

Rocklee Residential Home Limited

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Inspection report

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Date of inspection visit:
28 March 2017

Date of publication:
27 April 2017

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

This inspection took place on 28 March 2017 and was unannounced. At our last inspection in September 2015 the service was rated as Good. At this inspection we found that the service remained good throughout all areas.

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

The service had a registered manager. 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 is run.

People continued to receive safe care. People's individual care and support needs were met and systems were in place to protect people from abuse and avoidable harm. Risks to people's health and wellbeing were identified, managed and reviewed. People received their medicines in the way that had been prescribed for them. There were enough staff available to meet people's needs who had been employed in line with the provider's safe recruitments procedures.

People continued to receive care and support that was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected and upheld. Staff had been provided with training to fully meet people's needs and promote people's health and wellbeing. People were supported effectively with their nutritional needs and were involved in the planning and preparation of their meals. People were supported to access health services to maintain their health and wellbeing.

The care and support people received remained good. People were treated with kindness and respect and their right to privacy was promoted. People were involved in planning their care and their care preferences were met. Friendships and independence were encouraged in a way that was focused on people's aims and objectives. People were supported and encouraged to regain and retain their own level of independence.

People continued to receive a service that was focused and responsive to their individual needs. Staff had a thorough understanding of how people wanted to be supported, care plans were person-centred and people received individualised care and support that met their needs. The service had a complaints policy, and people knew how to complain.

The service continued to be well-led. There was a registered manager in post who was respected by staff and people who used the service. The registered manager understood their responsibilities of their registration and was committed to providing a high standard of care for people who used the service. Staff had clear values and were committed to providing a good standard of care. People and their relatives were encouraged to give feedback about the quality of the service. Monitoring of the service was in place to

ensure that people received care in line with their assessed needs.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains 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 checked 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 was a comprehensive inspection that was completed by one inspector on 28 March 2017 and was unannounced.

We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We used a range of different methods to help us understand people's experiences. We spoke with four people who used the service about their care and support to gain their views and experiences. We spoke with the registered manager and two care staff. We looked at care records for two people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People who used the service told us they felt safe, secure and comfortable. One person said: "Yes I feel safe and I trust the staff to support me with my personal safety". Staff were aware of the procedures to follow if they suspected that a person was at risk of harm and told us they could speak with the registered manager if they had any concerns. One staff member said: "I would report any concerns straight away to the local authority if the registered manager was unavailable but I would always inform them [the registered manager]". The provider had a safeguarding and whistleblowing policy available which contained guidance for staff to follow if they had concerns that people were at risk of abuse. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm.

The registered manager was aware of people's individual levels of risk both within the service and when people accessed the community. Risk assessments had been completed and risk management plans were in place. For example, cigarette smoking and people's vulnerability when in the community. The registered manager was aware of the whereabouts of each person; a white board was used to record when people went out of the service. One person explained they always informed the registered manager or a member of staff when they were going out and felt this was the safest thing for them to do. This meant that the service had systems in place to assure the safety of people without compromising their independence.

Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people when they first started. We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

The registered manager determined the staffing levels each day by the needs and requirements of the people who used the service for example where people needed support with community activities. The registered manager explained there were occasions when agency workers were used to cover any gaps in the staffing requirements, for example, staff's annual leave or sickness. Staff explained how they made sure the agency workers were suitable and skilled to provide a service to people. This included obtaining the profiles of agency workers, checking their training and qualifications and wherever possible having workers who had previously worked at the service. The registered manager described how some service users became anxious with strangers at the service and felt this level of scrutiny with the agency workers went a long way to allay people's anxieties.

Some people needed support with taking their daily medicines. Assessments had been completed which identified whether the person was able to self-medicate or they required support with their medicines. Lockable facilities had been provided for the safe storage of the medicines within the person's bedroom. We saw one person required support to take their medication at the prescribed times. An automatic pill dispenser had been provided to support the person with this. A pill dispenser automatically dispenses medication at pre-set times, providing an audible alert to the user. If the user fails to access the medication at the given time, an alarm sounds so alerting the person that their medication was due. The person used

the pill dispenser so was able to independently manage their own medication. The registered manager confirmed that all staff had received training in the safe management of medicines so were able to support people with their medicines when they were needed. The provider had effective systems in place that ensured medicines were administered, stored, recorded and managed safely.

