

Comfy Care Homes Limited

Rockfield Residential

Inspection report

22-24 New Queen Street
Scarborough
North Yorkshire
YO12 7HJ

Tel: 01723361019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rockfield Residential is a residential care home providing personal care for up to 17 younger adults with mental health conditions. At the time of this inspection, 12 people were using the service.

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

People felt safe living at Rockfield Residential and had built positive relationships with a consistent staff team.

The service had adapted to ensure government guidance in relation to COVID-19 management was implemented and followed. Where risks in relation to COVID-19 had been identified, these had been managed appropriately but records did not always reflect this. The provider took action to address this.

Staff received regular support from their line managers and spoke positively of the management team. Appropriate training had been provided and further training specific to people's medical conditions was planned.

People were encouraged to remain as independent as possible and were supported to make day to day decisions. A healthy, balanced diet was promoted, and people were encouraged to make their own choices with regards to meals and times they ate.

The principles of the Mental Capacity Act 2005 were followed. 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.

Effective quality assurance processes were now in place. Regular audits were completed to monitor the quality and safety of the service and action had been taken when shortfalls were found.

Some areas of the service had been refurbished. A renewal program was in place to address other areas of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 September 2019)

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an unannounced comprehensive inspection of this service on 31 July 2019. A number of

recommendations were made, and the location was rated as requires improvement.

We undertook this focused inspection to check that improvements had been made. This report only covers our findings in relation to the key questions Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures only under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rockfield Residential on our website at www.cqc.org.uk.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rockfield Residential

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Rockfield Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We conducted a tour of the service and spoke with two people who used the service. We also spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included two people's care records and a variety of records relating to the management of the service, including audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two members of care staff via telephone and we attempted to contact two relatives.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question in relation to infection prevention and control.

Preventing and controlling infection

- We were somewhat assured that the provider was admitting people safely to the service. Where new admissions to the service had refused to isolate, control measures were put in place, but this was not recorded.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. Risks associated with people refusing regular testing were considered but not recorded.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we recommended the provider sought advice from a reputable source in relation to MCA and best interest decision making. The provider had made improvements.

- The principles of the MCA were now being followed.
- An application to deprive a person of their liberty had been submitted when appropriate.
- The registered manager and staff had a thorough understanding of the MCA and had completed appropriate training in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were completed prior to people moving to the service to ensure their care and support needs could be met.
- Any changes to people's needs were reviewed with them and this was reflected in their care plans.
- People were encouraged to remain as independent as possible and make their own decisions with staff support.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider found out more about training for staff, based on

current best practice, in relation to people living with mental health conditions. The provider had made improvements.

- Staff had now completed training in mental health conditions. A training manager had been appointed and plans were in place for all staff to complete training specific to people's medical conditions.
- Staff were supported through regular one to one supervision meetings. These focused on supporting staff to develop as well as reviewing their performance.
- Staff new to the service completed an induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.

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

- People were supported to consider their medical conditions and the implications of not following a healthy balanced diet.
- Independence in this area was promoted; people were able to choose what meals they wanted, and these were provided at flexible times to accommodate people's daily routines.

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

- Staff worked with other professionals to ensure people's needs were met, and their wishes respected.
- Staff were available to support people to attend medical appointments when this was required.

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

- People's private space, such as bedrooms and flats, were personalised according to their likes and dislikes. People had been included in decision making around the decoration of communal areas within the service.
- Some refurbishment work had been completed to improve the environment. This had been carefully planned to avoid disruption to people.
- Further renewal work was needed; some areas of the service such as carpets and paintwork were old and worn. The provider had a refurbishment plan in place, but this had been delayed due to COVID-19 and restrictions.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we recommended the provider sought further support and guidance from a reputable source, about effective systems to monitor and improve the service. The provider had made improvements.

- Robust quality assurance processes were now in place and completed on a regular basis.
- Where audits identified any shortfalls, clear action plans were in place to address these.
- Systems and processes were established to ensure the provider could measure the quality and safety of the service provided. These included weekly reports of progress submitted to the provider by the registered manager.

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

- The registered manager had worked hard to create a positive culture. There was an open-door policy and throughout the inspection people and staff were observed to adopt this approach.
- The directors of the organisation had recently changed, which has caused some anxiety amongst staff. This was being addressed and the service was taking positive steps forward.

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

- The registered manager was open with the inspector during the inspection. They understood their responsibility to be open, honest, and apologise to people if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were actively involved in all areas of the service. They were included in any discussions around improvements to the service and their views were listened to.
- Staff, people and professionals were asked to provide regular formal feedback about the service. The registered manager valued their opinions and was open and honest about actions taken as a result of the feedback provided.

Continuous learning and improving care

- The registered manager and provider spoke passionately about further improvements they had planned to enhance people's quality of life.
- A range of improvement plans were in place to ensure the service continued to improve.