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care. Staff understood their responsibilities and followed the requirements of the MCA when they provided support.

People told us that they enjoyed the food. Where people were at risk of malnutrition there were plans in

place but improvements were needed to ensure the records clearly identified the amounts that people had eaten and drank sufficient amount to keep healthy.

People were supported to access other health professionals to maintain their health and wellbeing.

People were supported in a caring and compassionate way that protected their privacy and dignity. Choices in care were promoted by staff and people's choices were listened to and acted on.

People were involved in their care. People's preferences had been taken into account and staff knew people who used the service well and knew their likes and dislikes.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

Staff felt supported by the registered manager to carry out their role and there were values within the service that staff understood and followed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We found that improvements were needed to ensure that medicines were managed safely.

People felt safe when they were supported and staff had a good understanding of how people needed to be supported with their risks, although records we viewed did not always provide guidance for staff to follow.

There were enough suitably qualified staff available to keep people safe and the provider had effective recruitment procedures in place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

We found that where people were at risk of malnutrition improvements were needed to ensure that records clearly identified the amounts that people had eaten and drank sufficient amounts to keep them healthy.

People were supported by staff who had received training, which gave staff the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care and the provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care.

People were supported to access other health professionals to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were supported in a caring and compassionate way that

protected their privacy and dignity. Choices in care were promoted by staff and people's choices were listened to and acted on.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were supported to be involved in meaningful hobbies and interests within the service, but improvements were needed to ensure that people had access to hobbies and interests when the dedicated worker was unavailable.

People were involved in their care. People's preferences had been taken into account and staff knew people who used the service well and knew their likes and dislikes.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider did not have effective systems in place to consistently assess, monitor and improve the quality of care. This meant that poor care was unable to be identified and rectified by the registered manager and provider.

The registered manager was not fully aware of their responsibilities to inform us (CQC) of any notifiable incidents that had occurred at the service.

Staff felt supported by the registered manager to carry out their role and there were values within the service that staff understood and followed.

Rock Cottage Care Services

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 for the service under the Care Act 2014.

This inspection took place on 14 March 2016 and 15 March 2016, and was unannounced. The inspection team consisted of one inspector and an expert by experience. The expert by experience carried out interviews with people who used the service or their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 included in the PIR along with information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with six people who used the service, four relatives, five staff, the registered manager and the provider. We viewed five records about people's care and five people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, staff recruitment and training records.

Requires Improvement

Is the service safe?

Our findings

We found that some improvements were needed to the way medicines were monitored and managed. We saw that where people needed 'as required' medicines there were no protocols in place to give staff guidance as to when people may need these medicines. For example, if a person became anxious or was in pain. Staff we spoke with were aware of the reasons why people may need their 'as required' medicines, but there was a risk that a new member of staff would not be aware or if a new 'as required' medicine was introduced staff may not know how or when this was required. We spoke with the deputy manager who agreed that protocols to give staff guidance was needed and they had designed a form on the second day of our inspection that they were going to put in place.

We completed a small audit of the medicines held by the home against the medicines recorded on the Medicine Administration Records (MARs). We found that some of the medicines in stock did not match the amount recorded on the MARs, which meant we could not be assured that people had received their medicines as prescribed. For example; we found that there were gaps in a person's medicine and the stock we counted showed that they had not received their prescribed medicine on two occasions, which meant there was a risk to this person's health if they did not receive their medicine as prescribed.. We also found a box of medicine prescribed to a person which was not recorded on the Medicine Administration Records. We were told by the deputy manager that this was not recorded because this was not being used at this time.

Although we found that some improvements were required with the management of medicines people told us they were supported by staff to take their medicines when they needed them. We observed staff administered medicines in a dignified way and explained to the person what each individual medicine was for. Staff chatted and gave encouragement to people when they were administering their medicines.

People told us they felt safe when being supported by staff. One person said, "They [staff] treat me very well". Another person said, "I feel well protected, the staff make me feel safe". A relative said, "I feel my relative is safe here, a lot safer than they were at home". We saw that people were happy and appeared comfortable when staff provided support. Staff explained their actions if they were concerned that a person was at risk of harm and the possible signs that people may display if they were unhappy and where abuse may be suspected. The registered manager understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified.

