

Mental Health Care (Rockfield) Limited

Rockfield House

Inspection report

Rocky Lane
Anfield
Liverpool
Merseyside
L6 4BB

Tel: 01512604414
Website: www.mentalhealthcare-uk.com

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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

Rockfield House is registered to provide care and accommodation for up to 14 adults with a learning disability, autism or mental health needs. The House is a spacious and has a separate annex building which is more semi-independent and used to help people transition into the community.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. People set their own meal times around their individual plans for the day.

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

Everyone we spoke with said they felt safe living at the home. There was enough staff on duty to be able to support people safely. Staff recruitment and selection remained safe. Medication was well managed and stored correctly. Staff knew the correct process to follow if they felt someone was being harmed or abused.

Staff were trained and had the appropriate skills to support people safely. Staff engaged in regular supervision. There were no set meal times, people planned their own meal times in accordance with their own daily planner. Where needed, people were supported with their eating and drinking needs.

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

Staff treated people with kindness and respect. We observed staff supporting people in communal areas, and speaking to them with respect, offering choices and empowering people. People were involved in their care plans and review processes.

Information within support plans was person centred. These support plans contained information about people's backgrounds, likes dislikes and routines. Support plans were person centred and contained

information about people's backgrounds, likes, dislikes and routines. There was an emphasis on people achieving their own individual outcomes. People were supported to engage in employment opportunities where appropriate and complaints were well managed.

There was strong leadership and oversight within the service. Different audits had identified the need for positive changes to be implemented, most of which had already been actioned. The registered provider and the staff team had taken on board feedback from the last inspection and implemented some new processes, which were shared with us.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The last rating for this service was good (published 24 March 2017).

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rockfield House

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an inspection manager 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.

Rockfield House is a 'care home'. 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.

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. The registered manager was not available on the day of our inspection. We were supported by the deputy manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We received an email after our inspection from a family member. We spoke with three members of staff including the deputy manager, the area manager, and the quality project coordinator.

We spent time in communal areas and the garden talking to people at length and asking them about their care and support. We also observed staff interaction and relationships with people. We reviewed a range of records including two people's care records and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at some additional quality assurance processes sent to us by email.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with were confident around the processes they would follow if they felt someone had been harmed or abused. This included reporting the managers, or whistleblowing to CQC if they needed to.
- There was information presented in accessible formats such as easy read for people to follow if they felt they were being harmed or abused.

Assessing risk, safety monitoring and management

- Risk associated with people's behavioural and health needs were well assessed and there were clear remedial actions within the risk assessments for staff to follow to help keep people safe from harm.
- Risk assessments were evaluated and updated every month with any changes.
- People were encouraged to take risks to help improve their daily living skills. For example, one person was regularly encouraged to use public transport to help them become more confident. We saw from this person's reviews, they were enjoying partaking in this.

Staffing and recruitment

- There was enough staff employed at the home to give people the support they required to keep them safe.
- Staff recruitment remained safe. Staff were only offered employment once all checks had been made on their suitability.

Using medicines safely

- Medication was stored, administered and ordered safely.
- Medication Administration Records were correctly filled out. One person required their medications to be given covertly (hidden in food or drink). This procedure had been decided under best interests with involvement from the relevant people.

Preventing and controlling infection

- There were stocks of Personal Protective Equipment (PPE) available and we saw staff using this during our inspection.
- Staff were trained in infection control prevention.

Learning lessons when things go wrong

- We had received a large amount of safeguarding notifications from the registered provider which we discussed during this inspection as we wanted to ensure lessons were being learnt and improvements were

being made.

- There was a detailed incident and accident reporting process. Following an analysis of reoccurring incidents, we saw the service was planning to implement some new changes to the environment in response to see if these then decreased.
- We also saw that more detailed discussions and debriefs took place with involved staff following incidents, some of which identified the need for more training to take place. This has been actioned following a recent incident.

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 had a pre-assessment in place before they moved into Rockfield House.
- This information was collected with the persons involvement and focused on what they wanted from their support and the outcomes they wanted to achieve. This information went on to form the basis of the person's person-centred plan.

Staff support: induction, training, skills and experience

- Staff were appropriately trained, inducted and supervised in line with the registered providers policies and procedures.
- We viewed the training matrix. Staff were trained specifically in understanding and supporting people living with mental health conditions. Staff also completed MAPA training, which is a specialised training technique to help support people manage behaviours which could be seen as violent or aggressive.
- Staff we spoke with said they felt well trained, and they could always request additional support if they felt they required it.

