Gold Hill Housing Association Limited

Rock House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. The home had previously been inspected on 4 February 2014 when it was found to be meeting the requirements of the law in the areas inspected.

Rock House provides care and support to up to 38 older people, some of whom were living with dementia. Others were living with dementia and physical disabilities. At the time of our inspection 34 people lived in the home. The

Summary of findings

home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

During our inspection we found areas that required improvement. Whilst most bedrooms were spacious and personalised, one was not large enough to accommodate the person's personal belongings. We have recommended the provider finds out more about current best practice, in relation to adapting living environments for people living with dementia. Some areas of the home were not clean, because systems in place to ensure all areas were clean had not been followed. Other areas of the home were clean and comfortable.

We found aspects of the service were good. Staff interacted with people in a gentle and supportive way. Where people may have been anxious about certain activities, for example being transferred in a hoist, staff were reassuring and supportive. Care plans and risk assessments were in place to ensure people received safe and appropriate care. Where possible people or their representatives had reviewed their care with staff to ensure it met their needs.

People were consistently having their care needs met and told us they were happy with the support they were receiving. The provider had identified the specific needs of individuals and had equipped staff through training, supervision and appraisal with the relevant skills and expertise to meet their needs.

The provider had clear plans of how they would improve the service to people over the next two years. The provider based the care on a clear set of values which were shared with the staff team.

Because many people living in the home had some form of dementia, the provider organised training for people's families to help them understand the illness. They also encouraged families to share information about the person's past life so they could enhance their present life.

Audits were undertaken to ensure the environment and the way care was delivered were safe. Feedback was obtained from people, staff, relatives and an independent organisation to assist the provider in driving forward improvements. Complaints were taken seriously and responded to appropriately in line with the provider's policy. People who were unable to make verbal complaints were monitored for changes in behaviour, body language or facial expression. Where it was deemed a person was unhappy with a situation, this was investigated.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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

Some aspects of the service were not safe. The risk of infection from unclean areas of the home placed people at risk. Some areas of the home required maintenance to ensure people were kept safe.

People told us they felt safe and were confident staff knew how to care for them and would protect them from harm. Staff knew how to protect people from abuse and had received training in safeguarding adults. The provider was complying with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This ensured people's human rights were being protected.

There were sufficient staff to meet people's needs; however, sometimes they were not organised in a way that ensured everyone's needs were met.

Is the service effective?

Requires Improvement

The service was mostly effective. Minor improvements were required to the maintenance of the building. People needed to have access to their personal belongings.

People were happy with the care they received. Staff reassured people when providing care to help them understand what was happening.

People's needs and any risks to them were assessed, recorded and appropriate action was taken.

People told us the food was good. Where people had comments to make about the food, these were taken into account by the chef.

Is the service caring?

Good

The staff were caring. People were positive about the way they were cared for. People were comfortable when speaking to staff.

The provider had held training sessions for family members and friends on dementia. This was to help them understand how dementia affected people. They encouraged relatives to provide information about the person's life and history. This enabled the provider to consider this information when providing care and support.

The care provided to people at the end of their life was described by the local GP as being impressive, enabling people to die in peace. Each person had a plan related to their wishes at the end of their life.

Summary of findings

Is the service responsive?

Good

The service was responsive. People received the health care they needed at the time they needed it. Contact between the provider and health agencies, for example, district nurses and GP's was good. They worked together to ensure people remained as healthy as possible.

People were offered a range of activities to meet their social needs. Where individuals had spiritual needs these were also catered for.

The provider had a range of systems in place to ensure they received feedback on the quality of the service. Where people were unable to verbally make complaints, there were systems in place to investigate their dissatisfaction.

Is the service well-led?

Good

The service was well-led. Audits had been completed to check the premises were safe and to ensure the service was meeting the required standards.

People told us the home was well led and the registered manager was available for them to speak to. Staff felt supported by the registered manager and described them as "friendly and approachable." The provider had sought the views of staff, people who used the service and relatives to improve the way care was delivered.

The registered manager and staff all knew what the values and vision of the organisation were. Staff applied these values to the care they provided. There was an honest and open culture in the home, with lessons being learnt from mistakes.

Rock House Residential Care Home

Detailed findings

Background to this inspection

We visited the home on 5 and 6 August 2014. The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included information the provider had sent us and information other people had shared with us. We also reviewed notifications we had received. A notification is information about important events which the service is required to tell us about by law. The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to plan our inspection.

