

Karlex Care Limited

# Roclyns Rest Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Roclyns Rest Home provides assistance with support and accommodation for up to 19 people who require assistance due to frailty of old age and health care needs, such as diabetes. There were 18 people living at the home at the time of the inspection; some were living with dementia and others needed support with daily living including walking around the home safely. The home has two communal lounges and a dining area, the bedrooms are on the ground and first floor and a passenger lift enables people to access all parts of the home. There is a large garden to the rear that is accessible to people using walking aids and wheelchairs.

This inspection took place on the 16 May 2017 and was unannounced.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager used an effective quality assurance system that had reviewed all aspects of the services provided, including care plans and health and safety. They said this had enabled them to identify areas where improvements were needed. Staff told us a number of changes had been made since April 2016 when the provider had registered with CQC and they said the management encouraged people, relatives and staff to be involved in decisions about developing the services provided.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected. People had been supported through best interests meetings and referrals for DoLS had been made to the local authority to ensure people were safe.

People said the staff were very good and provided the support they wanted and needed. Staff encouraged people to be independent and make choices and individualised risk assessments provided guidance for staff to assist people to ensure their safety.

Relevant training was provided to ensure staff understood how to meet people's needs and they were supported to develop their skills and work towards vocational qualifications.

There was an effective system in place for the management of medicines and people had access to health professionals as and when they were required.

People said the food was very good, choices were provided and the menu was based on people's individual likes and dislikes. Group and one to one activities were available for people to participate in if they wished

and people chose how and where they spent their time.

People, relatives and staff said the management was approachable and the registered manager had an open door policy to encourage them to be involved in developing the services. Satisfaction surveys were used to obtain feedback from people, relatives, staff and health professionals about the services provided.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People, relatives and staff said they did not have anything to complain about.

## 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 is safe.

Staff had attended safeguarding training and demonstrated an understanding of abuse and how to protect people.

Risk to people had been assessed and managed as part of the care planning process and there was guidance for staff to follow to ensure people's safety.

There were enough staff working at the home to meet people's needs; staff recruitment practices were robust and only suitable staff were employed.

Medicines were administered safely and administration records were up to date.

### Is the service effective?

Good ●

The service is effective.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty; they were aware of current guidelines and their responsibilities.

Relevant training was provided to ensure staff had a good understanding of people's needs and staff were encouraged to develop professionally.

People were supported to maintain healthy diets, choices were available and staff assisted people as required.

Staff arranged for people to see health and social care professionals when they needed to.

### Is the service caring?

Good ●

The service is caring.

People were treated with respect and staff provided support in a kind and caring way.

People were involved in decisions about their care and made choices about all aspects of the support provided.

People were encouraged to maintain relationships with relatives and friends and visitors were made to feel very welcome.

### **Is the service responsive?**

**Good** ●

The service is responsive.

People received support that was personalised and based on their wishes and preferences.

People decided how and where they spent their time and a range of activities were provided for them to participate in if they wished.

A complaints procedure was in place and people and visitors knew how to raise concerns with management and staff.

### **Is the service well-led?**

**Good** ●

The service is well led.

Quality assurance and monitoring systems ensured appropriate support and care was provided and, the registered manager and staff continually looked for ways to improve the service.

The registered manager and assistant manager provided clear leadership and staff were aware of their responsibilities.

Feedback was sought from people, relatives and staff through regular meetings and satisfaction questionnaires.

# Roclyns Rest Home

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 16 May 2017 and was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed information we held about the service, such as complaints, safeguarding issues and any notifications. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR); the inspection had been brought forward as part of our inspection programme as the service had been registered under a new provider in 2016. We also reviewed any other information that had been shared with us by the local authority and quality monitoring team.

During the inspection we spoke with 10 people living in the home and one relative. We spoke with three care staff, two housekeeping staff, the cook, assistant manager, registered manager and a social care professional. We looked at a number of records; including policies and procedures, four care plans, the recruitment records for four care staff, complaints, accident/incidents and safeguarding records. We also looked at the provider's quality assurance audits.

Some people who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. We also 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.

