

RockSolid 247 Limited

# RockSolid 247 Limited

## Inspection report

78 The Boxhill  
Coventry  
CV3 1ER

Tel: 01375482043

Website: [www.rocksolid247.com](http://www.rocksolid247.com)

Date of inspection visit:

26 January 2023

27 January 2023

30 January 2023

02 February 2023

03 February 2023

Date of publication:

23 August 2023

## 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

### About the service

RockSolid 247 is a domiciliary care agency. The service provides personal care to children with physical disabilities, sensory impairment and learning disabilities or autistic spectrum disorder. At the time of our inspection there was 1 person receiving personal care.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of "Right Support, Right Care, Right Culture.

### Right support:

Children were receiving care that supported them to make their own decisions and be involved in their care. Children 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; the policies and systems in the service supported this practice. Children were supported to stay safe and were cared for by staff who went through a robust recruitment process. Children were supported as individuals. This included providing food in an appropriate way and communicating with people in a way they understood.

### Right care:

Children received person-centred care. Staff had developed good relationships with people and demonstrated a respectful and kindly approach towards them. Staff followed people's care plans to help ensure that care was effective and safe and staff were provided with specific training to assist with this.

### Right culture:

The service had a positive culture that was person centred. Staff told us they enjoyed their job and making a positive difference to someone's life. The registered manager displayed good leadership skills and staff and representatives spoke positively about their support. The provider had clear and effective governance systems in place that identified and managed risks through audits.

For more information, please read the detailed findings section of this report. If you are reading this as a

separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 12 January 2022).

At our last inspection we found breaches of the regulations in relation to safe care and treatment, person centred care, staffing and good governance. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

This service has been in Special Measures since 10 November 2021. 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

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below

Good ●

# RockSolid 247 Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since their last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

We spoke to one relative about their experience of using the service. We also spoke with the senior staff team which comprised of the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one member of care staff and a professional who commissioned care packages with the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had not taken precautions to reduce the spread of infectious disease. Staff did not always have access to personal protective equipment (PPE) and had not completed training to understand how to reduce the risk of spreading infectious disease. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

### Preventing and controlling infection

- Personal protective equipment (PPE) was available for staff to use, and staff told us they were provided with a good level of supplies .
- A relative told us staff always wore PPE when providing care.
- The provider's records showed staff had received training regarding infection control and staff confirmed they had received relevant training.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to make sure that infection outbreaks could be effectively prevented or managed.
- Staff had received training in food safety to help them reduce hygiene risks to people when preparing and serving food.

### Assessing risk, safety monitoring and management

- The provider made sure risks to children's safety and well-being were well managed.
- The provider undertook assessments with people to identify risks posed to their safety and wellbeing. This information was used to develop plans for staff about how to manage these risks to keep people safe. A risk assessment for one child detailed how staff were to support them in the shower. This risk assessment had been reviewed regularly and updated as the child's needs had reduced.
- Relative's said staff understood the risks posed to people and what they should do to manage these. A relative told us, "Staff have a risk assessment, and the care is very safe, they are aware of how to support [Name] with accessing the toilet."
- A staff member told us "Yes, I have access to the risk assessment, they are emailed to me and there is a copy in the house. If anything changes, I am told about it before I go to support the [Name.]"
- Staff had been trained to deal with emergency situations and events if these should arise in people's homes so that they would know what action to take, to keep people safe in these circumstances.

### Systems and processes to safeguard people from the risk from abuse

- Children's relatives told us they believed the service to be safe.

- Staff knew what steps they should take if they suspected abuse. They told us they had received training regarding safeguarding children and adults and felt confident in using their learning if they suspected a person they supported was at risk of abuse. The provider's records confirmed staff had received this training and it was reviewed regularly.
- The provider had appropriate systems and processes in place to protect people from the risk of abuse and avoidable harm..

#### Staffing and recruitment

- Staff were recruited safely.
- References and Disclosure and Barring Service (DBS) checks were requested prior to new staff commencing employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The service was not supporting anyone with medicines at the time of our inspection.
- Staff had received training in medicines management and told us this would be reviewed if they began to support someone who they needed to administer medicines to.
- The provider had arrangements in place to monitor medicines and ensure they were managed safely in the event of this support being required.

#### Learning lessons when things go wrong

- The provider and registered manager had listened to our findings following our last inspection and developed action plans to address the previous failings.
- Learning from investigations and feedback was used to help the service improve the quality and safety of the support provided.



# 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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found the provider had not ensured staff were suitably trained to carry out their roles. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

### Staff support, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. A staff member told us "We have had a recent refresher for positive behaviour support and first aid. We had COVID-19 training too and how to wear PPE." They went on to say "I thought the autism training was useful especially working with children and challenging behaviour. It taught me the behaviour wasn't to be difficult, it was to tell us one of their needs wasn't being met."
- New staff were required to successfully complete a period of induction. During this period senior staff assessed their skills and knowledge to make sure they were competent to work alone with people.
- Staff had supervision meetings with senior staff to support them in their role and to identify any further training or learning they might need.
- The provider and registered manager were in regular contact with staff, providing support and advice when this was needed.

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of our inspection care and support was only provided to children under the age of 16. As the Mental Capacity Act 2005 (MCA) applies to people aged 16 and over the legislation was not applicable during

this inspection.

