

Mr Anthony Julian Richard Greene

Rock Cottage Care Services

Inspection report

Breach Road
Brown Edge
Stoke On Trent
Staffordshire
ST6 8TR

Tel: 01782503120

Website: www.rockcottagecaregroup.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We completed an unannounced inspection at Rock Cottage Care Services on 19 January 2017. At the last inspection on 14 March and 15 March 2016 we found there were breaches in regulations. We asked the provider to take action to make improvements to the way they managed and monitored the service. At this inspection we found that some improvements had been made, but some further improvements were needed.

Rock Cottage Care Services are registered to provide accommodation with personal care and nursing for up to 36 people. People who use the service may have physical disabilities and/or mental health needs such as dementia. At the time of the inspection the service supported 36 people.

There was a registered manager at the service. 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.

The provider had made some improvements to the systems in place to assess, monitor and improve the quality of care. However, further improvements were needed to ensure that all the systems in place were carried out regularly.

Some improvements were needed to ensure that care records contained up to date information.

We found that some improvements were needed to ensure that medicines were managed safely.

People felt safe when they were supported. Staff had a good understanding of people's risks and we saw that people were supported in a safe way.

People were supported to be involved in meaningful hobbies and interests within the service to promote their emotional wellbeing.

There were enough suitably qualified staff available to keep people safe and the provider had effective recruitment procedures in place.

People were supported by staff who had received training, which gave staff the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care and the provider followed the requirements of the Mental Capacity Act 2005 where people lacked the capacity to make certain decisions about their care. Staff understood their responsibilities and followed the requirements of the MCA when they provided support.

People told us that they enjoyed the food. Where people were at risk of malnutrition care plans were in place to ensure people were eating sufficient amounts to keep them healthy.

People were supported to access other health professionals in a timely manner to maintain their health and wellbeing.

People were supported in a caring and compassionate way by staff who knew people well. People's privacy and dignity was protected when staff provided support and staff promoted and listened to people's choices in care.

People were involved in their care. People received care that met their preferences because staff knew people well and knew how they liked their care to be provided.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

Staff felt supported by the registered manager to carry out their role and there were values within the service that staff understood and followed.

There was an open and honest culture within the service and the registered manager was approachable to people, staff and professionals.

The registered manager was aware of their responsibilities and had informed us (CQC) of any notifiable incidents that had occurred at 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?

Requires Improvement ●

The service was not consistently safe.

Some improvements were needed to ensure that medicines were consistently managed in a safe way.

People were protected from abuse because staff were aware of their responsibilities to report and act on suspected abuse.

People were supported to manage their risks by staff that knew how to provide care that kept them safe from harm.

There were enough suitably qualified staff available. The provider had followed safe recruitment procedures to ensure people were supported by appropriate staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training, which gave staff the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care and the provider followed the requirements of the Mental Capacity Act 2005 where people lacked the capacity to make certain decisions about their care.

People were supported to access other health professionals to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported in a caring and compassionate way that protected their privacy and dignity. Choices in care were promoted by staff and people's choices were listened to and acted on to give people control in how their care was provided.

Is the service responsive?

Good ●

The service was responsive.

People were supported to be involved in meaningful hobbies and interests within the service to promote their emotional wellbeing.

People were involved in their care. People's preferences had been taken into account and staff knew people who used the service well and knew their likes and dislikes.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

Is the service well-led?

The service was not consistently well led.

Further improvements were needed to ensure that systems in place to consistently assess, monitor and improve the quality of care were effective.

The registered manager was aware of their responsibilities to inform us (CQC) of any notifiable incidents that had occurred at the service.

Staff felt supported by the registered manager to carry out their role and there were values within the service that staff understood and followed.

Requires Improvement 

Rock Cottage Care Services

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January 2017, which was unannounced. The inspection team consisted of two inspectors.

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 reviewed the information included in the PIR along with information we held about the home as part of our planning. We reviewed other information that we held about the provider and the service which included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with seven people who used the service, two relatives, four staff, the registered manager and the provider. We viewed six records about people's care and four people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, staff recruitment and training records.

Is the service safe?

Our findings

We found that some improvements had been made to the way medicines were managed, however some improvements were still required. For example; we found that where some people needed 'as required' medicines, protocols had been put in place to give staff guidance as to when these people may need these medicines. However, further improvements were needed to ensure that these were in place for all people who used the service. Staff we spoke with who administered medicines were aware of the signs that people displayed to administer these medicines, but there was a risk that a new member of staff or agency staff would not have sufficient information to ensure that people received their 'as required' medicines when they needed it.

