

**Rocklee Limited**

# Rocklee Limited

## 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** 

### Overall summary

This inspection took place on 29 September 2015 and was unannounced. At our previous inspection in June 2014 we found that the provider placed people at risk because of the unsafe management of medication and record keeping. There were two breaches of the Regulations which related to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Regulation 13, Management of medication and Regulation 20, Records. These correspond with the Health and Social Care Act (Regulated Activities) Regulations 2014, Regulation 12 and 17 respectively. At this inspection we found that the necessary improvements had been made.

Rocklee Residential Home provides care for up to 11 people with mental health needs. At the time of this inspection 11 people used the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 was run.

# Summary of findings

People felt safe and comfortable, staffing levels were sufficient to support people individually and in their preferred way. Systems were in place to protect people from the risks associated from medicines.

Staff were well trained and were supported to fulfil their role. The provider had a recruitment process in place. Staff were only employed after all essential pre-employment safety checks had been satisfactorily completed. Staff received regular supervision with the registered manager.

People's health care needs were met. People received regular health support from external health care agencies. People attended appointments independently, staff were available to provide support when this was needed.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. People were supported to develop links with the local community and to maintain contact with their family and friends.

The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. Continual improvements to providing care were made which showed the registered manager was committed to delivering quality care.

# Summary of findings

## 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. People felt safe and care staff knew how to recognise and report abuse. Risks were assessed and plans were in place to reduce any risks to people. There were sufficient staff to meet people's needs safely. Medicines were stored and administered safely; records of medication administration were correctly maintained.

Good



### Is the service effective?

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. People were supported to have their healthcare needs met. Where required they received specialist health care treatment. People's nutritional needs were met.

Good



### Is the service caring?

The service was caring. Staff were knowledgeable about the people they cared for and spoke about them in a respectful manner. We observed that staff were kind, supportive and caring in their approach to people and people's privacy and dignity was maintained.

Good



### Is the service responsive?

The service was responsive. People received personalised care that met their individual needs. Links with the local community were maintained and encouraged. People had opportunities to join in chosen and preferred activities.

Good



### Is the service well-led?

The service was well led. There was a progressive atmosphere and people were at the heart of the service. People's views were sought about the quality of the care they received. Systems were in place that regularly assessed, monitored and improved the quality of care.

Good



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## 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 was planned to check whether the provider was 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.

This inspection took place on 29 September 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a

form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with four people who used the service, the registered manager and a member of staff.

We looked at three people's care records, staff rosters, staff training records, three staff recruitment files and the manager's quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

We also gathered information about the service provided from other sources. We contacted the commissioners of the service; commissioners are people who fund placements and packages of care and have responsibility to monitor the quality of service provided. We contacted Healthwatch Stafford; Healthwatch helps adults, young people and children speak up about health and social care services in Stafford.

# Is the service safe?

## Our findings

At our previous inspection in June 2014 we had concerns with medication management. People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was a breach of Regulation 12, Safe care and treatment in regard to the management of medication. We told the provider they needed to make improvements to ensure people received their medication safely. At this inspection, we found the required improvements had been made. We saw that medication administration records (MAR) were fully completed and at the time people received their medication. Protocols and guidance for staff on the use and administration of occasional medication was attached with the MAR, so that all staff were aware of how, when and how often this type of medication could be given.

One person looked after their own medication, a lockable cabinet within the person's bedroom had been provided for their safekeeping. We saw that a risk assessment had been completed and the person had agreed with the actions staff needed to take to ensure the person remained compliant with the prescribing instructions.

People told us they felt safe and secure at the home. One person who used the service said: "I feel very safe here, I wouldn't like to live on my own, there is always someone around, and I like it". Another person told us they informed a staff member when they were going out of the building and said: "I tell staff that I am going out as I feel they need to know where I am, it is the right thing to do". We saw that people went out to various venues during the day, each person told staff what time they expected to return.

