

Andrew Pass

Rock House Residential 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

About the service

Rock House Residential Home is a care home that provides accommodation and personal care to people aged 65 and over. The service can support up to 57 people. At the time of the inspection 53 people were using the service.

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

The service was person centred and there were enough staff to meet people's needs. Staff were recruited safely. There was a procedure in place to ensure any safeguarding concerns were reported and addressed appropriately. Risks were properly assessed, and safeguards put in place to mitigate any risks which were identified. The team used lessons learned to develop and improve the service. People received care in an environment that was safe, clean and tidy.

People's care plans were up to date and accurately detailed the care and support people needed and preferred. People received care from staff who were well trained to meet their needs and the service was homely and welcoming.

People received care and support which was tailored to their needs, delivered by staff who treated them with respect. Staff were caring, and people and relatives complimented the service and said they would recommend it to others.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's dietary and healthcare needs were met. There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager was well thought of and there was effective management oversight and checks of the quality and safety of the service. People's feedback was regularly sought, so they could contribute to the way the service was run.

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

Rating at last inspection:

The service was last inspected in June 2017 (report published August 2017). At that time the rating for the service was 'good'.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well led.

Details are in our well-led findings below.

Rock House Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Inspection team:

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Rock House is a 'care home' with nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People are accommodated on the ground floor and the first floor. There is a lift to the first floor bedrooms. There are three communal lounges and a large dining area. There extensive gardens and a car park.

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:

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information received about the service from notifications sent to the Care Quality Commission by the registered manager. 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 gathered information from other stakeholders, such as the local authority, who commission places in the service. We used all of this information to plan our inspection.

During the inspection

We visited the service on 05 March 2020. During the inspection we spoke with seven people using the service to gather their views and experiences and six visiting relatives. We also spoke with a healthcare professional, who visited the service regularly, working with the service to support people's healthcare needs. We spent time observing staff interacting with people.

We spoke with five staff members, including the registered manager. We looked at documentation relating to three people who were using the service, such as care plans and medicine records. We reviewed two staff files and information relating to the management of the service. We also spoke with one person's relative via telephone on the day of the inspection and they wrote to us afterwards, to confirm their views.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's care were well managed by the service.
- There were effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.
- People had risk assessments in place. These identified any risk relevant to their needs and showed appropriate measures were in place to manage these.
- Risks were discussed during staff handovers and team meetings, so all team members were kept up to date with any changes.

Using medicines safely

- People's medicines were well managed. Medicines systems were well organised, and people were receiving their medicines when they should.
- People told us they were happy with the way staff supported them with their medicines and confirmed they were given on time. One person said, "Tablets? I'm happy with that. I'm happy with everything here really. I couldn't do without it."
- There were medicines audits and we found these were effective in identifying any issues and driving improvements.

Preventing and controlling infection

- The home was clean and effective measures were in place to prevent and control the spread of infection.
- Staff had received training in infection control and personal protective equipment (PPE) such as gloves and aprons were readily available.
- Audits of the cleanliness were undertaken regularly, and any identified shortfalls were addressed effectively and in a timely way.

Systems and processes to safeguard people from the risk of abuse

- Staff safeguarded people from abuse, neglect and discrimination..
- People told us they felt very safe and their relatives told us they had no concerns in respect of their family member's safety. For instance, one person said, "Oh yes, I'm very happy here. I'm safe and my belongings are secure in my room." One person's relative said, "Absolutely safe, no cause to question that at all. Fire alarms? Actually yes, I know they are tested. Secure? Yes, everything's labelled anyway. I've not heard of any incidents where things have gone missing."
- Staff had received training and had a good understanding of safeguarding processes.
- Records showed when incidents of suspected abuse had occurred the provider had reported these appropriately to the local authority's safeguarding team and to the CQC.

Staffing and recruitment

- The registered manager made sure there were enough staff to keep people safe and to properly meet people's needs.
- People and their relatives told us staffing levels allowed time for staff to chat with people. One person said, "Enough staff? I think so. If anyone calls them, they soon come. I don't see anyone complaining." One person's relative said, "There's enough staff and they have the right skills."
- Staff we spoke with felt there were enough staff working with them to support people effectively.
- There was a safe system for recruiting new staff. This reduced the risk of the provider employing staff who may be a risk to people.

