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Rockny House

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

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 is 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 13 January 2016 and was unannounced.

The inspection team consisted of one inspector. As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law. We also looked at information the provider had returned to us. Before the inspection, the provider completed a Provider Information Return (PIR). 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 saw how staff cared and supported people who lived at the home throughout the inspection. Some people were unable to communicate with us verbally so we used different ways to communicate with people. 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.

We spoke with five people who lived at the home and four relatives of people living in the home at the time of our inspection. We spoke with one of the registered managers, five support staff and one visiting health professional. We spoke with Worcestershire County Council's quality and contract team and Healthwatch to find out their views of the quality of the care. Both of these services monitor the quality and the experience of people using social care services.

We looked at three people's care records and medication records. We also looked at records and minutes of meetings with staff and people who lived at the home and surveys people had completed. We looked at the complaints, compliments records and quality assurance audits which were completed by the registered manager.

People told us they felt safe in the company of care staff and in the way they cared for them. Risk assessments were in place to manage people's individual risks, so people could be cared for safely. There were enough care staff employed to care for people using the service. Some people chose to look after their own medicines and just wanted care staff to remind them to take it. This was respected. Where people needed help to take their medicines, care staff were trained to ensure these were managed appropriately.

Care staff had the skills and knowledge to care for people effectively. Care staff were trained to meet the individual needs of the people they supported. Care staff knew people's individual preferences and histories, so they could provide care the way people preferred. People had been involved in making decisions about

their care, through care planning and reviews. All care staff followed the principles of the Mental Capacity Act 2005 (MCA) ensuring they sought people's consent prior to delivering care. People were encouraged to maintain their independence, care staff offered them choices about what they wanted to eat and drink. Care Staff were aware of people's dietary requirements. People were supported by care staff to maintain their health.

People received care from care staff who took time to get to know them. People had developed good relationships with care staff who were caring. Care staff supported people to maintain their dignity and people were confident care staff respected their right to confidentiality.

The registered manager was respected by people and staff who used the service as she led by example. Complaints were investigated and lessons learned. People and their relative's opinions on the quality of the service was sought through customer satisfaction surveys, so the provider use this information, share with care staff and develop the service. Quality checks were performed by the registered manager to monitor and improve the service.

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.

People were cared for by staff who had the knowledge and skills to protect them from harm. There were enough staff to keep people safe and meet their care and safety needs. People medicines were stored and administered in a safe way.

Is the service effective?

Good ●

This service is effective

People were supported by staff who knew their individual risks and how to care and support them. People received care they had agreed to, and staff encouraged people to make decisions about their care. People were supported by staff to eat and drink enough to remain well. People had access to health services and their well-being was maintained.

Is the service caring?

Good ●

The service was caring

Staff knew what was important to people they cared for. They knew people's preferences of how they liked to be supported and cared for. People's need for privacy was recognised, their dignity maintained and people were treated with respect. People were supported to stay in contact with their families

Is the service responsive?

Good ●

This service was responsive.

People and their relatives were encouraged to have input into and review their care plans, so staff could support and care for them in the way they preferred. People's suggestions and concerns were listened to and the provider took action when any concerns had been identified or suggestions made.

Is the service well-led?

Good ●

The service was well-led.

Regular checks to monitor the quality of the service were made by the registered manager, to ensure quality of the service remained consistent. The registered manager was keen to improve the service for the benefit of the people living there.

Rockny House

Detailed findings

Background to this inspection

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Is the service safe?

Our findings

When we asked people what it was like living in the home one person told us, "It's brilliant here, staff care for me and keep me safe". They went on to tell us they felt safe because staff were available to support them day and night.

A relative told us "The home is absolutely marvellous. I know [person's name] is safe here, I have no concerns."

We looked at how staff managed risks to people, so that people were kept safe with risks to their well-being reduced. We saw how staff assisted people with specialist equipment and aids to manage and reduce the risks to people's health and safety. Staff were kind and patient with people giving them time to walk with their aids and not feel rushed. For example the registered manager waited until the person had sat down in their seat before continuing the conversation. We saw in people's care files there were detailed risk assessments for staff to follow in order to keep people safe.