Staff confirmed that training in safeguarding people from abuse was available to them; we saw certificates and

records that staff had completed this training. Staff were aware of the signs of abusive situations and told us they would report any signs that someone had been abused to the registered manager who would then take the necessary action.

Staff were very well-informed and knowledgeable about people's individual levels of risk and how to support people safely. Additional equipment and changes to some fittings and fixtures to the environment had been made to mitigate and reduce the risks to people. One person we spoke with was aware and agreed to the changes made when risks to their well-being were identified. People had risk management plans in place, for example smoking cigarettes and road safety.

People told us there was 'enough staff' on duty and they were available to provide support and help when this was needed. The registered manager told us there were always two staff on the premises at all times but additional staff were allocated when people had planned activities or appointments where they required support from staff. Arrangements were in place to cover short notice absences of care staff, for example in cases of sickness. The registered manager told us in the majority of these situations regular staff cover the shifts, agency staff were used on rare occasions.

People told us they were happy with the support they received and we saw recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. We saw the registered manager made additional checks on the suitability of prospective employees when this was required.

# Is the service effective?

## Our findings

People were being cared for by staff who knew people's needs and had been trained to meet their individual requirements. One person who used the service told us: "The staff listen to what I say and they know what they are doing". The registered manager explained the many and varied training opportunities available for staff. Staff had recently completed a course in healthy eating and nutritional risks and had received a diploma award. The registered manager told us that this had benefitted people by the 'implementation of a healthy eating programme, to gain knowledge of how to maintain and support people with their health care and to be active in their choices in regard to nutrition and hydration'.

People told us they enjoyed the food, had lots of choice and sufficient to eat and drink. Facilities were provided for people to make their own drinks when they wanted to have one. One person told us they sometimes woke in the early hours of the morning and was able to make a cup of tea. They said: "It's lovely that I can make a cup of tea when I want one and do not have to ask the staff or anyone to make it for me".

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We spoke with the registered manager about MCA and DoLS. At the time of our inspection, we found that no-one was being restricted (or denied their rights) under this legislation. The registered manager

demonstrated to us that she knew about protecting people's rights and freedoms and how to make appropriate referrals under this legislation to keep people safe and respect their independence.

The registered manager told us staff had received training in the Mental Capacity Act 2005 (MCA) to enable them to understand their roles and responsibilities with the legislation. The registered manager confirmed that all people who used the service had the capacity to make informed decisions. Throughout the inspection we observed and heard staff offered choices and options to people regarding everyday activities. People were supported with the choices they made. Staff always asked the consent of people before providing support. For example the consent from two people was sought when a visiting tradesman needed to attend to some work within their bedrooms.

We saw that people's health and wellbeing were regularly monitored and people were supported to attend the health clinics. Most people were able to access the healthcare agencies independently but sometimes required a reminder about their appointments. Some people required regular blood tests as a precautionary measure due to the use of certain medication. Systems were in place to ensure that people had these blood tests at the required times and that the results were available. People who were subject to orders under the Mental Health Act 1983 received regular reviews of their care by an independent care coordinator. These orders support people with mental ill health to remain well and stay in the community.

# Is the service caring?

## Our findings

We observed positive friendly relationships between the staff team and people who used the service. People were comfortable in each other's presence there was evidence that people felt confident in the staff supporting them. There were jovial exchanges and good natured banter throughout the inspection. Staff were very aware of the individual needs of people and we saw staff supported people with their daily lives in a meaningful way with dignity and respect.

People told us and we saw the staff were friendly, helpful and supportive. One person said: "Yes the staff are fine, all of them; they help when I want help and leave me alone when I want to be alone. It's great here".

We saw that people were busy with everyday life and doing the things they wanted to do. People went out into the community and on return; staff asked if they had had

anything to eat. One person said they hadn't had their lunch, staff asked if they would like them to prepare them something. The person replied: "Thank you that would be lovely".

One person told us they were involved with the planning of their care, they went on to tell us their plans for the future and they were in discussion with the registered manager and social worker. People's independence was respected and they were supported to develop and maintain their own level of independence. Some people needed support with managing their weekly allowance, staff told us of the actions they had taken to ensure the person was able to hold their own money independently and in a safe way.