People were supported to be as independent as possible whilst taking into consideration possible risks to their safety. A person said, "I like to do some things for myself and staff are here if I need help". We saw that people who were able to move around the service were encouraged to do so and the environment was clear of any hazards that could be a risk to people such as trips and falls. Staff explained people's risks and had a good understanding of how they needed to support people to remain safe from harm. Although staff knew when changes had been made to people's care and treatment the records we viewed did not always match what staff had told us. For example; staff told us that one person's mobility had deteriorated and they were no longer able to move unassisted and they required equipment to help them to move. We saw this was carried out by staff and this person had been referred to a health professional for an assessment, but the

records did not show this change in their manual handling risk plan, which meant this person, was at risk of receiving inappropriate care.

People told us they always received the support they needed when they needed it. One person said, "There are always staff to help me and if they are short they get someone to cover". A relative said, "There are plenty of staff" and "I come every day so I know there is enough". Staff we spoke with felt that there were enough staff available and plans were in place to cover shortfalls in staffing numbers. The registered manager had a system in place to assess the staffing levels against the dependency needs of people. We saw changes had been made to staffing levels when needed, which ensured there were enough staff available to keep people safe. We saw records that showed the provider had safe recruitment procedures in place. Staff who were employed at the service had undergone checks to ensure that they were of a good character and suitable to provide support to people who used the service.

Requires Improvement

Is the service effective?

Our findings

People told us they enjoyed the food at mealtimes. One person said, "The food is good as we have a very good chef and I get a choice of food from the menu". Another person said, "The chef keeps salmon in for me if I don't like what is on offer". We observed breakfast and lunch and people were given choices and staff listened to what people wanted. We saw support plans were in place that detailed the individual support people needed. For example, people who had been assessed as at high risk of malnutrition had a support plan in place that detailed the actions required by staff. This included the implementation of food and fluid intake charts to monitor the amount that people ate and drank. Staff told us they completed the charts, but not all staff understood how much food or drink people needed. The records we viewed did not contain the individual amounts people needed to keep them healthy and when staff should alert the nurse in charge or registered manager if they had concerns. The registered manager told us that they were aware of people's risks and we saw that people had been referred to health professionals when required, but they were not aware that staff did not fully understand when to alert them of concerns. Improvements were needed to the way these were being recorded and monitored to ensure that staff were aware of the amounts people needed to keep them healthy and lower the risks of malnutrition.

Staff explained how they supported people with behaviour that may challenge and they knew people's individual triggers that caused their anxieties. One staff member said, "We know the signs if someone is becoming anxious and we can distract and calm people so that their anxieties are reduced". Although staff had a clear understanding of people's behaviours and how to manage these, we found that there was not clear guidance in the care plans for staff to follow. This meant that there was a risk that people would not receive the support they needed, especially when new staff were employed at the service.

People told us they were able to see health professionals when they needed to. One person said, "I tell the nurse if I'm not feeling well and if they can't help then I see a doctor". The records we viewed showed that people had accessed health professionals such as; the doctor, dietician, consultants and social workers. We also saw that guidance received from health professionals had been acted upon so that people were supported to maintain their health and wellbeing. For example, people who had been assessed by speech and language therapists as requiring their food and drink in a specific way to aid swallowing, had been followed by staff.

People told us that they consented to their care and staff asked their permission before they provided support. We observed staff talking with people in a patient manner and gained consent from people when they carried out support. Some people were unable to understand some decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. 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. We saw mental capacity assessments had been carried out when people lacked capacity to make certain decisions. Relatives, advocates and other professionals were involved and support plans were in place, which

contained details of how staff needed to support people in their best interests.

Staff told us they received an induction when they were first employed at the service. One staff member said, "The induction was good, I received training and I shadowed another member of staff before I provided support on my own. I felt ready to carry out my role". Staff also told us that the training was regularly refreshed and updated and they had opportunities to undertake specific training. The records we viewed confirmed staff had received training to help them carry out their role effectively. Staff received supervision from the registered manager on a regular basis. One member of staff said, "Supervision is good and I find it is helpful. If I raise any concerns these are always dealt with".

Good

Is the service caring?

