

Comfy Care Homes Limited

Rockfield Residential

Inspection report

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Scarborough
North Yorkshire
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Tel: 01723361019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rockfield Residential is a residential care home providing personal care to younger adults with mental health needs. The service can support up to 17 people in one adapted building. At the time of this inspection 12 people lived at the service.

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

Governance systems had been developed and improved since the last inspection. However, further work was needed to ensure these were fully embedded and effective in identifying all shortfalls and areas where the service needed to improve. We have made a recommendation about governance systems.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Best interest decisions had not been made in line with the principles of the Mental Capacity Act 2005 (MCA). We have made a recommendation about MCA and best interest decision making.

People told us they liked living at the service and felt safe. Support was provided by a consistent team of staff who had a good understanding of people's care and support needs. Staff were visible around the service and it was clear positive, caring relationships had been developed. Staff had received appropriate support and some training, although specialist training was lacking. We have made a recommendation about specialist training.

People's needs had been assessed and improvements had been made to the information recorded in people's care plans and risk assessments. Consideration was given to people's specific interests and how participation within the local community could be encouraged.

Improvements had been made to ensure a safe recruitment process was operated. Medicines were managed safely; staff had been trained and their competency regularly checked to make sure people received their prescribed medicines.

People and staff spoke positively of the manager. The manager was passionate about ensuring people received the support they required, engaged with the community and helped people to work towards achieving goals. People were encouraged to provide feedback on the service provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 August 2019) and there were two breaches of regulation in relation to safe recruitment and governance systems. 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 some improvements had been made and the provider was no longer in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Rockfield Residential

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

One inspector carried out this inspection.

Service and service type

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

The service did not have a manager registered with the CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The previous registered manager left the service in July 2019. A new manager was in post who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with two people who used the service. We spoke with four members of staff, which included care staff, the health & safety manager and care manager.

We viewed a range of documents and records. This included three people's care records and seven medication records. We looked at two staff recruitment and induction files, four staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

We 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a further two care staff.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection the provider had failed to establish and effectively operate recruitment procedures. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- A safe recruitment procedure was now in place and followed. This ensured suitable staff were employed.
- There was enough staff on duty to provide the support people needed. Staffing levels were reviewed on a regular basis.
- People told us there was enough staff. One person said, "I like to do my own thing, but staff are always here when I need them."

Assessing risk, safety monitoring and management

- Regular fire checks had been completed to ensure the service was safe. Fire drills were not always recorded but staff confirmed these had taken place.
- Checks on the safety of the service were not always effective. For example, there was a broken window in the bathroom which had not been identified. Immediate action was taken to address this.
- Systems were in place to identify and reduce risks to people.
- The manager had developed systems further to ensure risks associated with medical conditions were accurately recorded.
- Regular reviews of risk assessments, to ensure they remained up to date were completed

Preventing and controlling infection

- Infection control practices were in place and followed; some improvements had been made since the last inspection such as refurbishment of bathroom and en-suites.
- Some areas of the service were scheduled to be renovated; there were areas where paintwork was chipped making it harder to clean and toilet seats that were heavily stained. The manager informed us replacements seats were being sourced.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.
- Staff had received regular training and demonstrated a thorough awareness of their responsibilities.

- People told us they felt safe. One person said, "I live here. It is my home and it keeps me safe."

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- Where people were prescribed 'as and when' required medicines appropriate protocols were in place.
- Staff had received appropriate medicines training and their competencies were assessed.

Learning lessons when things go wrong

- Systems were in place to ensure any accidents or incidents were recorded.
- The manager had an open and honest approach to learning from mistakes. Discussions were held with people and staff to ensure they were fully informed of any shortfalls and what action was going to be taken as a result.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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 this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not supporting anyone who lacked capacity at the time of our inspection.
- The principles of the MCA had not always been followed. For example, a best interest decision had been made for one person who had capacity so was therefore not required. We discussed this with the manager who took action to ensure the best interest decision was removed.
- People's choices were being followed. The manager and staff were able to demonstrate understanding of the MCA.

We recommend the provider seeks advice from a reputable source in relation to MCA and best interest decision making.

Staff support: induction, training, skills and experience

- Staff had received basic training to ensure they had the skills and knowledge to support people. However, staff had not received training in relation to people's specific health conditions, for example, mental health. We recommend the provider finds out more about training for staff, based on current best practice, in relation to people living with mental health conditions.
- Staff received support from management. Supervisions were used to assess staff performance and development.
- New staff received an induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.