Is the service effective?

Our findings

Staff told us they felt well supported with their training and development needs and received the training they needed to be able to provide the necessary support and care to people. They received regular support and supervision with the managers where they had the opportunity to discuss work issues and their learning and development needs. Staff had an induction to the service and worked closely with skilled staff throughout this period. The registered manager was closely involved with working with and assessing new staff when they were on work experience and induction. The registered manager explained this close observation period offered the level of support and guidance to staff who may not have worked within social care previously. A member of staff told us they felt very well supported and able to discuss the opportunities for their personal development. Staff were well supported to carry out their role effectively.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us all people who used the service had the capacity to make everyday decisions for themselves. However, some people required support with understanding the decisions that were sometimes needed. For example, some people had support from allocated appointees to support them with their personal finances.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who used the service did not have DoLS in place at the time of the inspection, but these had been considered by the registered manager. All people who used the service were independent and free to live their lives without restrictions in place. One person who used the service confirmed: "We are free to go where we want, but it is only fair that we inform someone that we are going out and what time we expect to be back". People were encouraged to make decisions about their care, their day to day routines and preferences.

People told us they had regular discussions about the food within the service. One person said: "We talk about what we want to eat, sometimes help with the grocery shopping and then help staff to prepare the meals. It is very good we can have what we want really". Another person told us about the support they had received from the registered manager and staff when they were overweight: "I was very overweight when I first came here but with the help of the registered manager, I have lost a lot and feel so much better". People were supported with their individual dietary requirements and their nutritional needs were met.

People were supported with their day to day healthcare and attended appointments to get their health checked. People had appointments with the dentist and chiropodist and were supported with their preparations to attend at the appointment times. Some people were prescribed certain medicines where regular monitoring of their health was required. The registered manager told us about the systems in place to ensure that people had this monitoring at the required times and that the results of the tests were

available. People had an agreed health plan which documented their complex healthcare needs and any advice and guidance given by the healthcare professionals.

Is the service caring?

Our findings

People who used the service told us the staff were kind and they were satisfied with the support provided. One person said: "This is my home I love it here, the staff are fine with me, I get on with all the other people. Yes I am happy to be here". We saw many positive caring interactions between people. The registered manager knew people very well and supported them with the tasks they liked to do. One person became very animated and happy when they engaged with an activity they liked to do. They told us: "Its lovely because I like to do this, it helps me with my independence". Another person told us of the support they received to enable them to live independently in the community. They said: "I appreciate everything that [the registered manager's name] and her staff do for me. I have a little way to go yet but I want to have a place of my own". The registered manager told us their aim was to support people with achieving a level of independence so they could live a life as full as possible. People were supported to achieve their goals towards independence and leading an independent life.

A relative of a person who used the service wrote a review of the care and support the service provided to their relation: 'Since being at Rocklee my relative has received nothing but the best of care, which in the long term eases any concerns we as parents may have. Knowing that a loved one is being cared for with dignity, respect and above all compassion is something which is hard to find in this day and age'. The registered manager fully involved people with all aspects of daily living and advocated on behalf of people when it was required. The registered manager told us of the action they had taken when there were concerns when a person began displaying anxieties. With the consent and agreement of the person the other agencies involved with their care and support had been contacted in an attempt to find a solution and so reduce the person's anxieties. Although a solution had not been entirely satisfactory, the registered manager told us they would continue to contact the other agencies until a solution was found. This showed that people were at the heart of the service and were really well cared for and supported.

People who used the service were supported to establish and maintain relationships with their families and friends. People told us that they regularly met up with their family and friends and enjoyed the time they spent with them. The registered manager told us they had referred a member of staff for a Dignity in Care Award for the recent support they had provided to two people who were recently bereaved. Both people had lost a family member and were supported by staff to attend the funerals and to talk about their losses. This showed people were supported by staff who were compassionate, understanding and considerate.