We met with people and saw how care was provided to people during the day. We were able to speak with people during lunchtime and carried out a 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 eight people who lived in the home and one relative. We interviewed the registered manager and spoke with seven staff including senior staff, the chef, domestic staff and care assistants. We spoke with a district nurse and had feedback from the GP surgery. We looked at three people's care records, staff recruitment and training records, risk assessments, quality assurance audits, policies and procedures.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

Most of the home was clean and comfortable, however, not everywhere was clean. For example, we saw dirt and lime scale in and around a hand washing sink in the corridor. Skirting boards in another area of the home were stained. Although we were told the kitchen had undergone a thorough clean in June 2014 we found areas around one of the sinks and parts of the kitchen floor needed cleaning. This presented a risk of infection. We looked at the cleaning schedule. The schedule included the areas to be cleaned and the frequency of cleaning required. The records showed that not all the cleaning tasks had been completed. The registered manager told us they would take immediate action.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us "I am safe" and "it's nice being here". Each person had the risks associated with their care assessed, documented and management plans were in place. These included nutrition and hydration, mobility and skin integrity. During lunchtime we observed lunch being served. One person was left unsupported for a period of 13 minutes. During this time they ate the leftover food of someone who had left the table and used the other person's cutlery. This did not protect the person's dignity and placed them at risk of infection. Another person had been left in their wheelchair in a quiet area. They were at risk of falling out of their chair as they were leaning forward and the foot plates on the chair were not in place. When we drew the situation to the staff's attention they immediately made the person safe and comfortable. Other risks were managed well. One person who had partial sight was not aware if furniture was moved, this posed a risk of falls or trips. Staff took appropriate action to ensure this did not happen.

People said they had confidence in the care provided and staff "knew what they were doing."

One person said, "staff would protect you from being bullied here." We observed staff speaking to people in a kind and reassuring way to allay their fears or anxieties.

Staff knew how to recognise and report concerns of abuse. The provider had in place training for staff in how to safeguard people. One person described how the behaviour of another person in the home had made them feel uncomfortable. The staff had intervened and taken the necessary action to address the situation. They offered both people reassurance. The person said they could speak to staff about any concerns and they acted quickly to help them feel safe.

The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People's mental capacity to make specific decisions had been assessed. Safeguards were in place to ensure where people had to be deprived of their liberty, this was carried out in the least restrictive way and in their best interest. Thirty one DoLS applications had been submitted to the local authority's supervisory body, this was because access into and out of the home was restricted. Staff had received training to understand the requirements of the MCA and DoLS.

We observed there were enough staff on duty to meet people's needs. The registered manager told us staffing levels were under constant review. For example as the numbers of people living in the home increased or people needed more support, then staffing levels increased accordingly. The PIR informed us senior staff had met to analyse the staffing levels in the home. Documentation verified this. They had identified through feedback from staff members a need to increase the cover for holiday and staff absences. They recruited seven new day care staff to reduce the need for agency staff. The provider had a plan in place to provide continuity of care. This identified situations where staffing levels may be compromised and what action should be taken to ensure continuity of care was provided.

Requires Improvement

Is the service effective?

Our findings

One person did not have sufficient room in their bedroom to accommodate a wardrobe. Their wardrobe was located away from the room and down a corridor. This meant the person could not have access to their own possessions such as their clothes when they wanted to. Current best practice for people who live with dementia is to be able to have the familiarity of personal belongings around them. This situation did not enable to person to be as independent as possible, nor did it provide them with access to their own personal belongings. We spoke with the registered manager who told us they were considering how they could expand the size of some of the rooms.

People were happy with the way the service was delivered and how the staff cared for them. They felt their needs were being met by staff. Three people said "I can get from the lounge to my room and back", "I know where I am going" and "I can go outside when it's sunny" which confirmed that people did not have a problem moving about the home. They said staff were attentive and knowledgeable. Comments included "The girls know what they are doing". We observed staff cared for people in a way that was encouraging and positive.

The provider told us most of the people in the home lived with dementia and had difficulties with their memory. Care plans included details of their mental health along with their physical health. Staff were familiar with these. We saw the care provided took people's memory problems or dementia into consideration. For example, we saw two staff members assisting a person to move from one chair to another in a safe way and in line with their care plan. One member of staff took the time to carefully explain what was happening and offered reassurance. At lunch time we observed staff offering people a choice of meals. They did this by placing the different meals in front of them so they could choose what to eat.

The food looked appetising and appealing and people showed signs of enjoying their meal by smiling and responding to the staff who were supporting them. People told us they enjoyed their meals and had plenty of choice and alternatives were available if requested. Supplementary drinks and food were offered mid-morning, afternoon and evening in between meals. People confirmed that there was "a good choice" and "the food is good". However three people gave feedback to the chef about their breakfast. The chef took on board people's comments and reassured them their preferences would be met in the future. The provider had completed assessments on the risk to people's health of not eating or drinking the right amounts to stay healthy. People's nutrition and dietary needs had been assessed and reviewed regularly. Where risks to individual's health were identified, weight monitoring charts were in place to ensure people's weight remained healthy.