Learning lessons when things go wrong

- Staff reported and maintained records of incidents.
- The registered manager monitored and reviewed accidents and incidents to identify any trends. Records showed appropriate action was taken to reduce reoccurrences.
- Staff had enough guidance to reduce risks. Handovers and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed and had been reviewed periodically to make sure care and support was delivered appropriately.
- Information gathered had been used to develop care plans, which ensured people's preferences and diverse needs were met. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Staff understood people's diverse values and beliefs and these aspects of their care and support were planned in partnership with them. People praised the way staff supported them and felt they were treated appropriately. One person said, "I get magnificent care here. Well, I've been here for years. I'm comfortable and I have everything."

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 with appropriate legal authority. In care homes, 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.

- We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- People who had the capacity to consent to their care, had signed to indicate their consent to their care plans. People also confirmed staff asked for their consent to any care and treatment offered and respected their choices.
- Mental capacity assessments we reviewed were decision specific and, where needed, decisions had been recorded, when made on a person's behalf.

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

- People received a balanced diet which took in to consideration their preferences and dietary requirements.
- Everyone was complimentary about the food in the home. For instance, one person told us, "The food is very good. There's not much I don't like. Yes, it's nutritious, I'd complain if it wasn't." One relative said, "The food is quite good. They get fresh food cooked every day. Yes, it's healthy and nutritious, I've been and had a look. They weigh [person] regularly, [person] was skinny and frail. They have put on three pounds."
- At lunchtime the care staff were very attentive to people's needs. Although, one person's relative said there was sometimes quite a long waiting time between people sitting down for lunch and the food arriving. We also observed this to be the case for some people, on the day of the inspection.
- Where people were at risk of not maintaining a balanced diet, there was information in their care plans guiding staff how this should be addressed.
- When needed, staff recorded people's food and fluid intake and advice was sought from relevant community healthcare professionals, if necessary.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively.
- People spoke very positively about the skills and knowledge of the staff.
- A record was kept of training staff had undertaken. This showed staff had received a range of training in areas appropriate to the needs of people using the service.
- New staff completed a structured induction programme and went on to receive regular supervision and appraisal to monitor their performance and support them in their role.

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

- The provider worked in an integrated way with external healthcare providers to make sure people received person centred care and support.
- One relative commented. "[People] have their eyes and ??? checked every year. [Staff] get the doctor if they need them. Every time [person] had needed to go to hospital, a member of staff has gone and waited until we got there." Another relative made a particularly positive remark about the swiftness of staff action when needed, saying, "[Person] had an infection and four hours later, the antibiotics were at the chemist (ready to be collected)."
- Healthcare professionals' involvement was clearly recorded in people's files and information and assessments they shared with the service were incorporated into people's care plans. Staff provided guidance for people in relation to making healthy choices and improving mental and physical health.

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

- The decor was homely and inviting.
- People made positive comments about their surroundings, the outside environment and their bedrooms. For instance, relatives' comments included, "[Person's] room overlooks the fields. [Person] likes it because it's quiet, warm and has got a telly" and "Outside it's nice in summer. They have the door open and can sit out and watch the world go by."
- There were signs to help people to find their way throughout the home. Equipment was available to support people to mobilise.

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

- People confirmed that managers and staff were kind and compassionate and we witnessed several acts of kindness from staff.
- People's comments included, "[Staff] are ever so good to me. They are kind" and "If anyone needs any help, they are there. You don't get many places like that." One visitor said, "Staff are kind. It's a difficult job they do but they do it very well. Many staff have been here a long time; that's got to give a good vibe."
- One relative wrote to say, "I feel Rock House does it's upmost for its residents. It is a stable, clean environment with caring and lovely staff. I can't think of a better place for [my family member] to spend the years they have left living there."
- The provider recognised people's diversity and promoted this in their policies, which highlighted the importance of treating everyone as individuals. People confirmed they were offered support to meet their spiritual or religious needs. One staff member told us, "A couple of church groups come in regularly."

Respecting and promoting people's privacy, dignity and independence

- Discussions with people showed staff upheld people's dignity and privacy. For instance, one person said, "[Staff] are very kind and helpful. They always knock. Privacy, dignity, respect? They show all those things."
- It was clear that staff formed positive relationships with people, knew them well and used their knowledge of people's personal preferences to care for them.
- People were encouraged to maintain and improve their independence. People's care plans included information that enabled staff to promote people's independence and to provide care and support in a way people preferred.
- The service maintained their responsibilities in line with the General Data Protection Regulation (GDPR). The GDPR sets out guidelines for the collection and processing of personal information. People's confidentiality was respected, and their care records were kept securely.

