

The Rock Care Home Ltd

The Rock Care 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

The Rock Care Home is a residential care home providing accommodation and personal care for up to 14 older people. At the time of our inspection ten people were using the service.

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

People were protected from the risk of abuse and avoidable harm as staff were aware of their safeguarding responsibilities and knew how to report any concerns.

There were sufficient numbers of staff available to meet people's needs. Staff had the skills, knowledge and experience to care for and support the people living at the service. Staff were recruited safely and received an induction and training to ensure they could meet people's health and care requirements.

People's medicines were managed safely and given as prescribed. Staff followed infection control guidance and had access to Personal Protective Equipment (PPE).

People were supported by staff who treated them with dignity, respect and were kind, patient and caring. People's needs and choices were assessed, and their care was reviewed regularly. Care records were reflective of people's individual needs and risks. Information was provided on how these should be managed to reduce the risk of harm.

Staff understood their roles and responsibilities. Staff liaised with health and social care professionals to ensure people's health and care needs were met.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to maintain relationships with their families and had access to a range of activities.

The provider carried out regular audits of the service to oversee the quality of the care provided to people.

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

This service was registered with us on 1 April 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 14 May 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 ●

The Rock Care 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of one inspector.

Service and service type

The Rock Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Rock is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual who was also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two people, five relatives', four members of staff and two health care professionals. We reviewed a range of records. This included three people's care records and medication records, three staff recruitment files and a range of audit and governance records. 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.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, one person said, "I feel very safe here". People were protected from abuse or avoidable harm because staff understood how to recognise abuse and knew how to raise any concerns about poor practice.
- The provider had systems and processes in place to ensure people were kept safe, and staff understood and knew how to use these systems.
- Staff told us they had received training in relation to safeguarding. One member of staff told us, safeguarding is, "About protecting people and keeping people safe from potential harm or abuse. I would speak with [registered manager] if I had any concerns and they would raise them with the local authority".

Assessing risk, safety monitoring and management

- Risk assessments met people's specific needs and detailed how to keep them safe. For example, regarding moving and handling or reducing the risk of choking.
- Staff we spoke with confirmed people's individual risks and the actions they took to manage them safely.
- Environmental risk assessments were in place and health and safety checks were completed which included maintenance of equipment.
- Personal Emergency Evacuation Plans (PEEPS) had been completed which considered people's individual specific risks such as mobility and sensory impairment. This provided assurance people's individual risks had been assessed and would be managed effectively in the event of an emergency such as a fire.

Staffing and recruitment

- Staff had been recruited safely. Records showed references and Disclosure and Barring Service (DBS) checks had been obtained before staff commenced their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People were supported by a consistent team of staff. Staff knew people's needs well which enabled them to build meaningful relationships.
- People, relatives and staff told us there were enough numbers of staff to meet people's daily needs. Our observations confirmed this. We saw staff had the skills and knowledge to meet people's varying needs and were able to respond quickly.

Using medicines safely

- People received their medicines as prescribed.
- Staff responsible for administering medicines had completed training to dispense medicines and had their competency checked to ensure safe practice.

- Some people had been prescribed medicines to be used 'as required' (PRN). Information was in place for staff to follow before administering.
- Medicines were safely received, stored and administered. The registered manager completed monthly audits of medicines to ensure procedures were followed and any errors identified. Where issues were identified appropriate action was taken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach for visitors to the service was in line with the current government guidance at the time of the inspection.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends. This included putting measures in place to reduce the risks of them happening again in the future. For example, introducing sensor mats to alert staff when a person might be mobilising unsafely.
- The registered manager discussed accidents and incidents with staff as a learning opportunity.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People's needs were assessed, and their preferences identified before they started to use the service. Care was planned, reviewed and delivered in accordance with peoples' assessed needs.
- Care records were being transferred to an electronic system. This system prompted staff to monitor specific health needs such as weight, nutrition and skin care, Staff used tablets to record information. Staff found the new system effective and efficient.
- Staff told us people's care records were clear and reflective of their current needs and that records were updated as people's needs changed.
- The registered manager and staff applied their learning in line with guidance such as the management of nutrition to ensure people received a balanced nutritious diet.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled members of staff.
- Staff received an induction, training and shadowing opportunities to ensure they could meet people's care and support needs. The provider had a system in place to continually monitor the performance of all staff. Refresher training was in place to keep staff up to date with best practice.
- Staff felt extremely well supported in their roles and said they had monthly supervisions and opportunities to discuss their job responsibilities and development. One member of staff commented, "I love my job, it's the best place to work I am very supported in my role".

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

- People were supported by staff to maintain good hydration and nutrition.
- People were positive about the food choice. One person said, "The food is very tasty". We saw people had access to enough food, snacks and drinks throughout the day.
- Where people were at risk of poor nutrition or dehydration or required a modified diet such as softened food, care records detailed actions staff should take to keep people safe. For example, monitoring intake and liaising with healthcare professionals such as Speech and Language Therapy (SALT) when required.

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

- People had access to health and social care professionals according to their needs. These included their GP, nursing, social work teams and dieticians. A health care professional said, "I have regular contact with [registered manager] and staff and have found them to be very responsive".
- Staff monitored peoples' health care needs and contacted relatives, the registered manager and

healthcare professionals if there was any change in a person's needs. One relative commented, "I am kept very well informed about [relatives] health and contacted if there has been any change".

- Care records documented when people saw a healthcare professional and, any follow up action staff needed to take.