Our findings

People told us that the staff were caring towards them. One person said, "The staff are very caring towards me, I have no problems at all". A relative said, "The staff are very caring and listen to my relative". Another relative said, "If people are upset the staff go to them and calm them down". We observed staff interaction with people and found that staff were caring and compassionate towards people. For example; we saw that one person became upset and staff sat with the person giving reassurance and a kind touch to make them feel cared for. The person became less upset and explained to staff why they felt upset and staff stayed with the person, gave them time and listened to them until they felt better. We saw staff constantly asking people if they were okay and if they needed anything, one person's glasses had slipped down and staff noticed this and helped the person to readjust them so that they were more comfortable.

People told us that they were given choices in how and when their care was carried out. One person said, "I am able to decide things and staff don't demand, they listen to me". Another person said, "I choose what I want to do. I wear the clothes I want, have the meals I want and I have a favourite chair I sit in too". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. Staff told us they always made sure that people were given choices with everything that they supported them with. One staff member said, "I always ask people what they want to do, where they want to sit, what clothes they want to wear. It's important people have choices at it is their home and we are here to make them feel at home".

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "Staff protect my privacy when I get out of the bath". Another person said, "Staff always talk to me respectfully, and they make me feel comfortable too". We saw that staff spoke with people in a way that respected their dignity, for example; when they supported someone to use the toilet they asked the person quietly so their dignity was protected. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. One member of staff said, "It is important to make sure people have their dignity and privacy protected. I ensure people's dignity is maintained by making sure they are covered up and don't feel uncomfortable, but it is also important to ensure people's emotional wellbeing is maintained. Such as; speaking with people in private and talking to people face to face, and holding their hand to make them feel important".

Requires Improvement

Is the service responsive?

Our findings

People told us that they participated in activities such as; bingo, quizzes, knitting, baking and external entertainer visits the service. People told us they enjoyed the activities on offer. We saw records that showed people had been involved in activities, which included church services, one to one activities and reminiscence discussions. The provider employed an activity staff member who provided a varied activity programme for people to be involved in. However, the activity worker was not at the service on the day of the inspection and we saw that people were sat in the lounges with very little to keep them occupied other than the television being on in the background. We did not see that there were activities for people to keep them occupied or to maintain their emotional wellbeing. The registered manager told us this was because the activity worker was not available and there were no activities planned for the day of our inspection, but they would look into ways that people received activities when the member of staff was unavailable. Staff told us that they tried to spend time with people but they were not always able to give them their time as they were busy supporting people with their personal care needs. This meant that improvements were needed to ensure that the provider had a contingency plan in place to enable people to access hobbies or interests when the designated staff was not available.

People and their relatives told us that they were involved in the planning of their care. One person said, "I am involved in the reviews and my family have also been involved". Another person said, "I chose the care I wanted". A relative said, "We were involved in the planning of my relative's care and the manager came to assess my relative. We have since had a meeting here [the service] to discuss if we are happy and any changes needed". People had been involved in their care plans and these detailed what was important to them and how they liked to be supported. We saw that people's life histories had been recorded, to enable staff to have discussions about people's past lives before they used the service.

Some people had limited communication and staff understood people's individual way of communicating and what people needed. We observed staff gave people time to respond to questions in their own way and staff explained how people communicated their individual needs. For example; one person had communication difficulties due to a hearing impairment and we saw the staff ensuring that they were in front of the person at their level and spoke slowly so that they were able to read the staff's lips. Staff gave this person time to respond and they also used certain hand gestures, which the person was able to understand and respond to.

People told us they knew how to complain if they needed to and if they had complained the registered manager had acted upon their concerns to make improvements. One person said, "I would tell the registered manager if I had any concerns and I know they would sort it out". A relative said, "I have raised concerns and they have been sorted out. They were very good and listened to me". The provider had a complaints policy in place and we saw that there was a system in place to log any complaints by the registered manager. The complaints we viewed had been acted on and a response sent to the complainant. This meant that the registered manager acted on complaints received to improve the quality of the service provided.

Requires Improvement

Is the service well-led?

Our findings

We found that there were insufficient monitoring systems in place to ensure that people received appropriate care and support. For example; people who had been identified at risk of a poor food and fluid intake had charts in place to monitor their intake, but these did not contain guidance for staff to understand how much food and fluid people needed. The registered manager told us that they did not regularly monitor the charts to ensure staff were completing these as required and people were receiving sufficient amounts to eat and drink.

