

Rockliffe Court Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rockliffe Court limited is a residential care home providing care for up to 35 people some of whom may be living with dementia or have a sensory impairment. At the time of inspection there were 29 people living at the service.

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

Medicines were managed safely although improvements were needed to improve the standards of medicine processes and record keeping. We have made a recommendation about this.

Since the last inspection, the provider had improved safety and risk management within the service. Improvements had been made to ensure good standards of cleanliness of the environment were maintained. Old furniture had been removed and bedrooms redecorated. Fire safety issues had been addressed and regular fire drills carried out.

The quality of record keeping in relation to people's care and safety had improved. Care records contained up to date information about people's needs and risks.

The improvements made since the last inspection has supported people to feel safe. Staff demonstrated knowledge and understanding of safeguarding systems and the provider liaised with the local safeguarding teams to keep people safe.

Staff were recruited safely and received the training and support they needed to undertake their role.

People, relatives and staff spoke positively about the management team and felt able to raise concerns and felt confident these would be addressed. People and their relatives said they felt the service had improved since the last inspection. Meetings were held with people and feedback sought from their relatives to exchange information and gather feedback.

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; policies and systems in the service supported this practice.

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

Rating at last inspection and update.

The last rating for this service was inadequate (published 9 October 2020) and there were multiple breaches 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.

This service has been in Special Measures since 9 October 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

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

The provider has taken action to effectively mitigate the risks identified in the previous inspection

You can read the last comprehensive inspection, by selecting the 'all reports' link for Rockliffe Court limited on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Rockliffe Court limited

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.

Inspection team

The Inspection team consisted of three inspectors.

Service and service type

Rockliffe Court limited 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 other professionals involved with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and three relatives. We spoke with five members of staff including, a carer, a senior carer, the chef, the deputy manager, the registered manager. We also spoke with a health professional who worked closely with the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to adequately manage robust medicine systems and practice was a breach of Regulation 12 (Safe care and treatment) 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 12.

- Medicines were managed safely. However, monthly audits did not always contain information relating to any actions required.
- Staff completed training to administer medicines and their competency was checked.
- The controlled drugs book was completed accurately.

We recommend the provider review their record keeping processes in relation to the management of medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure systems and processes were in place to protect people from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper) 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 13.

- The provider had implemented systems and processes to ensure people were safeguarded from abuse.
- People felt safe. One person told us "I like living here it's like my own little flat, there could be some improvements made but I feel safe and happy."
- Relatives were satisfied that their relatives were safe and well cared for.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident any concerns would be referred to the local authority.

- Staff knew how to report accidents and incidents and told us they received feedback about any changes and learning as a result of analysis of incidents.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to adequately assess, monitor and reduce risks to peoples' health and safety. This was a breach of Regulation 12 (Safe care and treatment) 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 12.

- Staff completed fire safety training, fire drills and evacuations to ensure they had the appropriate knowledge and skills to support people in an emergency situation.
- Records relating to fire safety such as personal emergency evacuation plans (PEEPs) were in place and up to date. However, some required more detail to ensure staff had the relevant information to support people's individual needs.
- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls.

Preventing and controlling infection

At our last inspection there were issues with cleanliness and safety in some parts of the environment. This was a breach of Regulation 15 (premises and equipment) of the Health and Safety Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15

- People were protected from the risk of infection.
- The provider had made improvements since the last inspection. Rooms had been redecorated and the environment was visibly clean. One person said, "They [staff] keep things really clean; they are always in here cleaning and sorting things out."
- Improvement works continued to be made regarding the redecoration of the environment. The registered manager advised remaining works were included in the action plan.
- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about good practice relating to COVID-19.
- We observed staff and visitors using personal protective equipment (PPE) safely.

Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service.
- Staff rotas showed planned staffing levels were achieved and staff told us there were enough staff to meet people's needs.
- Safe recruitment practises were in place to ensure staff were suitable to work with vulnerable people.

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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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 the last inspection the provider failed to ensure systems were in place or robust enough to demonstrate safety was effectively managed. 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.

- Improvements had been made to the providers quality assurance system since our last inspection.
- Oversight of the safety and quality of the service was now in place. Further improvements were required to ensure consistency and continuity.
- Standards of record keeping had improved and were now audited regularly to ensure they were up to date and reflected people's needs.
- Statutory notifications about accidents and safeguarding concerns were sent to the local authority and CQC as required.
- Investigations and auditing of accidents and incidents was carried out to appropriately mitigate future risks to people.

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

At the last inspection the provider failed to operate effective systems for maintaining records. 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.

- The provider had been responsive to issues found in the last inspection.
- The culture of the service had benefited from improvements made by the provider. People and their relatives spoke positively about the changes made at the service. This had a positive impact on people's wellbeing. One relative told us "There have been a lot of improvements made since the last inspection, my family member loves their new room, the carers are lovely, and the new management team are more approachable."
- Quality assurance systems identified issues we found during inspection; any minor issues found during inspection were rectified immediately.
- Staff training was up to date and supervisions regularly completed. This supported staff to have the knowledge, skills and support needed to provide person centred care.
- Care plans were person-centred and reflected people's diverse needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from visiting professionals including advocacy services and health care professionals through questionnaires. Responses were positive and complimentary. The service used this information to ensure transparency and good outcomes for people.
- The provider frequently engaged with people who used the service in a wide range of topics including menu changes, visiting, vaccination programmes, and a new programme for activities.
- Staff attended meetings with the management team to go through updates and share information including how the new quality assurances processes would work and help drive improvements.
- The provider consulted with friends and relatives of people who used the service. Feedback included their thoughts and opinions on the premises and the level of care provided. The provider used this information to make improvements within the service.