All staff completed a five day induction training course which included training in dementia. We saw staff knew how to communicate with people. They showed skills in how to calm situations when people became agitated and how to engage with them when they became anxious. Staff were also supported to carry out their work effectively through regular individual supervision and appraisals. Staff meetings were held alongside group supervisions. Records and staff confirmed these were happening regularly. The registered manager received supervision and support from the chief executive officer (CEO). People's needs were discussed between all members of the team. Where changes were required to their care plans this was communicated to everyone in the team. This enabled a consistent approach to the provision of care.

People's needs had been assessed and care plans and risk assessments were in place. Documentation showed professionals worked together for the benefit of people who use the service. For example, GPs, district nurses and advocates attended the home to see people. Records were kept of these visits. Care plans and risk assessments were amended when people's needs changed. One person told us they had regular eye tests, chiropody and dental appointments. They were aware of their health needs and when they had any questions or queries they discussed this with the staff.

A visiting district nurse told us the service tried very hard to maintain people's health. When people required support from the district nurses, staff made referrals quickly. They gave an example of staff referring for advice on the first sign of a person having any redness to their skin, to reduce the risk of pressure ulcers developing.

One GP who provided support to people living in the home told us, they visited the home frequently and had no concerns. They felt the home was well run and the requests for medical attention for people were appropriate.

Requires Improvement

Is the service effective?

We recommend that the service finds out more about current best practice, in relation to adapting living environments for people living with dementia.

Good

Is the service caring?

Our findings

People and their relatives were positive about the care provided. They described staff as "caring" and "patient". One relative told us how they were surprised when a person with advanced dementia mentioned the name of their key worker. They told us "I know that means they have taken the time to develop a relationship with her and that makes me really happy. I leave here knowing that she is well cared for".

Staff knew how to involve people in their care and ensured people were listened to. For example, we observed feedback to the chef on people's dietary preferences. One person requested their care was delivered in a certain way to ensure their safety. The staff expressed a "love" of their jobs and said the people who lived in the home were "nice to look after" and "interesting to talk to".

One person described their care in detail to us. They told us "they do care for you here." They said staff respected their wishes, for example, whether to stay in their room or to join in activities. They told us the best thing about living in the home was; "No one is miserable, there are lots of smiley staff." They felt comfortable discussing their needs with staff. They said when they asked for assistance the staff always responded positively. If they were unsure about anything they asked the staff, who always answered their questions.

We observed positive exchanges between staff and people who lived in the home. The atmosphere was relaxed and we could see from people's body language and facial expressions they were comfortable with the staff.

The provider had recognised the need for families to understand why care was provided in the way it was to people living with dementia. For example, why change was sometimes not helpful and may cause people anxiety. They offered families the opportunity to attend training workshops to understand the impact dementia had on families and on the person living with dementia. They explored how the families and the professionals could work together by encouraging relatives to share information about the person and their life stories. This enabled the provider to focus the care on the individual.

Care plans included information about people's social, cultural and spiritual needs. For example, one person's dog came to visit them along with family members. Another person chose not to be included in the church service held at the home. Staff received training in equality and diversity and learnt to respect the views and lifestyles of people in the home.

A senior staff member told us the vision for the service was to offer the "best care possible". The home had a positive culture of focusing on people as individuals and meeting their needs. Staff treated people with respect by talking to them in a kind and considerate way. They offered people choices, smiled and reassured people when they felt uncomfortable or anxious. We saw how they supported people to remain as independent as possible, whilst maintaining their dignity. For example, people were spoken to discreetly when they were offered personal care.

Staff understood how people wanted their care delivered and had got to know them as individuals. For example, when we were speaking to someone living with dementia, staff advised us on the best way to communicate with them. We took their advice and got a positive response. We saw how care was tailored to people's specific needs. For example the registered manager showed us special caps for cleaning people's hair. These were used by people whose mobility was restricted and where using a shower or basin would cause them pain when washing their hair.

People had an end of life care plan. This was a record of how people wished to be cared for at the end of their life, for example, if they wished to go into hospital or stay in the home. Where people were not able to describe their wishes to staff, family members or their representatives were involved in the planning. This meant staff would be aware of people's preferences and would be able to respect their choices. Some staff had attended end of life training. This enabled them to facilitate people's wishes and to know how to provide the specialist care that people may require at the end of their life. A local GP told us they had been impressed by the care provided to people at the end of their life. People were able to die in familiar surroundings and in peace. This meant the provider was able to continue caring for people in an appropriate and caring way up until their death.

Good

Is the service responsive?

Our findings

People who used the service, and where appropriate their relatives or representatives, had been involved in the care planning process. Care plans showed people discussed their care needs with staff regularly. Where they were unable to do so their relatives were encouraged to review the care provided. Care plans were written in a personalised way including people's personal preferences. For example, people's dietary likes and dislikes were recorded.