We were unable to sufficiently check people's medicines and assess whether there was the correct amount in stock as the system in place was not effective. The deputy manager carried out the audit of the medicines. We spoke with the registered manager who was not aware of the system that the deputy manager carried out and was unable to explain how the medicines were managed, which meant they could not be assured that the system in place was effective. The registered manager contacted the deputy manager who was made available to us on the second day of our inspection, but we found that the audit was ineffective and had not identified the concerns that we found on our inspection. This meant that people were at risk because there were ineffective systems in place to assess and monitor and mitigate the risks to people.

We found that some of the records did not provide an accurate and up to date account of people's needs. Staff we spoke with knew people well and were able to give detailed accounts of people's needs and were aware of changes in people's needs. However, the records did not always show what staff had told us. For example; one person had behaviours that challenged and although staff were aware of the support this person required and possible triggers to their behaviours the records did not reflect this. Another person's mobility had deteriorated and they were no longer able to stand as stated on the care plan as they were unable to weight bear, staff knew that this person needed to be supported to move using equipment. The records had not been updated to reflect the change in their needs. We found that there was not an effective system in place to monitor the care records to ensure these were up to date and contained an accurate record of service users' current needs.

We asked the registered manager for evidence of how they assessed and monitored the quality of the service provided. The registered manager told us that they were aware that the systems in place were not effective and they were looking at ways to improve the way they managed the service. We found that the registered manager did not have a full oversight of the service, and where they had delegated responsibilities to other members of staff the registered manager was not fully aware of the systems that were in place. We found that some actions had been taken on the second day of the inspection where we had raised concerns. However, these had not been fully implemented and we could not be assured that these would be sustained.

The provider did not have effective systems in place to assess, monitor and improve the quality of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has a duty to notify us (CQC) of any incidents that had happened at the service, which enables us to monitor the service. For example; expected and unexpected deaths, serious injuries and alleged abuse. We found that the registered manager had not consistently notified us of any deaths or other incidents that had occurred at the service. For example; we had been informed by the local safeguarding authority of allegations of abuse, but we had not been notified about these by the registered manager. The registered manager told us that they had not fully understood their responsibilities to notify us, but they would ensure that this would be undertaken in the future. We will continue to monitor to ensure that deaths and incidents are reported appropriately as required by law.

The provider had not notified the commission of incidents as required. This is a breach of Regulation 18 of the Care Quality Commission (Registration Requirements) Regulations 2009.

People told us and we saw that feedback was gained about the quality of their care. One person said, "I am asked regularly if everything is okay". A relative told us that they were invited to meetings to discuss their relatives care. We saw that a questionnaire had been circulated to people and their relatives to gain feedback ion people's experiences. We saw that most of the feedback was positive and where there had been concerned these had been acted on by the registered manager.

People told us the registered manager was approachable. One person said, "I can talk to the manager and they are always around the home". A relative said, "I can speak to the manager and if they are not in the deputy or senior carers help me if I need to talk to someone". Staff told us that they could approach the senior management team if they needed to. One staff member said, "The registered manager is brilliant, issues that are raised are sorted out straight away". Another member of staff said, "I can approach the registered manager and the nurses for advice. They are all really good and supportive". We saw that staff were comfortable approaching the registered manager and the provider on the day of the inspection. The atmosphere within the home was friendly between staff and people, relatives and the senior management team.

Staff were positive about their role and what their support meant for people. One staff member said, "I love my job and I get a real satisfaction from helping people and seeing people smile because I am helping them get a good quality of life". Another member of staff said, "I find caring for people very rewarding. It can be difficult when people pass away but the management are very supportive". All the staff we spoke with understood the values of the service and told us that the main aim was to provide a good quality standard of care to people in a homely and friendly environment.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have systems in place to ensure that risks to people's health and wellbeing were assessed, monitored and managed effectively.Accurate records of people's required care and treatment were not always kept. Regulation 17 (1) (2) (a) (b) (c) (f)

The enforcement action we took:

We served a warning notice to the provider telling them to make immediate improvements to the quality of care.