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

- People told us they were involved in decision making in relation to their care and support.
- Care records showed that people's views were central to how their care was planned and delivered. One person said, "I've always been happy here."
- Staff encouraged people to make choices in the way they received their care and people's choices were respected.
- When people could not speak for themselves their relatives had been involved in making sure their care was planned as they preferred. Staff also kept people's family member's up to date with any issues.

- Visitors, whether family members or friends, were made to feel welcome. One visitor told us, "I'm made welcome and it's really flexible. That's important because of my hours, otherwise, it would be difficult for me to visit."

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 care, tailored to their individual needs and preferences.
- Following assessment each person had a care plan developed to meet their needs and wishes. The plans we saw were individualised and reflected the care people told us they were receiving.
- People told us they were very happy with the care and support they received.

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

- It was clear staff supported people to maintain positive relationships with their family members, friends and partners. People's preferences were respected. For instance, a number of people had formed firm friendships within the home. One person told us they preferred not to mix very much, and staff had taken this on board.
- The provider employed an activities coordinator and there was a range of activities on offer to suit people's needs and interests. These were well received by people and their relatives. One person said, "I like the entertainment here and my hobby is doing puzzles. I read a lot. I've had books from here, but I do go to the library as well." One relative told us, "The entertainment is good. They have singers once a week, someone comes in at least twice a week for fitness things. [Person] really likes the singers." Another relative explained professional entertainers who specialised in sessions for people living with dementia visited weekly.

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.

- People's communication needs were identified, recorded and highlighted in their care plans.
- We saw staff communicated well with people and information was provided in formats designed to meet people's needs.

Improving care quality in response to complaints or concerns

- People were encouraged and enabled to raise concerns and complaints.
- The registered provider had a complaints process in place. A guide to how to make a complaint was given to people when they moved in and was displayed in the home.
- People told us they would complain to staff or the registered manager if they needed to and trusted them to listen. People's comments included, "I'd go straight to the manager" and [The registered manager] is

approachable. She is really good, I'm sure I could go to her."

- Nobody had any complaints to share with us and records showed when complaints had been received, they had been dealt with in an open and fair way.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems and processes to assess, monitor and improve the quality and safety of the service.
- Audits were carried out thoroughly, on a daily, weekly and monthly basis by staff at all levels in the team. The registered manager and provider kept a clear overview of the quality and safety of the service. This contributed to the culture of continuous improvement.
- People's relatives told us the home was well managed by a thoughtful and honest registered manager. They told us the registered manager knew people and their visitors very well and this approach had been passed on to members of the team. One relative said, "The manager is excellent, very helpful. We needed somewhere quickly for our loved one and she couldn't have been more accommodating."
- Staff were clear about their lines of responsibility. They spoke positively about the culture of the team overall, which they felt promoted good practice, openness and honesty.
- The provider understood the responsibilities of their registration. Notifications had been submitted to CQC as required by law and the rating of the last inspection was on display within the home and on the provider's website.

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

- People's feedback was regularly sought and influenced the way the service was run.
- The registered manager had a very 'hands on' approach and placed an emphasis on observing and talking to people about their experience of the care provided to them.
- People and their relatives told us they felt their views and opinions were listened to. Regular surveys were sent out to people and their families. Feedback was positive, and we saw action was taken where required. One relative said, "I just received a survey and I did one last year. I have had one to one meetings with the manager."
- One relative wrote to say, "We as a family can't praise Rock House enough. It runs like a well-oiled machine, from the management to the cleaning staff they all play a part in keeping the wheels turning. The staff are cheery and kind, despite working in an environment where the job isn't always easy."
- Staff told us they felt listened to and supported by the management team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- The service had a positive and open culture that was shared throughout the management and staff team. All members of the team we met told us people were at the heart of the service.
- People and staff told us they would recommend the service to others needing care. The registered manager had a visible daily presence in the home and led by example.
- Staff were well motivated, and proud of the home.

Continuous learning and improving care

- The team was keen to provide the best care possible for the people who were living in the home.
- There was effective communication between staff and managers, underpinned by day to day discussion, regular handovers, team meetings and a culture of learning from incidents and feedback

Working in partnership with others

- The management team had fostered good links with outside agencies to share best practice. This included the local authority, health professionals and other community service providers.
- One relative wrote to tell us, "Our beloved family member has been a resident for several years has a good routine, is clean, well fed and extremely well looked after. The hairdresser comes weekly, and they regularly see a chiropodist, and a doctor is on hand if there is anything amiss."
- The healthcare professional we spoke with also spoke very positively about the way the registered manager and their staff team worked in partnership with them to ensure people's needs were met. Feedback from the local authority who commissioned places at the home was also very positive.