Independence South West

Rockville House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 3 April 2017 and was unannounced. Rockville House provides a respite facility for people who have a physical disability, and accommodation is available for a maximum of three people at any one time. On the day of our visit two people were staying for respite care and were then attending the adjoining day service.

The service provided accommodation for people requiring nursing or personal care on a respite basis. This meant people stayed for different lengths of time depending on their respite needs. For example, some people stayed one night while others stayed for longer periods. We visited the attached Rockville day centre so we were able to meet people who had used Rockville House for respite care in the recent past.

Prior to our inspection the Commission had received information from the local authority's quality assurance improvement team and safeguarding team. These concerns had been investigated and appropriate action taken. The local authority's quality improvement team were still working within the service to support the new manager to update and improve care records and other systems including quality audits.

At the time of our inspection the service did not have a registered manager. A new manager had been appointed and would be registering with the Commission. 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. Since our visit to the service we have been informed the nominated individual had resigned from their post. The nominated individual (NI) is the person registered with us to account for the service at the provider level.

At this inspection we found improvements were needed to ensure the service was responsive and well-led. The provider did not have robust quality assurance processes in place to identify if records were up to date. Systems of auditing aspects of the service had lapsed for example individual care records. Care plans and risk assessments were in place with some already updated and completed to enable people to retain their independence and receive care with minimum risk to themselves or others. Others needed further reviewing to ensure they were up to date. The new manager had already started to incorporate these actions and updates into their plans for the service. One staff member said; "I think that they have drastically improved" while another said; "Some still need more work." Relatives and staff told us the new manager was approachable. The manager was implementing monitoring systems to enable them to identify good practices and areas of improvement.

People remained safe at Rockville House. Some of the people who stayed for respite care were not able to fully verbalise their views. Relatives and staff felt people were safe. There were enough staff to support the number and needs of people. Some staff worked in both the respite service and the day service and this provided continuity in care. People were supported to take part in activities and trips out. People received

their prescribed medicines safely. People responded positively when asked if they liked staying for respite care. A relative said; "We are very happy with the care [their relative] receives."

People continued to receive care from a staff team that were skilled and knowledgeable to effectively support them. Staff were well trained and competent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems within the service supported this practice. People's healthcare needs were monitored by the staff and people had access to healthcare professionals when required during their stay.

The staff were very caring and people had built strong relationships with the staff. During our observation in the day service we observed staff being patient and kind. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

People were able to make choices about their day to day lives. Complaints and concerns were fully investigated, responded to, and appropriate action taken. People attended the day service if they wished during their respite stay and were assisted to take part in a wide range of activities and trips out according to their individual interests.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; you can see what action we told the provider to take at the back of the full version of this report.

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

This service remains safe.

Is the service effective?

Good

This service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records were not always updated to ensure care given was appropriate and as desired by the person.

People had a choice of activities they were supported to participate in if they wished.

There was a complaints policy in place. People's concerns were dealt with to people's satisfaction when they arose.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager or registered provider in place although a new manager had been appointed.

Some records, risk assessments and audits required updating.

People did not always benefit from robust systems to monitor the quality of their care. Systems of auditing aspects of the service had lapsed.

Rockville House

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 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.

The inspection was undertaken by one adult social care inspector on the 3 April 2017 and was unannounced. We also spoke to three relatives and four staff via the telephone after 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 also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with six people who had regularly used the service for respite care, the new manager and four members of staff who worked in the respite service. We also spoke to three relatives and spoke to one health care professional and received feedback from the local authority quality assurance improvement team (QAIT). We also spoke to a member of the board of trustees.

We looked around the premises and observed and heard how staff interacted with people during our visit to the day service. We looked at records of three people who regularly stayed for respite care which related to their individual care needs, three records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

We visited the attached Rockville day centre so we were able to meet people who had used Rockville House for regular respite care. Most people used both the day service and the respite service. Staff worked across both services to provide continuity in the care people received.

The information received from the safeguarding team and quality assurance improvement team (QAIT) highlighted some areas of concern about people's care. However, the service had taken appropriate action to help ensure people remained safe. The QAIT are the local authority improvement team offering support to service/managers. The quality assurance improvement team continued to support the new manager to update and improve care records and other systems including quality audits. However the new manager stated this support is less frequent as they update and improve records.

The service continues to provide safe care. Some people who used the respite service were unable to fully verbally express themselves. The people we visited in the day service, who had used the respite service, appeared to be relaxed and comfortable with the staff who supported them. One person told us they, "Liked staying at Rockville" when asked, while another person said "yes" when asked if they felt safe. Family members told us they believed their relatives were safe. One relative said; "Oh yes, [relative's name] is safe there" and another relative said, "He is safely cared for when he comes in [for a respite stay]."