We asked the registered manager to send us a copy of their statement of purpose, training plan, staff rotas and minutes of residents and staff meetings. They sent these to us within a few days of the inspection.

This is the first inspection following Roclyns Rest Home's registration with CQC under a new provider.

# Is the service safe?

## Our findings

People said they were comfortable, they liked their rooms and staff were always available when needed. They told us, "Nice and comfy. I've got the cream of the cake, or the icing on top. I've always felt safe" and, "Yes I trust the staff. I like the staff, they're caring I think I'd say definitely, don't seem to have any problems between us." A relative said they felt the home was safe. Staff demonstrated a good understanding of people's needs and how to ensure they were safe while supporting them to be independent.

As far as possible people were protected from the risk of abuse or harm. Staff had completed safeguarding training; they had an understanding of different types of abuse and were clear about the action they would take if they had any concerns. They said, "I would report anything straight away" and, "If I saw anything I would stop whatever it was and tell the manager and I know if they didn't sort it out I would tell social services or you." Staff told us they had read the whistleblowing policy and, "I have no problem whistleblowing on anyone. I have had to do it in the past, but nothing here" and, "I have no problems talking to the manager about anything. I would whistleblow." People said they felt safe and supported. One person told us, "Yes, I am safe and secure. I like all the staff and people who live here, they're a nice bunch I think, no need to worry or fear."

People were encouraged to be independent and take risks in a safe way and staff provided support and guidance when needed. For example, people used mobility aids, zimmers or walking sticks, to move around the home. Staff walked with people at risk of falls when they moved to and from the dining room at mealtimes as they chatted together. Staff observed them and offered encouragement to walk while allowing them be independent and make choices about where they wanted to have their meal. Staff told us, "If they can do things for themselves we support them to do that" and, "Residents are independent really, some need help moving around, but otherwise they do what they want." Risk assessments specific to each person had been completed. These included assessment of people's mobility, nutritional needs, communication and waterlow scores to ensure they were protected from pressure sores. Staff were knowledgeable about the assessments; they said these were reviewed monthly and updated if a person's needs changed and, there was evidence in the care plans to support this.

Medicines were managed safely. The member of staff responsible for ordering, checking and storing medicines explained they process used to ensure prescribed medicines were available for people when they needed them. Staff said they had completed training before they gave out medicines and regular audits ensured that the medicine administration records (MAR) were completed. People were given their medicines as prescribed; staff locked the trolley when leaving it unattended and signed the MAR after the medicines had been taken. Procedures for medicines prescribed as required (PRN), such as paracetamol for pain relief, were followed and staff asked people if they needed anything for pain. People said they had the medicines they needed and were pleased that staff organised them on their behalf.

Recruitment procedures ensured that only suitable staff worked at the home. There were relevant checks on prospective staff's suitability, including completed application forms, two references, interview records and evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if



prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. There were enough staff working in the home to meet people's needs safely. People told us the staff were always available. One person said, "If I ring the bell they come very quickly." There were on call arrangements for evenings and weekends and staff knew who to call in an emergency. Staff told us there were enough staff to meet people's individual needs.

Accidents and incidents were recorded; the registered manager monitored these and audited them monthly. Staff said if an accident or incident occurred the relevant form would be completed and they would, "Talk about it to try and prevent it happening again." For example, one person had fallen out of bed, their needs had been re-assessed and an adjustable bed had been obtained and a pressure mat placed on the floor. This was to reduce the risk of injury to the person and let staff know if they got out of bed and, it also enabled staff to raise the bed to provide personal care and so reduce the risk to them.

The home was well maintained and regular health and safety checks ensured it was safe for people, visitors and staff. Fire alarms were tested weekly and fire training was provided. Staff said as part of the fire training the evacuation procedure had been tested, with people and staff leaving the building to ensure it was effective. There were records to show relevant checks had been completed, including lighting, hot water, call bells and electrical equipment. External contractors maintained the lift, gas and electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

## Is the service effective?

### Our findings

People were supported to maintain good health; nutritious meals were provided and relevant training for staff ensured they had a good understanding of people's needs. People told us, "Staff seem to know what they're doing" and, "I've never had anything to complain about they really look after (relative). They're great." People were very positive about the food and drinks, they said, "Choice of two in the morning or will fix up something else if you don't like the choice, have sandwiches, quiche in the evening, they deserve ten out of ten." "More than enough food, always have fruit, bananas, apples, mandarins" and, "Have tea and coffee, cold drinks like grapefruit in big jugs, you can help yourself and they ask if anyone wants a drink." A relative said their family member, "Has a cooked meal and didn't used to, has fruit, it's all good and she's likely to get bigger as she had lost a lot of weight. Has a dessert here, didn't previously and says the meals are nice, they have two choices."