All people had their own bedroom and their own key to the bedroom door. One person told us they liked to lock their door when they went out. People were supported to maintain links with their family and friends. One person told us they visited their family home regularly and their siblings visited them at Rocklee: "I like to see my family and do so each week either here or at my mums house".

# Is the service responsive?

## Our findings

People were encouraged to pursue their own hobbies and interests. Many people accessed various establishments in the local community. One person told us that most days they went somewhere different and enjoyed the company of other people at these various venues. One person did not go out very often independently, this was their own choice, they told us they had been provided with a television in their room so that they could watch TV. Other items had been provided for their enjoyment, they told us: "At the moment all is well here and with me, I am quite happy and satisfied with everything. Nothing is too much trouble for the registered manager and staff, they are great".

Staff had an in-depth knowledge of people's individual needs and requirements. They had regular meetings with people to ensure that the service they provided was still relevant. People were fully involved with planning, agreeing

and reviewing their plan of care. One person said: "Yes I know all about my care plan, it has been discussed with me, but I didn't want to have a copy". Some people did not wish to be so involved in planning their care. The registered manager told us that in these circumstances an attempt was made to involve people but said: "We can't make people do something they don't want to do. We speak with the person's social worker or nurse if we have any concerns".

People told us they would speak with the registered manager or any of the staff if they had any complaints with the service. One person wasn't quite sure what they would do but said: "I could speak confidentially to my doctor they would help me I'm sure". The registered manager confirmed they had not received any formal complaints within the last 12 months but stated that all concerns, complaints were taken seriously and action taken to resolve the situation.



# Is the service well-led?

## Our findings

At our previous inspection in June 2014 we had concerns with record keeping and management of records. People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. This was a breach of Regulation 17, Good governance in regard to record keeping. We told the provider they needed to make improvements to ensure all records were kept up to date, in good order and readily available. At this inspection, we found the required improvements had been made; records we asked to see were available and up to date.

People who used the service told us they were fully satisfied with the service they received and the staff who supported them. There were very clear lines of management accountability, people knew the registered manager. It was evident that good relationships had been developed between the registered manager and people who used the service. One person told us: "You only have to ask and the manager will sort it. She is very good and approachable". It was evident that the well-being and welfare of people was of paramount importance to the registered manager.

Regular 'resident' meetings took place without the presence of staff. A person who used the service chaired the meetings, and took any issues to the registered manager for resolution if this was needed. Holidays and time spent away from the service is a regular agenda item. A holiday prior to Christmas has been arranged; one person said they looked forward to this.

Staff meetings were held at regular intervals to discuss work related issues. The registered manager told us: "If there is a problem we talk about it and get it sorted". A

recent staff meeting discussed training, planned improvements to the environment and the forth coming 'resident' holiday. Regular staff supervision and appraisals took place and staff were encouraged to discuss work related issues and their training and development needs.

Satisfaction surveys were distributed to people at intervals, these were produced both in pictorial and word form. At the latest survey most people expressed a satisfaction with the food. One person added a comment 'good quality food and in suitable portions for me'.

People were encouraged to access a website to submit their views on the service. People commented positively about the staff, the food and the environment. A relative of a person who used the service added a comment, 'The management should be congratulated for their devotion of care, outlook and overall management as without their dedication our son would no doubt have remained at a level far removed from where he is at present'. One person who used the service commented about the support they got from staff to manage their health condition and dietary requirements, 'I have been given a wealth of information to help manage my condition better. I am provided with a well-balanced diet and my needs as a vegetarian are catered for'.

The completed provider information return (PIR) logged the registered manager's plans to continually improve the service. We saw that many of the actions in the PIR had already been completed, for example the training opportunities for staff.

Many audits and checks were completed each month by the registered manager that were required to ensure the effectiveness, safety and quality of the service. The quality assurance documents we looked at were all in good order and up to date.