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

- The service ensured they could meet people's needs. Pre-admission assessments were completed by a competent member of staff before a person was admitted to the service.
- Professional advice and guidance had been considered when planning how best to meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink regularly.
- People's preferences with regards to meals were respected whilst encouraging a healthy balanced diet.
- Staff were aware of people's medical conditions and the impact of eating an unbalanced diet could have. One staff member said, "We have tried really hard to introduce a variety of foods that people have not considered trying before. This had benefited their health."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy; staff supported people with medical appointments when required.
- Staff sought advice from professionals and this was acted upon.

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

- The signage and design of the environment was sufficient to meet the needs of the people living at the service.
- People's bedrooms had been personalised according to their individuals likes and interests. There were communal areas and safe outdoor spaces for people to use.
- Improvement had been made since the last inspection to the environment. Refurbishment work has been completed including redecoration. However, some carpets, wallpaper and paintwork remained old and worn and required updating. A refurbishment plan was in place to address this.

Is the service caring?

Our findings

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

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

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

- Staff were attentive to people's needs. There was a relaxed atmosphere; a positive, caring relationships existed between people and staff.
- People told us they were all treated as individuals and felt there was no discrimination from staff.
- Staff demonstrated a friendly approach which showed consideration for people's individual needs. They communicated with people in a caring and compassionate way. They gave time for people to respond and acted on people's requests in a timely manner.
- People responded very positively to staff; they smiled, laughed and joked with them showing us they shared positive caring relationships with them and valued their company.

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

- People were supported to make decisions; staff routinely offered people choices about what to do, how to spend their time and what to eat and drink.
- People told us they were in control of their care and support.
- Staff understood people's communication needs and body language. For example, if this indicated a person wished to spend time alone this was respected.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do things for themselves to promote their independence. Staff provided verbal prompts and offered reassurance when needed.
- Staff respected people's privacy and dignity; people had keys to their rooms and access to private space whenever they wished. One person said, "I can come and go as I wish. I let staff know where I am going so they know I am safe."
- Staff knocked on people bedroom doors and waited for a response before entering. One person said, "I like it here because it is almost like I have my own flat, my own space. I wouldn't feel safe living totally on my own."
- People were encouraged to maintain relationships and build new friendships.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred support. Staff understood people's needs and what was important to them.
- Care plans contained detailed information about people's likes, dislikes and preferences.
- People were encouraged to discuss their care to ensure person-centred support was provided.

Meeting people's communication needs

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

- Information was provided in a way people could understand.
- The manager had developed records and policies and procedures to ensure easy read versions were available.
- Staff were familiar with people's communication needs. One staff member said, "We are like a big family. We all know each other really well."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to participate in things they enjoyed. Events in the local community were promoted.
- Management had introduced new initiatives to encourage interaction and participation in activities and staff had begun to explore people's goals. Work was ongoing to ensure these could be met.
- People were encouraged to access the local community. One person said, "I go out most days. I enjoy going to the local shops."

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns or complaints.
- A complaints policy and procedure was in place and on display. This had not been reviewed within required timescales.
- There had been no formal complaints made; the manager was familiar with the process to follow should a complaint be raised.

End of life care and support

- The service supported younger adults and did not routinely provide support with end of life care.
- The manager was in the process of introducing care plans to support staff to explore and record any wishes and views people had regarding care and support at the end of their life.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 our last inspection the provider had failed to assess, monitor and improve the service. They did not have effective quality assurance processes in place. 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 19. However, systems and process needed fully establishing and embedding into practice.

- The quality assurance process in place had improved since our last inspection. Regular audits to monitor the quality and safety of the service were now in place. Action plans had been developed when shortfalls were found. However, they were not always effective in highlighting all shortfalls and some needed further development. For example, windows being damaged, and MCA not being applied appropriately.

- The provider visited the service on a regular basis. However, there were still no clear audits in place to demonstrate they checked the service was delivering good quality care.

We recommend the provider seeks further support and guidance from a reputable source, about effective systems to monitor and improve the service.

- The manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.

- The manager worked hard to ensure they kept up-to-date with good practice guidance; they actively researched important developments and changes in adult social care to promote best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager promoted a person-centred culture to improve people's quality of life; people's needs were assessed, and care planned in a person-centred way.

- The manager was committed to continually developing the service. For example, they had introduced resident meetings and began to encourage people to consider life goals and how these could be achieved.

- People and staff spoke positively about the managers approach, commitment to the service and improvements they had begun to make. One person said, "[Manager's name] is the best. They really do care

about us. They are my friend."

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

- The manager was responsive to issues and concerns; they understood their responsibility to be open, honest, and apologise to people if things went wrong.

Working in partnership with others

- Staff shared good relationships with professionals and worked with them collaboratively to implement good practice guidance.
- The registered manager recognised the importance of community involvement; they had good links with local mental health services and ensured people were informed of events taking place in the local community.