People living at the home told us they thought Rockny House was a nice place to live because staff helped them keep their rooms clean and tidy. All areas of the home environment were clean and tidy, helped by a staff cleaning schedule and regular checking. This ensured all communal areas, bedrooms, bathrooms and toilets were kept very clean, so protecting people from the risks of infections. We saw that staff wore protective aprons when serving food and working in the kitchen to maintain good infection control practices.

We spoke with staff about how they made sure people they cared for were safe. All the staff we spoke with told us they would immediately respond to any concerns if they thought someone they cared for was subject to any form of abuse. They knew they would report any incidents to the registered manager and knew their responsibilities to report to external agencies. We saw from our records that the provider had fulfilled their responsibilities in reporting incident notifications to CQC.

We asked staff about their pre-employment checks before they were allowed to work at the home. They confirmed that references and DBS checks were performed before starting their employment. When we checked three recruitment files we found that staff had two references, employment histories and Disclosure and Barring Services checks (DBS). These checks ensured that staff were suitable to work in the home. When new staff started their employment at the home, they worked alongside more experienced staff and were introduced to people living at the home. When the staff felt confident and the person receiving support felt comfortable would the new staff work alone with them.

We asked people living at the home if they thought there were enough staff on duty to meet their individual needs. One person did tell us " Sometimes I have to wait to go out with staff ,but I don't mind because I understand that staff are helping others". In people's bedrooms were easily accessible emergency call cords, people we spoke with told us that if they activated them staff usually came very quickly to see if they needed help.

Throughout the inspection we saw staff attended to people's individual needs very quickly, when one person was taken ill. The registered manager and support staff member moved promptly to reassure them and change their clothing, so they did not feel embarrassed and were kept safe.

People told us they were supported with their medicines. We saw good practices of medication administration and recording. Each person requiring medicines had a photograph and relevant information about them recorded, including any allergies. We saw daily audits of the medication and bi-monthly audits by the registered manager were conducted. They used these to identify any errors or gaps, to reduce the risk of people not receiving their medicines and so action could take place to reduce risks to people's health and welfare.

Is the service effective?

Our findings

People told us they received care from staff who understood how to care and support them. One person told us, "Staff are brilliant the way they care for me". Relatives we spoke with told us, they thought care staff understood how to care for their family member. One relative told us, "This home is absolutely marvellous".

We asked staff about the induction they had received when they started their employment at the home. They described how the registered manager had gone through the provider's policies and procedures with them, followed by opportunities to shadow work experienced staff. The amount of time a member of staff had to shadow experienced staff depended on their previous experience. One member of staff told us they were new to this type of employment, so the registered manager gave them extra time and support, only when they felt confident they did their work on shift. They told us, "This had really prepared them for their role."

We saw from the staff training records, staff had received specialist training from external health professionals. For example eating and drinking awareness, from the speech and language therapist. This gave advice of how to support people who may be at risk of choking and ensure staff knew how food should be prepared and served for the individual person. Staff told us they felt the training was beneficial to them and helped keep people safe.

Staff told us they had received one to one supervisions, where they were encouraged to reflect on their practice and identify any training needs they required. We saw from staff files training had been identified and instigated to meet the needs of people living at the home. This helped the registered manager and provider ensure staff had the right skills to give people the right care and support.

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. We checked whether the service was working within the principles of the MCA.

The registered manager showed us they and the provider were following DoLS requirements. At the time of the inspection the provider had submitted applications to a "supervisory body". One of which had been authorised and the staff were complying with these, whilst the other applications had been acknowledged but were awaiting authorisation. Staff we spoke with had received training and were knowledgeable about their responsibilities and requirements under DoLS and the Mental Capacity Act.

People we spoke with told us they had enough to eat and drink in order to stay healthy. They confirmed they had a choice of menu, however if they didn't like a particular meal alternatives were offered. We saw in

people's care plans their likes and dislikes and allergies to certain foods were recorded. People told us they liked their meals. One person told us, "The food is scrummy." another person told us, "Food is very good".

Staff had a good understanding of individual's food requirements, they knew some people, had to be closely monitored of what they had eaten and drank. Staff told us this was especially important where people's weight loss was in question and encouraged them to eat, regular meals to keep them healthy. We noted when required, people were weighed weekly to monitor and record their weight to help them stay healthy. We saw from one person's file staff had accessed a dietician for advice, suggest foods that would help stabilise their body weight.