The registered manager and staff had completed training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity and enabled them to make decisions or participate in decisions about the support they received. Most of the staff had a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff said people living in the home made decisions about the care and support provided, although some needed to be reminded or prompted because they were living with dementia. Staff told us, "We ask residents about everything and they can decide what they want to do, eat or drink" and, "We may have to remind people with dementia, but it is up to them." One person said, "I prefer to stay in my room and staff tell me if there is anything going on. I go down for lunch, but I like to sit here." Staff were aware that people may become isolated if they remained in their rooms and they spent time with people in their rooms throughout the day. A relative told us that their family member had their door open on the ground floor, "So has company all the time."

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes; they need support with aspects of their lives and this had been followed for one person. A best interest meeting had been arranged to enable health and social care professionals, staff and the person to discuss what their specific needs were and, if a DoLS was the most appropriate course of support to put in place. The registered manager told us the decision was that a DoLS was not needed; the person had been assessed as not at risk, following the provision of appropriate support.

Staff were supported to develop a good understanding of people's needs and the skills to provide the care people wanted. They told us they were required to attend and had completed the training appropriate to their role, or it had been arranged. Training included safeguarding, health and safety, fire safety, medicines, infection control, food hygiene, diabetes and dementia awareness, end of life care and first aid.

Staff said they worked through an induction booklet when they first started working at the home and depending on their experience they were encouraged to study vocational qualifications. One member of

staff was working through the Care Certificate; a set of 15 standards that health and social care workers, new to working in care, follow to ensure they have appropriate introductory skills; the knowledge and behaviours to provide compassionate, safe and high quality care and support. Six staff had completed level 3 in care and two staff were working towards it, two staff had completed level 2 and another 2 were working towards it and, the registered manager, assistant manager and one care staff had completed level 4 and 5 in care. One member of staff told us the management were very supportive if they wanted to develop professionally and said, "I want to go up to level 5 and I am sure they will let me do it."

Regular one to one supervision was provided and staff said this was very good; they completed the self-appraisal part of the form before supervision and then had opportunities to discuss any aspect of the provision of care and support and training. One staff member said, "It is very good, we have a chance to talk about anything and they can tell us if there are areas we need to improve; which is how it should be as there is always something to learn and improve."

People were supported to have enough to eat and drink and they told us the food was very good. The said, "The food is marvellous" and, "Food wise this has got to be number 1. The staff employed to do the food are great, certainly no complaints, a very good selection of food." Mealtimes were relaxed and sociable, people chose where they wanted to sit, most in the dining room, two preferred to remain in their rooms and one chose to eat in the lounge. People chatted with each other and staff as the meals were served; staff asked people what they wanted and an alternative was offered when one person changed their mind at lunchtime. Condiments, napkins and juices were provided and juice, tea and coffee were available throughout the day when people wanted them. People were encouraged to have a nutritious diet; snacks were available at any time and people said they had enough to eat and drink. Staff assisted people with their meals and reminded people to eat as required. The cook had a good understanding of people's likes and dislikes and the food was fresh and home cooked, including cakes and desserts. Meals were planned to meet each person's needs; such as a small meal for one person who was put off eating if there was too much food on the plate and, meals for people with diabetes.

Staff used food and fluid charts to record how much people had to eat and drink if they were not eating as much as usual, or their health needs had changed. Staff told us, "We are using the charts for three residents. One isn't really drinking enough and we need to remind them and (person) is not eating as much so they have been seen by the nutritionist and supplementary drinks have been prescribed in addition to the meals." "If we have any worries we contact the GP, they are very good they visit as soon as they can" and, "We weigh people monthly so we know if people have lost or gained weight. Some need to put weight on when they move in and we can see this happening with the weights."