People were fully involved with agreeing their care and support needs, information was recorded in their care and support plans. The registered manager told us that on admission to the service, people were asked about their religion and beliefs, sexual orientation, and disability. The registered manager told us staff had received equality and diversity training and policies and procedures had also been developed in regard to equality and diversity and included information on the protected characteristics. The 'protected characteristics' under the Equality Act 2010, include age, race, disability, sex, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity. The registered manager told us this information helped to really get to know the person, to provide support people in a non-discriminatory way and recognition of the person's individual needs. People's diverse needs were recognised and staff enabled

people to continue to enjoy the things they liked to do.

People's privacy and dignity was upheld. All people were provided with a key to their bedroom door. One person told us: "I have my own key sometimes I lock my door and at other times I don't. It's up to me really". We saw people had built relationships with the staff and staff knew people well and supported them in a respectful and dignified way. People were treated with respect and were at the centre of the service provision.

Is the service responsive?

Our findings

People told us they did different activities each day and that it was up to them to choose what they wished to do. Most people went out each day and for varying periods of time. One person was visiting their relations, other people had gone shopping and some people had appointments with healthcare services. We saw some people preferred to stay at the service and watched day time television or spent time in their rooms. Two people told us they were looking forward to a forth coming holiday on the coast. The registered manager told us in house activities were available if people wished to participate in them. People had opportunities to access the community and interests that met their preferences.

People received care and support that met their individual needs. The registered manager told us that some people were hearing and sight impaired. They told us they had purchased brightly coloured toilet seats to support people with seeing the toilet. Communication with people who were hearing impaired were provided with pen and paper to write down their thoughts and actions. We saw this was an effective and responsive way of communicating. People were supported in a way that met their preferences and needs.

People told us that they knew how to complain and they would inform the registered manager if they needed to. One person said: "I have nothing to complain about every possible thing is done for me. I only need to ask and the help is there". 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

People told us that the registered manager was friendly and approachable and all people knew the name of the registered manager. Staff told us they felt well supported by the registered manager. One staff member said: "The registered manager is great, she is helpful and always available to help me with any questions I have". We saw good relationships had been developed and maintained with staff and people in general.

Quality monitoring and auditing systems were in place, where each month regular checks were made to ensure a safe, effective, responsive and well-led service was provided. Any issues or themes, trends or patterns that affected the safety of people or the service were identified quickly. A recent environmental audit identified improvements were required to some communal facilities and also to the private bedrooms. The registered manager had taken action and work was in progress to improve the environment.

People were encouraged to give feedback on the way they were supported through weekly meetings. At a recent meeting there was discussion on the fire risks associated with smoking, planning of holidays and the food. One person told us: "We spoke about smoking and risks to both ourselves and to other people and we have agreed that we will not smoke in our bedrooms. This was explained to us and now I think it is for the best". Satisfaction surveys were distributed at intervals offering people the opportunity to comment on their experiences. Some people were supported with commenting on the provider's online website. This showed us people had the opportunity to feedback about the quality of the service and make suggestions for improvement.

Staff we spoke with were positive about their role and had a clear understanding of the provider's values in care. One member of staff told us: "We have lots of training, online, face to face and work books; we have regular supervision and meetings and we can see the registered manager at any time if we have any problems. The communication between us is great". This meant that staff were involved in the service and encouraged to give feedback on the standards of care and support provided.

The registered manager told us it was essential to employ suitable people. The provider operated a robust recruitment procedure for vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people. Information gathered prior to people being employed were comprehensive and wide ranging, to ensure people received their support from staff of suitable character. Once employed care and support staff received in depth induction training, updated and refresher training. This included specialist topics for example; Autism awareness, equality and diversity and mental health. Systems were in place to ascertain and check support workers competencies, good character and working practices.

Links with the local community were developed and maintained. The registered manager confirmed they did their utmost to ensure they provided a quality service through research and reflection. They told us they kept up to date with current good practice through various ways, such as receiving support and information from local universities, attending meetings and seminars with other providers and receiving updates for example from CQC.