We checked the MAR's to ensure people were receiving their medicines as required. We found that there were some gaps in the recording when staff had administered topical medicines. We checked the records and people's skin was intact and had been managed to prevent deterioration when they were at risk of pressure sores. However, the gaps in the records meant we could not be assured that people received their topical medicines as prescribed.

People were supported to be as independent as possible whilst taking into consideration possible risks to their safety. A person said, "I'm still able to walk around on my own and staff help me if I need them". We saw that people who were able to move around the service were encouraged to do so and the environment was clear of any hazards that could be a risk to people such as trips and falls. Staff explained people's risks and had a good understanding of how they needed to support people to remain safe from harm. Although staff knew when changes had been made to people's care and treatment the records we viewed did not always match what staff had told us. For example; we saw that one person had suffered a number of falls at the service. The records did not show the actions that had been taken to lower the risk of further falls. However, we saw that the registered manager had ensured the person had a sensor mat in place to alert staff when they were moving and staff were aware of their actions to prevent further falls.

Although we found that some improvements were required with the management of medicines people told us they were supported by staff to take their medicines when they needed them. One person said, "They [staff] always get me my medication when I ask for it and keep me pain free". We observed staff administering medicines in a dignified way explaining to the person what each individual medicine was for. One person liked to have their medicines in a certain order and the nurse on duty spent time with them and gave them encouragement whilst they took their medicines in a relaxed manner.

People told us they felt safe when being supported by staff. One person said, "The staff are very good, they treat me really well and I feel safe". Another person said, "I feel safe with staff. They make me feel safe here". We saw that people were happy and appeared comfortable when staff provided support. Staff explained their actions if they were concerned that a person was at risk of harm and the possible signs that people may display if they were unhappy and where abuse may be suspected. The registered manager understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified.

People told us they always received the support they needed when they needed it. One person said, "Staff are very good, they come when I need them". A relative said, "I'm here quite a lot and there always seems to be enough staff about". We saw people were supported by staff in a timely manner throughout the inspection. Staff we spoke with felt that there were enough staff available and plans were in place to cover shortfalls in staffing numbers. One member of staff said, "We try to cover any staff shortages by doing extra shifts so people have consistent care, although we do use agency staff if needed". The registered manager had a system in place to assess the staffing levels against the dependency needs of people. We saw changes had been made to staffing levels when needed, which ensured there were enough staff available to keep people safe.

We saw records that showed the provider had safe recruitment procedures in place. Staff who were employed at the service had undergone checks to ensure that they were of a good character and suitable to provide support to vulnerable people.

Is the service effective?

Our findings

People told us they enjoyed the food at mealtimes. One person said, "I like the food here it's very good". Another person said, "I can have something else if I don't like what is on the menu and you can have as much as you like". We observed breakfast and lunch and saw staff listened to what people wanted and supported people to eat and drink sufficient amounts. We saw support plans were in place that detailed the individual support people needed. For example, people who had been assessed as a high risk of malnutrition had a support plan in place that detailed the actions required by staff. People who were at risk of malnutrition were encouraged and assisted throughout mealtimes and staff completed food and fluid intake charts to monitor the amount that people ate and drank. We found that improvements had been made to the way people's drink and food intake was monitored.

Staff were able to explain how they supported people with behaviour that may challenge and they knew people's individual triggers that caused their anxieties. One staff member said, "I know when someone is becoming anxious. Often people who are new to the home get upset so I make time to sit with them and talk things through". For example, we saw a person who was new to the service became upset during the lunch period. Staff spent time with this person talking with them and asking them how they felt. We saw the person calmed after staff had sat with them and provided reassurance.

People told us they were able to see health professionals when they needed to. On the day of the inspection we heard a person ask the nurse if the G.P was attending the service as they wanted to speak with them. We saw the G.P attended the service later that day and the person was able to discuss their health concern with them. The records we viewed showed that people had accessed other health professionals such as; dieticians, opticians and consultants. We also saw that guidance was sought from health professionals and this had been acted upon so that people were supported to maintain their health and wellbeing. For example, one person's weight had deteriorated because they had a reduced appetite. We saw a referral had been made to the G.P and the Speech and Language Therapy Team. We saw the guidance received to provide the person with encouragement at mealtimes was followed by staff.

People told us that they consented to their care and staff asked their permission before they provided support. We observed staff talking to people in a patient manner and gained consent from people when they carried out support. Some people were unable to understand some decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. 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. We saw mental capacity assessments had been carried out when people lacked capacity to make certain decisions. Relatives, advocates and other professionals were involved and support plans were in place, which contained details of how staff needed to support people in their best interests.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. We found that the registered manager had applied for DoLS and where DoLS had been authorised the manager and staff understood how to deprive people in the least restrictive way.