We saw from the care records that people had been helped to access health professionals when required. At the time of our inspection we saw a visiting dispensing opticians to the home, they were delivering and fitting people's new glasses. They told us that they found the staff, "Very helpful and informative when they visited". making sure that people's needs were considered. From the care files we could see that people had a "health action plan". These are records of how and when people have accessed a variety of health professionals, to ensure they remained healthy. The health action plan detailed how staff were to support people with any further appointments. Advice given by the professionals in order to help people in the future was recorded for people and staff to access. For example, advice for people to follow specialist diets to stay healthy.

Is the service caring?

Our findings

All the people we spoke with told us they felt the staff were caring towards them. One person told us, "Staff are good here; they help me stay clean and tidy and do my nails for me." Another person told us "It's alright here, the staff are nice." One relative told us "Staff are very good they listen to us. [Person's name] is very happy here". Another relative told us they thought the family member benefitted from a regular care staff team so were able to get to know them. They said, "It's nice to know whenever you visit, you see a familiar staff face. They know [Person's name] well, they know how to reassure them - they've settled in so well. We are really pleased."

We saw the staff took time to check with people if they wanted drinks, snacks or needed personal care to make sure people were comfortable and happy with the care they received. Staff spoke kindly with people and took time to listen to what people were saying to them. They knew and used people's preferred names. We saw where people made their choices known to staff, these were listened to and people were given time to respond. Staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people's needs, preferences and personal circumstances. Some people preferred to spend time in their room this was their choice and this was respected

The three care records we saw, included people's preferences. On the day of the inspection we saw staff knew and respected things that were important to people. When we first arrived at the home some people were waiting for transport to their day activities, one person start to become anxious because they had forgotten a watch that was important to them. The registered manager promptly went to the person's room and fetched a number of their different watches for the person. They then sat with the person whilst they chose which colour they thought best matched their outfit. The registered manager showed kindness and patience to the person not rushing them and explained to us, it was important to the person to start their day with the "Correct watch".

Another person was becoming anxious because they knew they were having a visitor that day, but had difficulty with understanding the time they were due. As a consequence throughout the morning they would continually ask "When the [Relative's name] was coming?". Each time staff would explain, what the relative normally did before they visited and would be here soon. The staff sat with the person and suggested activities they might like to do. They waited for their response and fetched the activity. The staff then sat and engaged with the person, helping to pass the time until their relative arrived.

At lunchtime staff were available to support people with their meals and were sensitive to people preferences it became a social event because some people were very sensitive and became distressed if they felt they were being watched. Staff sat at the table with people asking them about their day, what they would like to eat. People were laughing and smiling with the staff. Staff told us one person had guidelines for staff to support them whilst eating, however they told them they didn't want any assistance, so staff respected this person's choice.

People told us staff respected their privacy and they were never made to feel uncomfortable or embarrassed

when assisted with personal care. We saw staff discreetly assisted people with their personal care and closed doors to ensure people's privacy was protected. One staff told us how they closed the blinds in a person's bathroom because it was on the ground floor to ensure their dignity and privacy.

Is the service responsive?

Our findings

People told us they were happy with the staff and how they responded to meet their individual likes and dislikes. One person told us, "I can go to bed when I like and get up when I like. The staff help me have a shower and help me choose my clothes." Another person told us "Staff help me go out for a coffee and buy a magazine." One relative told us "[person's name] has settled in very well, we've seen a real improvement in them."

Staff we spoke with were able to give a detailed account of people's lives, history and needs. We saw staff used this knowledge when they responded to people's individual needs and knew what helped people to feel reassured and happy. For example we saw staff sat with one person and painted their nails for them, when the person decided they changed their mind and decided they didn't like the colour of the nail varnish. Staff kindly removed the varnish and asked which colour they would prefer and repainted them.

People told us they were able to choose the decorations in their own rooms, such as displaying their favourite artists. Around the home including communal areas, people had chosen to display photographs of their family and friends. The registered manager told us they felt it was important make sure people felt at home.