- Staff understood they needed to ensure any decisions made were in line with the person's best interests and were the least restrictive way of doing things. Records we looked at confirmed people were supported with their best interests and safety in mind.
- Children's needs were assessed together with the person, relatives and health professionals to ensure the service was able to meet the person's needs and wishes.
- Children's care plans included their healthcare conditions, preferences, the care and support they needed.
- Children's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- Children were supported to eat meals which met their dietary requirements and their preferences.
- A relative told us "[Name] used to only eat a very limited diet but staff have supported them to gradually try new things and now they eat a much bigger variety which is better for their health."
- There was information for staff in people's records about their preferences for meals and drinks. This helped make sure staff provided people with food and drink of their choice.

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

- The provider told us they worked openly with other agencies and external professionals to ensure people received effective care.
- A social care professional told us how the provider works with them to assess a child's needs and to develop a suitable care package.
- Staff shared information with other healthcare professionals such as the GP and social workers when needed to make sure people experienced a consistent, joined up approach in the support they received.

# 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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. 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

- A relative told us staff were committed to providing good quality compassionate care and support. They said staff were well informed, trained in the necessary work areas to support them effectively and went the extra mile to ensure people were well treated and supported to meet their needs.
- A relative told us, "They are absolutely brilliant. I have no complaints only praise for what they do for me. Kind and caring and nothing's ever too much trouble". The relative went on to say, "We are very happy indeed with the way they care for [family member]".
- Staff received training in equality and diversity and understood people's needs.

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

- Children and where appropriate, their relatives, were involved in their care decisions.
- Children and their relatives views of the service were regularly sought to enable the provider to monitor the quality of care being delivered by staff and to identify if any changes were needed.
- Children and their relatives were given information about the service and how to contact the managers if they had any concerns.

Respecting and promoting people's privacy, dignity and independence

- A relative told us staff were respectful and provided support in a dignified way. They went on to explain how staff had supported the person to gain skills which increased their dignity and their quality of life.
- Children were supported to gain as much independence as possible. Staff were provided with clear information about what people were able to do for themselves and what areas they required support with.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

At our last inspection we found the provider did not ensure people received appropriate person-centred care that met their needs. The provider had not created personalised care plans to reflect children's needs and preferences. This was a breach of Regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

### Planning personalised care

- Children's care plans were personalised, detailing health needs, backgrounds and people who were important to them. Care plans were kept up to date so they remained reliable for staff to follow .
- Children and their relatives were involved in the initial assessment and care planning and in any care plan reviews when they took place.
- Staff knew children's individual needs and preferences well as they worked closely with them and understood their risk assessments and care plans.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were able to describe how they used visual cues, gestures, and simple sentences to communicate with a child who had limited verbal communication to understand each other. They went on to say, "I spend a lot of time with [Name], we understand each other very well and I know what they like."
- Care plans contained information about children's communication needs which were established through the initial assessment and ongoing reviews.
- Information was available in different formats to suit people's individual communication needs.

### Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. Relatives knew how to make complaints should they need to.
- The complaints process included details of how to appeal a decision, contact details for the local government and social care ombudsman and CQC.
- The provider kept a log of formal complaints which detailed changes made following investigation to improve the service and raise staff awareness by sharing lessons learnt to prevent a recurrence.

# 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 our last inspection we rated this key question inadequate. At this inspection we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider had failed to operate systems or processes to assess, monitor and improve the quality and safety of the services provided. Accurate, contemporaneous records for each child using the service were not maintained and feedback was not encouraged. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had implemented new systems to check on the quality and safety of services. This included checks on daily record keeping and the provision of people's care. Staff did not currently provide medicines to anyone however the provider had audits in place to monitor this if they were to begin.
- The provider had implemented a new system to log care call times which alerted them if a member of staff had not clocked in within ten minutes of their allocated time. This then prompted the registered manager to contact the member of staff and if there was a delay, they were able to communicate this with the child's relatives. Recent audits showed there had not been any late or missed calls which a relative confirmed.
- Staff told us spot checks were carried out as a way of monitoring their performance, and any shortfalls were discussed at the time.
- Staff told us supervision provided a forum to discuss any performance issues. A staff member said the registered manager knew if training had not been completed and they received reminders.
- The provider and registered manager were experienced and had the skills and knowledge to deliver a safe, compassionate service. Staff told us the provider and registered manager was approachable and supportive.
- The provider and the registered manager had regular contact with the families of children who they supported to gather feedback of the support provided. If any changes were required based on feedback this was shared with staff and discussed during team meetings to make improvements to the service delivered.

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 provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The registered managers understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service

and serious injury. This is a legal requirement.

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

- There was a drive by the provider and the registered manager to offer a high-quality service to people. One which was provided by staff who were suitably skilled and trained in people's individual needs.
- The registered manager said they were aware of the Right support, right care, right culture guidance. They told us staff had received learning disability training and other guidance would be rolled out to staff. All of which would ensure people's inclusion in their care.
- There was a positive culture within the service as staff were happy in their role. We were told, "It is very interesting, and I like it. I make a difference and I know I help to make [Name] happier."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A relative spoke positively about the provider. They told us told us, "Nominated individual always picks up the phone quickly or responds to emails promptly."
- Staff felt supported by the registered manager and told us they could approach her at any time. Staff told us, "[Registered manager] is very supportive. You can always ask them things."
- Monthly staff meetings were held which covered a range of topics, such as timekeeping, training, rotas, care plans and risk assessments. Meetings also discussed staff's reflections on what had gone well in relation to a person's care package and what could be learnt.

Working in partnership with others

- Feedback from a representative of the local authority who commissioned care with the service was positive. They explained the provider had worked with them after our last inspection to make improvements to their processes and care records. They went on to praise the quality of care provided and how promptly the provider, registered manager and staff responded to people's needs.