Staff told us they received an induction when they were first employed at the service. One staff member said, "I completed an induction which was detailed and I completed a workbook which had to be signed off by the deputy manager". Staff also told us that the training was regularly refreshed and updated and they had opportunities to undertake specific training. One member of staff said, "The training is good and we have practical sessions such as manual handling. We are observed supporting people to make sure we are supporting people correctly". The records we viewed confirmed staff had received training to help them carry out their role effectively and there were observations of staff competency completed by a senior member of staff. We saw that staff received supervision on a regular basis. One member of staff said, "I feel supervision is very useful to discuss any areas of my role. We can also discuss any improvements I need to make or if I have ideas for improvements". This meant staff were supported to carry out their role effectively.

Is the service caring?

Our findings

People told us that the staff were kind and compassionate towards them. One person said, "Lovely staff, I can't fault any of them". Another person said, "The staff are wonderful. They treat me in a lovely way". We observed staff interaction with people and found that staff showed care and compassion towards people when they were supporting. For example; we saw one person being supported to move by staff using a hoist. The person was anxious and staff gave reassurance and said "It's okay, don't worry we have got you and you are safe with us". The person then relaxed and smiled at the care staff. We also saw that one person became upset and staff sat with the person giving reassurance and a kind touch to make them feel cared for. We saw staff constantly asked people if they were okay and if they needed anything, one person requested a blanket over their legs and staff said, "Of course you can love. I'll go and get you one now". The staff member fetched a blanket and ensured the person was warm enough.

People told us that they were given choices in how and when their care was carried out. One person said, "I only have to ask for something and I get it, nothing is too much trouble and I get what I have asked for". Another person said, "I choose lots of things like when I get up or go to bed. I can be involved in the activities or I can choose to do my own thing. The staff are very good as they know I like to do a lot for myself". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard the question. We saw staff supported a person who was deaf and they took their time to ensure the person understood what they were asking and repeated the person's answer to them to ensure they had understood what they wanted.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "Staff all speak with me in a respectful way and when I need help with anything personal we go to my room". Another person said, "I can always go to my own room if I need any privacy". We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when asking people what they needed help with and when staff needed to discuss someone this was done in the office away from other people. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. One member of staff said, "Dignity and care is at the centre of what we do here. It is important that people feel cared for. I ensure I talk with people in a respectful and caring way. We all do here".

Is the service responsive?

Our findings

People told us that they participated in activities such as; bingo, quizzes, knitting, baking and regular special events. People told us they enjoyed the activities on offer. We saw records that showed people had been involved in activities, which included church services, one to one activities and reminiscence discussions. The provider employed an activity staff member who provided a varied activity programme for people to be involved in. We spoke with this member of staff who showed us their plans for future activities and told us how they had recently introduced an electronic tablet and one person enjoyed using the tablet to play games. There were also plans to connect to a social messaging site so that one person who had relatives that lived overseas would be able to contact them and make video calls. The activity worker said, "I have lots of ideas, which I think will help people who suffer with dementia. I think my creating a dementia street this will help people to be familiar with their surroundings and it will also help with reminiscence too. I get so much pleasure from providing activities and discussing peoples' past lives".

People and their relatives told us that they were involved in the planning of their care. One person said, "I am always asked what I want and the staff help me to understand things. I forget sometimes and need help understanding". A relative said, "We were involved when my relative first came to the home. We were asked all sorts of things about my relative. I'm always kept informed of any changes too". It was clear that people and their relatives had been involved in their care plans and these detailed what was important to them and how they liked to be supported. We saw that people's life histories had been recorded, to enable staff to have discussions about peoples' past lives before they used the service. We observed staff provided support to people in a way that met their preferences and staff knew people well. This meant that people received care that met their preferences.

Some people had limited communication and staff understood people's individual way of communicating and what people needed. We observed staff gave people time to respond to questions in their own way and staff explained how people communicated their individual needs. We saw staff communicated with one person who had a hearing impairment and we saw the staff ensured that they were in front of the person at their level and spoke slowly so that the person was able to read the staff's lips. Staff understood what this person needed and the person told us that staff knew what they wanted.

People and their relatives told us they knew how to complain if they needed to and if they had complained the registered manager had acted upon their concerns to make improvements. One person said, "I've not had to raise anything but all the staff are approachable, so I would tell them. I see the manager around most days so I could tell them too". A relative said, "I know how to complain and who to. I have raised a few things with the manager and they have always been dealt with and I've been happy with the action taken". The provider had a complaints policy in place and we saw that there was a system in place to log any complaints by the registered manager. The complaints we viewed had been acted on and a response sent to the complainant.