To minimise the risk of abuse to people, all staff undertook safeguarding training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the manager and were confident that action would be taken to protect people.

Though people had risk assessments completed to make sure they received care and support with minimum risk to themselves and others, some risk assessments were outdated and required further reviewing to ensure they met people's current need. However, people were not placed at risk because staff knew people well. People identified at being of risk when transferring or receiving personal care due to their physical disability had up to date risk assessments in place. People who may place themselves and others at risk had clear guidance in place for staff managing these risks. For example if a person self-harm guidelines were in place to assist staff to keep people safe. People had risk assessments in place regarding their behaviour. The manager was aware of where updates and reviews were needed and action was being taken.

Some people needed one to one staffing when eating. During the inspection to Rockville House and our visit to the day centre we saw that people had the staffing levels required to meet their individual needs. Staff confirmed people had the staffing levels needed to keep them safe when staying for respite care.

People who required it when staying for respite care had the two to one staffing needed to move and support them safely. The respite service staff rota showed there were sufficient numbers of staff to keep people safe and make sure their needs were met. The manager and staff said additional staff were made available if they were needed to support people, for example some people required one to one staff support

with meals.

People's risk of abuse was reduced because there were suitable recruitment processes in place for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People received their medicines safely from staff who had completed training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people, when staying for respite care, were prescribed medicines on an 'as required' basis. There were instructions to show when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had very good knowledge of the individuals they supported which meant they could effectively meet people's needs.

People were supported by well trained staff. Staff told us they were provided plenty of training and in subjects relevant to the people who lived at the home, for example manual handling. One staff member said; "Plenty of training done recently." Staff had completed the Care Certificate (a nationally recognised training course) as part of their training. Staff felt supported by a process of appraisals, regular supervision and team meetings. The PIR recorded; "Robust supervision process to ensure that staff are working to job descriptions and in a person centred way."

People's health issues were monitored during their stay. Any concerns were passed to people's next of kin when people went home. For example, one person had a minor wound that required dressing and staff monitored this during their respite stay. People who used the respite service had a contact diary and this was used to communicate with people's carers or family. This helped ensure everyone had up dated information to protect the wellbeing of people who used the service.

People were able to make choices about the food they ate and were able to assist with any preparation if they wished to promote their independence. One person told us, that they had the food they liked. Where there were concerns about a person's risk of choking, staff sought advice from relevant professionals for example Speech and Language Therapist (SALT).

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interest these were fully recorded in care plans. One relative said they had been involved in decisions about their relative's care. Records showed family members and a healthcare professional had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

Due to people not living at the service any DoLs and MCA information were passed to the service from either parents/carers or people's care management team. The PIR stated that; "All staff to undertake MCA/DoLS training" which had happened.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People lived in a service that was well maintained.

Good

Is the service caring?

Our findings

The service continued to provide a caring service to people. People who stayed for respite care had used the service for a number of years and had built strong relationships with the staff that supported them. Some staff worked in the day service and the respite service. People who stayed for respite care used the attached day service during the day. Therefore we visited the day service to meet people who had been or were due to stay for respite. There was a busy but relaxed atmosphere in the day service with people looking comfortable with the staff working with them. If people became upset or anxious, staff responded quickly to reassure people and helped settle them. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People had unrestricted access to their allocated bedroom during their stay and were able to spend time alone if they chose to. People's well-being was clearly documented. Care records held information about people's past and current health needs as well as details of any services currently involved with people. Although the new manager planned to review these to ensure they reflected people's current care needs.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis and attended review meetings with staff from the service who knew them well. Personal representatives, for example family members or advocates and health care professionals also attended. One relative confirmed they had recently attended meetings with the manager/staff to update care records.

Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence. Staff involved people and knew what people liked and disliked and what they enjoyed doing. People were allocated a key staff member to help develop positive relationships.

Staff knew people well and were able to communicate effectively with everyone. Staff used appropriate communication tools to ask people questions and people had photos/symbols to help them communicate decisions. This ensured they were involved in any discussions and decisions.

People's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. Staff supporting people were observed to be interacting well and appropriately with those people who had or were due to stay for respite.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive.

People's needs were at risk of not being met appropriately because information about them was not always accurate. For example, some care plans required updating to ensure people's current needs were documented to enable the service to respond appropriately. For example one care record held information showing the personal care required to meet that person's need. However this had not been reviewed for some time to ensure the staff were responding appropriately. One staff member said this person needed additional staff to support them with their personal care and this was not currently recorded. Whilst current staff were aware of this, new staff would not be if they read the records.