People were offered a variety of activities to ensure their social needs and preferences were met. For example, one person proudly showed us some lavender bags they had made and a hanging mobile. They told us there were regular exercise classes. They said the activity person "puts on the music and we work our arms and legs. It works you know, when I have finished I do feel better." Another person said "I like to play scrabble and they got me a scrabble board". They told us they had recently been on a boat trip to Marlow and they were looking forward to another outing being planned. The home had a dedicated activity worker. Other activities included a Christian leader visiting the home to take services. One person had a Catholic priest visit them to receive holy communion. Where people did not wish to join in group activities, one to one activities were provided. On the day of the inspection an entertainer had been booked to sing and play the accordion in the main lounge. People were actively participating with the entertainment by singing and clapping. The staff also encouraged people to join in.

The provider had a complaints policy and procedure, which was displayed in the reception area. The complaints log showed four complaints had been received in the last year. Each had been dealt with satisfactorily and in line with the provider's policy. Two people told us they had never had to make a complaint but they knew who to speak to if they did have a complaint to make. One person told us they had made a complaint and the registered manager had dealt with it immediately. They were satisfied with the response they received.

Some people living with dementia could not always give verbal feedback to the provider. The provider had taken this into account. They recognised some people may wish to make a complaint or were unhappy through their facial expression or body language. The registered manager explained when people displayed dissatisfaction they would investigate in the same way as a written complaint was dealt with. They would speak to the family and staff to ascertain if they could identify the nature of the complaint. Investigations would include exploring if people were unwell and would involve the GP. These complaints were not included in the complaints log, but were recorded in the progress notes of the person. The provider had placed six white boards around the home for people to write on with comments or compliments. These were used as communication boards for people with limited speech. This was to encourage people to communicate their likes and dislikes with the staff.

Questionnaires about the quality of the service were sent out to people. These included symbolised faces showing a range of expressions. These were for people who could not write, but could indicate their level of satisfaction through the use of symbols and expression.

People were encouraged to give feedback and comment on the service through regular care reviews and relatives meetings. One person told us a more outspoken person advocated on behalf of other people in the home.

Good

Is the service well-led?

Our findings

People said the home was well run and they could speak freely to the registered manager. We saw people were comfortable talking to staff and the registered manager. They said they knew the registered manager well and felt they were "doing a good job". One person said the "manager does her best" I see her around a lot".

Staff told us they felt supported by the senior staff and the registered manager was "very friendly and approachable". During the inspection we saw the interaction between the registered manager and staff was relaxed and respectful. Staff had also fed back to the registered manager areas of concern and ideas of how to improve the service to people. This had resulted in more staff being employed and more computers being accessible. This was important as people's records were written and stored on the computers. Limited access could delay important information being shared within the team.

The registered manager and the maintenance staff had completed a range of audits of the service. These were to ensure different aspects of the service were meeting the required standards and the premises were safe. Water temperature testing, accident and call bells, infection control and health and safety checks had been completed. These were up to date. However the cleaning schedule had been audited but had not identified the need for more robust recording and planning. The curtain rails in two bedrooms were not safely attached to the wall. This had not been identified in any of the audits. However, these issues were dealt with on the day of the inspection by the registered manager.

In the PIR and through discussion the provider told us they used an independent market research organisation to assess the quality of their service. The results were published on the provider's web site. We looked at the website and found the majority of people were satisfied with how care was delivered and the environment they lived in. Areas included in the survey were staff and care, home comforts, choice, having a say and quality of life.

Training, supervision and appraisal was provided to all staff regardless of their position. They were clear who they were line managed by and supervised by. The registered manager told us in discussion and in the PIR they were planning to enhance the staff training. Their plan was to look at other methods such as use of video and satellite-based interactive training. This produces video production and satellite-based interactive training, which they felt would be more interesting and motivating for staff. Their aim was to prepare staff to complete the 'Certificate of Fundamental Care' due to be launched in 2015 for all healthcare assistants and social care support workers.

Staff were positive in their attitude to working in the home and came across as staff who were proud of the service they offered. They said they felt part of a "team" and all knew the values and visions of the organisation. Members of staff were working well together as a team and sharing duties and responsibilities

We read the Gold Hill Care Strategic Vision and Plan for 2013 to 2016. This included what the provider planned to do to improve the service over this period. This included providing a personalised service to more people and building alliances and partnerships with people and organisations. It described what actions they planned to take to improve the service to people. They had considered how they could enhance the skills of the staff, promote a healthy workforce, and develop management information systems.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person did not have suitable arrangements in place to maintain appropriate standards of cleanliness and hygiene of the premises. Regulation 12 (1) (a) (b) (c) (2) (a) (c) (i) (ii)