Is the service well-led?

Our findings

At our last inspection, we found that there were not effective systems in place to assess, monitor and mitigate risks to people's safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made, but further improvements were needed.

We found that some of the records did not provide an accurate and up to date account of people's needs. Staff we spoke with knew people well and gave detailed accounts of people's needs and were aware of changes in people's needs. However, the records did not always show what we saw and what staff had told us. For example; one person had suffered a number of falls and the risk assessment did not show the actions taken to prevent further falls. We saw and staff told us that this person had a sensor mat in place to alert staff when they were mobilising to lower their risks. Staff told us that another person had their eyes bathed on a regular basis as they suffered with dry eyes, but the records had not been updated to reflect the change in their needs. This meant that there was a risk of inconsistent care because records were not up to date and accurate. We found that there was a system in place to monitor the care records annually, but this was not effective to monitor that people's changing needs had been updated in the records correctly on a regular basis. This meant that some improvements were needed to ensure that records were up-to-date and reflected the support staff were providing.

We saw that some improvements had been made to the way the registered manager monitored and assessed the service. However we found that not all of these systems were effective in identifying areas of concern. For example; we saw that some pieces of equipment had not been cleaned sufficiently, which could pose an infection control risk for people. We asked the registered manager if there was a system in place to ensure equipment was cleaned regularly. We were told that there wasn't a specific schedule in place to check this had been carried out, but the registered manager would expect staff to clean them if they became soiled. The registered manager told us and we saw there was an infection control audit in place but this had not been carried out in the last 12 months. The registered manager told us that they had fallen behind with some of the monitoring systems as they had been providing care due to staff shortages and they were needed to ensure people received their care. This meant that there was not a system in place to monitor infection control within the service, which meant this put people at risk of cross contamination.

At our last inspection, we found that the provider was notifying the commission of incidents as required by law. This was a breach Regulation 18 of the Care Quality Commission (Registration Requirements) Regulations 2009. At this inspection we found improvements had been made to meet the regulation.

The provider had a duty to notify us (CQC) of any incidents that had happened at the service, which enabled us to monitor the service. For example; expected and unexpected deaths, serious injuries and alleged abuse. We found that the registered manager had notified us of any deaths or other incidents that had occurred at the service. The registered manager told us that since the last inspection they were now fully aware of their responsibilities of their registration.

People told us and we saw that feedback was gained about the quality of their care. One person said, "The manager is always around and asks if I am happy with everything. I would tell them if I wasn't". A relative told us that they were invited to meetings to discuss their relatives care and if they had any concerns. We saw that a questionnaire had been circulated to people and their relatives to gain feedback on people's experiences. We saw that most of the feedback was positive and where there had been concerns these had been acted on by the registered manager.

Staff told us and we saw that team meetings were held to discuss the service provided. Staff told us that the meetings were used to discuss any areas that they thought could be improved and that the registered manager took action where suggestions had been made. For example one staff member told us they had suggested that a standing hoist with a seat would help people who tired easily as this would still maintain their mobility but ensure that they could sit down for their comfort and safety. We saw that this equipment had been sought and assessed as appropriate for people. This meant that the registered manager sought feedback from staff and acted to make improvements.

People told us the registered manager was approachable. One person said, "The manager is already about. They are lovely and always take the time to say 'Hello' and ask if I'm okay". A relative said, "The manager is very approachable, all the staff are. I have no problem talking to them if I need to and they keep me up to date with any concerns they might have". Staff told us that they could approach the senior management team if they needed to and any concerns raised were acted on to improve the quality of care provided. One staff member said, "The management and the nurses are all approachable. I think that's because they are around all the time and also provide care when needed". Another member of staff said, "I have no problems talking to the manager as they are always available and make time to listen to me". We saw that staff were comfortable approaching the registered manager and the provider on the day of the inspection. The atmosphere within the home was friendly between staff and people, relatives and the senior management team and it was clear that the registered manager promoted a caring environment for people.

Staff were enthusiastic about their role and how they ensured people received support in a caring and responsive way. One staff member said, "It's a really good home to work in because we all care about the people. It can be the little things that make a difference to people to make them feel comfortable". Another member of staff said, "I enjoy making people happy and comfortable. It means I go home feeling I've made a difference". All the staff we spoke with understood the values of the service and told us that the main aim is to provide a good quality standard of care to people in a homely and friendly environment.