We saw examples where people's care needs had changed. Care plans reflected these changes so staff had up to date information available to them. We also saw staff kept daily records of the care they delivered and how people responded to care, so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and attended handover meetings when they came on shift. We sat in on the handover meeting and saw staff passed on information to the new shift staff where people's circumstances had changed. One person had been taken ill, so staff were advised to monitor them and seek medical advice should their condition worsen.

People told us they had been involved with their care plans and reviews. When one person had decided they preferred not to attend a review, they had written a letter containing their wishes and staff had taken it on their behalf to discuss and fed back to the person on their return.

We saw there were opportunities for people on the day to do fun and interesting activities. In the lounge we saw a social diary newsletter informing people on social events planned for that month. The registered manager had started writing this monthly in response to relative's asking what their relative had been doing each month, and it prompted discussions and memories between people. Feedback from people living in the home and relative's told us they enjoyed reading this information.

People who lived at the home and relatives we spoke with knew how to raise any complaints and concerns they had. One person told us, "I would speak with [manager's name] if I was unhappy with anything." A relative said they had no complaints but if they did they would, "Speak with the manager or the provider". The registered manager told us "They had an open door policy". We saw this was evident throughout the inspection; people would walk into the office and ask them questions. They stopped what they were doing

and spent time answering people's queries.

Staff we spoke with knew how to support people in raising any complaints and believed all complaints received would be listened to and action taken by the manager to resolve people's issues. Staff also told us people could raise their concerns and complaints at meetings held at the home, such as, review meetings. One person we spoke with told us the registered manager was "Kind and listened to them", so felt able to raise concerns and felt sure they would be solved.

Staff were knowledgeable about people's preferred communication styles and told us they would know if people were unhappy by their body language and facial expressions. Information of how to raise a complaint was available for everyone to access in the form of "easy read" instructions. Details were also available on how to access advocacy services should people need them. The registered manager told us one person had accessed their services to represent them at a review.

We saw the systems in place to record complaints and the investigations and actions which had been taken. The complaints records showed that when a complaint had been received they had been acted on and people informed of the outcome and any actions taken.

Is the service well-led?

Our findings

People were very positive about the registered managers and how the home was managed. One person told us, "The registered managers are very nice and very good".

A relative told us the management of the home was, "Very good and they are very approachable". For example one person told us the provider was often in the home, they were in early Christmas Day to see everyone open their presents.

People were encouraged to make suggestions about how improvements to the home could be made. This was done via customer satisfaction questionnaires for people living in the home and another for relatives. Feedback from these was then analysed and changes made accordingly. For example feedback from the relative's questionnaires showed relatives did not know what activities their relatives took part in. So the registered manager started a newsletter, detailing forthcoming events with photographs for everyone to see.

Staff told us they felt their contribution to suggestions of improvements were valued, and could share them openly at staff meetings or supervisions. Staff told us they could discuss any concerns they had openly with the registered manager, who would listen to suggestions and take appropriate action as required.

The registered manager told us about the monthly checks they did so they could take action to protect people and improve the service. We saw the registered manager looked at the number and type of incidents and injuries, complaints and how staff kept people safe. The registered manager undertook these checks so they could consider if the way care was given needed to be changed. With support from senior staff, the registered manager also checked people had the right medicines, equipment and that the building was well maintained. Checks were also made to make sure staff had the right training to care for people in safe and effective ways

We asked the registered manager how they involved external agencies with the home. They described how they worked with a number of external health professionals such as speech and language therapists, district nurses, this was to ensure people living there had good access to health care. They told us how they had developed links with the local colleges, offering student placements as they felt this benefited everyone. Students brought in fresh ideas and enthusiasm and helped staff keep in touch with current educational ideas. People told us they enjoyed seeing the students around the home. We saw a student spending time with people doing arts and craft activities. They were enjoying their company, laughing and joking with them. The registered manager told us she thought people benefitted from spending time with younger people due to their different interests and expertise with technology.

The registered manager told us she felt supported by the provider and they shared the responsibility with the other registered manager. They both shared the responsibility of monitoring the quality of the home. The registered manager told us she never had to wait for anything as the provider was always quick to respond to her requests. For example when the washing machine broke down it was replaced very quickly.