People had access to health care professionals and there was evidence of good communication in the management of people's care. GPs and district nurses visited the home as required and records were kept and guidance had been included in the care plans for staff to follow. One person said, "The doctor visits if we need them, the staff are very good and arrange it." Appointments were made with dentists and opticians as needed and the chiropodist visited the home regularly. Specialist advice was requested when required, such as an occupational therapist to advise about supporting a person to transfer using a stand-aid or hoist.

# Is the service caring?

## Our findings

People said they liked living at Roclyns Rest Home and they had the care and support they needed. People told us, "They ask how I am." "They look after me well" and, "I'm happy to be here." A relative said that staff treated their family member with dignity and respect and, "The staff seem very very pleasant. (Relative) is settling in very well."

People said they were comfortable and the atmosphere in the home was calm and relaxed. Conversations between people and staff were friendly and on first name terms, which people preferred. There was lots of laughing and joking in a respectful way and staff responded appropriately to people's requests and queries. For example, one person living with dementia asked, "Where should I sit" and staff said they could sit where they liked and offered them different chairs in the lounge until they decided where to sit.

Staff understood the importance of protecting people's privacy and dignity. They knocked on people's bedroom doors and asked for permission to enter. Staff asked people discreetly if they wanted assistance with personal care and protected their dignity as they assisted them to transfer to and from wheelchairs and armchairs. Staff said they were aware of how people might feel when they needed support; they could empathise and always asked for their consent before they provided care. One member of staff said, "We understand that residents would like to be able to do anything they want and now they have to rely on us for help. So we must be very careful to respect their choices and offer the support they need."

Staff had read the care plans and demonstrated a good understanding of people's life story, which included their personal history, their hobbies and interests and details of people who were important to them. One member of staff said, "The residents are all different, they have their own interests and if we know about these we can put forward suggestions to plan their care and offer the support they want." People sat in the large lounge watching TV programmes of their choice, in the quiet lounge or their own rooms and two sat in the garden enjoying the warm weather. Staff said, "It is up to them really how they spend their time, we assist them by switching the TV on, or the radio at mealtimes, but they decide." One person told us the staff were, "All very good, we can do what we like and they are there if anyone needs help, but they don't force things on anyone."

Staff said relatives and friends were welcomed into the home at any time and people were encouraged to maintain relationships with people close to them. People said their relatives could visit and one person told us their relatives visited as often as they could. A relative said they were always made to feel very welcome.

Records were stored securely. A confidentiality policy was available to staff and they were aware of the importance of protecting people's private information.

End of life care had been discussed with people and their relatives where appropriate and, this had been recorded in the care plans. Do not resuscitate forms had been discussed with healthcare professionals and completed by people and their relatives in two of the care plans we looked at.

## Is the service responsive?

### Our findings

People were positive about the care and support provided and they said there were a number of activities they could take part in if they wanted to. One person said staff, "Always ask if I'm alright, and always keep an eye on you." Staff said decisions about the care and support provided was based on what people wanted and involved talking with them and their relatives, to ensure their individual needs were met.

People's needs had been assessed before they moved into the home. The registered manager said this was to ensure they could provide the care people needed and that their move into the home did not affect the wellbeing of people already living there. One person told us they had chosen Roclyns Rest Home and their relatives had visited the home to make sure it was suitable. They said, "I am very comfortable here and have the support I need." A relative said their family member had been assessed before they moved in, to make sure they could provide the support and they were very happy, "(Relative) has made new friends here."

The assessments had been used as the basis for the care plans, which contained information about people's needs and guidance for staff to follow to meet them. They were legible, person centred and up to date; with regular reviews that involved each person and/or their relatives. People and relatives said they had reviewed their care plan and had signed them to show they agreed. Staff said the care plans were very clear; they had read them and had recently started the process of reviewing them with senior staff, "To make sure we know the residents needs and how we should support them." Staff knew people really well and discussed people's needs knowledgeably and with confidence. People said the staff knew how much support and care they needed. They told us, "All the staff are a nice bunch, staff and other residents make me feel very welcome, have a chat. I'm very lucky" and, "They're generous and giving of their time."