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

- People were supported with their eating and drinking needs. This included where people had been assessed as requiring specialist input from the SALT team or the dietician. Advice and guidance around this input was incorporated into people's care plans.
- People chose when they ate their meals and there were no set meal times. People said they preferred this as they engaged in activities throughout the day.
- Some people were supported by staff to shop for ingredients and made their own meals in the communal kitchen.

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

- There were numerous appropriate referrals made when needed to outside agencies such as SALT, occupational therapists, and GP's.
- People's care plans contained a section which recorded any involvement from outside professionals and the outcome of the visit, so this could be shared amongst the staff team.

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

- People had their own rooms in the home which were decorated according to their taste and choice.

- Part of the building had been transformed into an annex which was used to help people transition to more independent living. The aim eventually would be that people could move on and live in their own homes with support.
- There were communal areas and activities on offer in the home, and people used these for opportunities to socialise.

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been assessed in line with the principles of the act.
- Complex decisions were set out individually, and these included the rationale as to why the person could not make the informed choice.
- Best interest's meetings were arranged. Key people such as family members who had Lasting Power of Attorney and advocates were involved.

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 told us they liked the staff. They described the staff as 'kind' and 'nice'.
- It was not possible to directly observe care and support, as this would make people anxious, so we looked through people's support plans and saw numerous photographs where staff had provided diverse support.
- People's support plans contained in-depth information with regards to how staff should speak to the person, including their preferred choice of name, and any specific support they required to access the community.
- Staff gave us examples of how they provided dignified care, which included closing people's bedroom doors, and discreetly supporting them to use the toilet when needed.

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

- People were involved in reviews and choices with regards to their care and support.
- We received feedback from one family member who said they were well communicated with regarding their relative's support.
- Support plans were signed by people if they were able to do this or signed following a best interest process.

Respecting and promoting people's privacy, dignity and independence

- People told us they were asked whether they preferred a male or female carer to meet their identified needs.
- Records were stored securely in a locked room.
- Support plans described tasks people could do for themselves, such as their own washing and cooking to ensure their independence was promoted.

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

- Care and support plans had enough detail about each person and what they wanted from their support.
- People chose which staff member supported them, and were supported to take part in the interview process of new staff.
- The registered manager had also implemented goals and outcomes for people to evidence they were getting support which was right for them.
- The sample of care plans we viewed, contained different information depending on the person's needs and outcomes.

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.

- We saw that some information was available in easy read, and large print for those who required it.
- Documentation, such as support plan reviews and staff interview notes had been developed into pictorial format for people, so they could be actively involved.

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

- Even though people could choose to live independently at the home. There was a large emphasis on social inclusions and friendships.
- People sat together and chatted throughout the duration of our inspection.

Improving care quality in response to complaints or concerns

- We saw that people had used the complaints process effectively and complaints at the home had been dealt with.
- There was information which was visible around the home which described the complaints process, and who people should speak to.
- Everyone we spoke with on the day of our inspection said they did not have cause to complain.

End of life care and support

- Staff were trained in end of life care and support.

- Most people had been supported to remain in the home as long as possible if this was their wish. Last wishes were discussed with people.

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. During this inspection this rating 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.

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

- Everyone we spoke with, staff and people receiving a service, said they liked the management and felt the service was well organised.
- The staff told us they enjoyed working at the home, they felt well supported and they would recommend working there to others.

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

- There were policies in place for staff to follow and refer to.
- The registered manager was not available on the day of our inspection. We were supported by the deputy manager and one of the senior managers who was clear with regards to their role and remit and had notified CQC of all incidents.
- Audits took place in a range of areas such as support plans, incidents and accidents feedback, and medication. We saw that the audits were completed by the registered manager and the registered provider. These were then checked at the next audit the following month. There were no outstanding actions from audits.
- The deputy manager discussed improvements they had made following audits, such changes to medication procedures, and a more robust approach to reducing incidents.
- The deputy manager and the area manager were open and honest regarding some recent investigations and safeguarding outcomes which they had responded to appropriately and correctly.

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

- Questionnaires were sent out every year to ask for feedback about the service.
- We looked at the results from the last two years and saw that no one raised any concerns and the satisfied responses.
- People attended 'resident meetings'. The minutes were available to view, and these took place every month.
- Staff meetings took place every month. Staff told us they worked well together.

Continuous learning and improving care

- The deputy manager discussed how they had changed their approach to person centred care planning and involvement of people who use the service since the last inspection. We saw our feedback from the last inspection had been actioned, and there was more evidence of people being fully involved in their support by the introduction of scrapbooks.

Working in partnership with others

- The registered manager worked closely with the registered provider, advocates, and social workers to ensure people received support in line with their assessed needs.