The manager confirmed that some people's review meetings were still to be held to help ensure they had up to date information to assist staff. For example people with communication difficulties needed updated guidelines in place to enable staff to respond and recognise when people are showing signs of distress. This would enable staff to respond appropriately.

People's care records were personalised to each individual, contained information to assist staff to provide care and gave information on people for example people's likes and dislikes.
In addition to full care plans there were brief pen pictures of people currently in the process of being developed. This provided information particularly about people's behavioural needs or moving and handling needs which could be used by new staff to make sure they had current information about people.

Staff had a good knowledge about each person and said; "We are a small team and only a small number of people stay for respite care. Therefore we all know each other well." One relative said how the service was now more "Person centred" and the service had responded to their relative's needs. One staff member said; "[Rockville House] have more of a person centred approach" and "no one's care plan is the same anymore." Another said; "Paperwork is now being updated to the level it should be."

People were well known by the staff who provided care and support which was person centred and took account of individual needs and wishes. One staff member said; "Respite is more calm and relaxed and they have more of a person centred approach." Staff told us how they encouraged people to make choices. Staff said some people were shown pictures. This helped ensure everyone's voice was heard.

People's individual needs were assessed prior to using the respite services. Health and social care professionals, family and friends were involved in this process to ensure the service could respond to people's needs.

People took part in a variety of activities inside and outside of the service. Most activities took place in the day service during the week. However some activities were arranged when people stayed for weekends or overnight. For example, one person told us they attended a local disco. People were provided two to one staff support whenever needed to partake in activities. On the day of the inspection and our visit to the day

service, some people had gone to a butterfly farm while others had gone out for coffee. Staff and relatives told us that family and friends could visit people when they wanted.

People had a complaints policy provided in the information given to them on admission. The provider also had a complaints procedure available. This was not displayed in the service during our visit; however the manager took action to address this straight away. One person told us they spoke to staff if they were not happy with anything. Where complaints or concerns had been raised these had been investigated and responded to. The manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led. The manager was not currently registered with the Commission and had yet to submit an application to us. The manager had been employed for three months. In addition, since our visit to the service we have been informed the nominated individual had resigned from their post. The nominated individual (NI) is the person registered with us to account for the service at the provider level.

Whilst the manager had many years' experience in care and had made many improvements since commencing employment further work was still needed. A member of the broad of trustees had been designated to support the manager including visits to the service to monitor and audit the updates of systems and records. However we found a lack of effective quality monitoring of the service. For example, the provider had failed to ensure there were effective audits of records. This had resulted in us finding some records had not been updated to reflect people's current needs.

Though many records including some care records, risk assessments, quality monitoring records and policies and procedures had been updated, there were still improvements needed to cover all aspects of the service. For example quality assurance surveys to seek people's views of the service and new processes of quality monitoring were not fully implemented or embedded.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had been receiving support from the local authority improvement team. This support and input is still ongoing to update and improve care records and other systems including quality audits. We found improvements to some of the records held by the service. For example people had been referred to the speech and language team to ensure current records held were up to date. However, these systems had only recently been put in place and we cannot yet be certain these systems are fully effective.

The service had clear values and a vision for the service. The website stated; "The Core Values we strive to provide for our service users are dignity, privacy, independence, choice, rights and fulfilment." For example for people to remain independent staff said they; "assist them to make their own decisions and think and act for themselves." These values are communicated to staff through day to day discussions, one to one supervisions and team meetings. One staff member said; "Management are approachable to discuss anything." Staff we spoke with were very positive and enthusiastic about the work they did and made positive comments about the changes within the service, for example the new manager updating records and making themselves available. One staff member said; "We as staff are being listened to more and our views are being taken into consideration."

The new manager was respected by relatives and the staff team. They were open and approachable and keen to make improvements where necessary. For example updating all records. The manager kept their practice up to date with regular training. They had plans to undertake a management and leadership

course. The manager was now receiving support from a member of the Board of Trustees For Independent South West, the charity that owns Rockville.

Health care professionals said the manager had made many improvements and were pleased with the work already underway to improve the quality of the service. However, one commented that there was still some way to go to complete the work required, including having a stable senior management team.

The new manager understood the basic principles of the Duty of Candour (DoC) regarding the requirement to apologise when things go wrong. They were seeking to address this more fully as they settled into working at the service.

When the manager was not available there was an on call system available between the senior staff employed. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the manager and the senior staff.

One relative said; "We have seen some great improvements lately" and "I couldn't be more positive about the place now." One staff member commented; "The management side of service has changed for the better, one manager covering both respite and the day centre works better."

The service had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The quality assurance system was not effective or fully implemented or embedded to be ensured of good practices or assured of the quality of the service.