People were positive about the activities provided; staff supported them to do group and individual activities and external entertainers visited the home regularly. During the inspection an external entertainer provided a range of activities. These included catching and throwing a large balloon type ball; seated exercises to classic songs from the thirties to fifties, the entertainer sang, people tapped their feet and hands and sang along and, mental stimulation games. For example, recalling the titles of musicals and naming different types of hats. One person sat quietly with their eyes closed during the activities, but responded with smiles as the entertainer touched their arm and two other people sat in the quiet lounge watching a DVD. Staff told us the activities were flexible and depended on what people wanted to do. They said, "Residents like watching the TV in the large lounge in the morning, even though some have a TV in their own rooms. They like to sit together while everyone is getting up" and, "We take people out for a walk if they want and one resident visits her home to see the work they are doing on it quite regularly." People told us, "I like sitting in the garden and watch things go by." "Someone comes round, singing, play I spy, spelling and painting" and, "Family can take me out any time." In the morning staff asked people if they wanted a manicure and four people in the lounge had their nails filed and varnished in colours of their choice. One person showed us their hands and said, "I had my nails done before, very nice colour." A relative told us, "There is an activity of some sort every day."

A complaints procedure was displayed on the notice board and had been given to people and their relatives

when they moved into the home. Staff told us they rarely had any complaints and if they did these would be dealt with by the registered manager. One complaint had been raised; the records showed that this had been investigated in line with the provider's procedure and, had been resolved to the satisfaction of the person concerned. One person told us, "I've never had anything to complain about" and, relatives said if they had any worries they would talk to the registered manager or staff.

## Is the service well-led?

### Our findings

From our discussions with people, visitors and staff and our observations we found the culture at the home to be open and relaxed. People said staff provided the care they wanted and management were always available and, "Very approachable." Staff said the registered manager and assistant manager were very supportive and they all felt part of a team that worked really well together, "So people can live the way they want to as much as possible."

Effective quality assurance was used to monitor the support and care provided and the facilities themselves. Audits had been completed to cover all areas, including medication, care plans, cleaning, catering, accidents and incidents and health and safety. The registered manager said they made changes as soon as they identified if any improvements were needed or if there were ways to make a particular process more effective. For example, they had recently started an additional review of care that involved people, their keyworker and senior staff to ensure appropriate support was provided. One member of staff told us, "As a keyworker we make sure residents have enough clothing or toiletries and we ring up their relatives if we think they need anything. So in some ways we probably know them better than anyone else so it makes sense for us to be involved. I think it is a good idea and can only make things better for them."

Quality assurance questionnaires had been used to obtain feedback from people living in the home, their relatives or representatives and visitors, including health professionals and staff. The registered manager had sent these out in October 2016 and positive comments about the support provided had been included. For example, "I have never liked the idea of rest homes but since I came to live here I have been the happiest I have ever been" and, "Since the new ownership at Roclyns the atmosphere has improved immensely, the home is a happy place where my (relative) loves to be." The registered manager said there had been a number of changes in the last nine months and they planned to send out questionnaires in June 2017 for further feedback.

There were regular residents meetings and people said they attended these if they wanted to and could make suggestions. The minutes showed that people had been involved in discussions and changes had been made when they had been agreed by most people, such as a slightly later lunchtime to allow for coffee and biscuits in the morning.

Regular staff meetings ensured that staff were up to date with any changes and they had an opportunity to propose any changes that they thought would benefit people living in the home. The minutes showed that they discussed a number of issues including staff allocation and numbers, to ensure they were based on people's changing needs and, clarification was given with regard to record keeping and the forms staff were required to complete. Staff told us the meetings were very good and meant they were clear about their roles and responsibilities.

Staff were clear that they and the management had the same ethos; to provide appropriate care in a homely environment, with staff supporting people to make decisions about how they lived their lives. One member of staff told us, "This is the first job I have had when I am happy to get up and come to work" and staff said

they enjoyed working at Roclyns Rest Home.

The registered manager notified CQC of significant events which had occurred in line with their legal obligations and these were recorded on our system.