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

- The environment was suitable and accessible for the people who lived at the service.
- The service was being refurbished and was bright, airy and free from clutter. There was appropriate equipment available to support the needs of the people using the service.

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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager told us they completed capacity assessments when required. For example, where people showed signs, they lacked capacity to make a particular decision.
- Care records included information about people's ability to make decisions about their care. The registered manager told us people's relatives or representatives would be consulted with if people were unable to make decisions about their care to ensure it was in a person's best interest.
- Staff demonstrated an awareness of the MCA. We observed they supported people to have choice and control of their lives and supported them in the least restricted way possible. We observed staff asking for people's consent before providing care and explained what they were going to do. For example, in relation to mobilising or supporting a person to eat.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People and their relatives told us staff were kind and friendly and treated them with dignity and respect. Comments included, "[Staff] don't rush me. I am happy here; everyone is very kind and supportive to me". "Staff are amazing here so very kind". "Staff have made a great difference in [person's name] quality of life".
- Without exception, relatives and visiting professionals complemented how kind and caring staff were. Relatives told us staff knew people well and understood what was important to them. Staff we spoke with knew people's life histories and people's individual likes and dislikes.
- People's spiritual needs and individuality were respected and known to staff.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in making decisions about their care. People were encouraged to express their views and make daily choices.
- The registered manager was always available to people and their relatives to ensure people received the care in the way they wanted. They also sought feedback from people and their relative to continually improve the service provided.
- Staff explained how they ensured people received the support they needed during personal care as well as maintaining their dignity and privacy. For example, during personal care staff covered people with a towel and explained what they were doing as well as making sure doors and curtains were closed.
- People told us staff respected their right to privacy and dignity but encouraged them to be as independent as they could be. One relative commented, "[Staff] encourage independence and will prompt and support or observe from a distance. They are very good". Care records showed what aspects of personal care and daily routines people could manage independently and which areas they needed staff support with.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People's care records were personalised to their individual needs and included information about how they liked to be cared for.
- Care records were being transferred to an electronic system which captured quickly any changes to a person's needs. Care records were reviewed regularly to ensure they remained person-centred.

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.

- The registered manager was aware of the Accessible Information Standard and, if required, care records would be made available in different formats such as large print. In addition, people's care records included information about their individual communication needs. For example, any visual or hearing problems. Staff we spoke with also explained how they observed people's gestures and eye movements to ensure understanding and to gain consent for those people who did not communicate using words.

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's care records showed people were supported to maintain their family relationships. One relative told us, "Staff are very welcoming".
- People were encouraged to engage in as many activities as they wanted to in the home. One person enjoyed looking at and sorting stamps; other people liked to listen to music or take part in the organised activities. People that were able to do so had the opportunity of accessing the community.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and the procedure was on display. The registered manager had regular contact with people and their relatives who told us any concerns they might have were listened to and dealt with quickly. People and their representatives knew how to complain.
- Where people were not able to use verbal communication, staff explained how they could tell from a person's gestures or body language if people were happy or not.

End of life care and support

- At the time of the inspection, there was no one receiving end of life care. Care records contained

information about people's wishes in relation to their end of life care. For example, their spiritual needs and DNACPR (do not attempt cardiopulmonary resuscitation) information. DNACPR means if a person's heart or breathing stops healthcare teams will not try to restart it. However, the registered manager explained end of life care plans would be further developed which would include people's wishes and preferences for support through the final stages of their life when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The provider and registered manager promoted a positive culture and encouraged feedback regarding all aspects of people's care and support.
- Relatives told us the provider, registered manager and staff knew people well and demonstrated a commitment to providing person-centred care. People and their relatives told us the care, support and service received was good and that they would recommend it to others.
- Staff told us the provider and registered manager supported them in their job roles. They confirmed the service was well managed and that they enjoyed their work, felt valued and listened to. One member of staff said, "It's a happy place to work and morale is good, it's an enjoyment to come to work. [Registered manager] is very kind and understanding and there is lots of laughter in the home".

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

- The registered manager was aware of their responsibilities regarding duty of candour. They encouraged and promoted openness and good relationships had been built between the management team, staff, people using the service and their relatives.
- The provider had submitted notifications they were required by law to tell us about, such as serious injuries.
- The registered manager and staff understood their roles and responsibilities and strived to deliver care in the way people wanted to receive it.
- Effective communication processes were in place between the registered manager and staff along with clear lines of responsibility across the staff team.
- Staff told us they understood the whistle blowing policy and how to escalate concerns if needed. Whistle blowing means raising a concern about malpractice, wrongdoing or risk about an organisation.
- The provider had effective systems to monitor the quality of the service provided along with processes to monitor staff performance. The registered manager engaged with external healthcare agencies to ensure people received effective care.

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

- Feedback was sought from people, their relatives and staff to ensure they were happy with the standard of care.
- Staff were positive about working for the service and did not identify any areas for improvement. They

explained the registered manager met regularly with them through supervisions and staff meetings to get their views on their performance as well as their ideas about how the service might be improved. One member of staff said, "[Registered manager] is very approachable and always listens".

Continuous learning and improving care

- Continuous learning and development were encouraged through staff training, supervisions and meetings to ensure learning and improvement took place.

Working in partnership with others

- The service worked in partnership with health and social care professionals and relatives to ensure people received care and support that met their needs. A visiting health care professional commented that information and records were always up to date, and the staff were able to meet people's needs.