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Rock Cottage Care Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Rock Cottage Care Services is a residential care home providing personal and nursing care to up to 37 people. The service provides support to older adults, some of whom were living with dementia. At the time of our inspection there were 32 people using the service.

People's experience of the service and what we found:
People's risks were identified, monitored and managed, however, they were not always clearly assessed or recorded. The provider did not always learn lessons when things had gone wrong and checks undertaken did not always drive through improvements in the care people received.. The Provider ensured there were enough staff, however, they had not all completed required training for their role.

The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements.

People were protected from the risk of infection as staff were following safe infection prevention and control practices. People were supported to receive their medicines safely. 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.

There was a positive and open culture at the service. The provider understood their responsibilities under the duty of candour. People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics The provider worked in partnership with others.

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 good (published 12 January 2022).

Why we inspected
The inspection was prompted in part due to concerns received about managerial oversight of the service. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Rock Cottage Care Services on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow Up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Rock Cottage Care Services

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 Health and Social Care Act 2008.

Inspection team
The inspection team consisted of 2 inspectors, 1 who supported remotely with telephone calls and reviewing documents, 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.

Service and service type
Rock Cottage Care Services is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rock Cottage Care Services is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We sought feedback from the local authority who work with the service. We used the information the

provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 15 people who used the service and 7 relatives about their experiences of the care received. We spoke with 10 members of staff. This included the registered manager, the general manager, a cook, a housekeeper, a nurse and 4 care staff.

We reviewed a range of records this included 3 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment and training. We reviewed audits and environmental checks and a variety of records relating to the management of the service, including policies and procedures were also reviewed.

Requires Improvement

Is the service safe?

Our findings

Assessing risk, safety monitoring and management

●People's risks were identified, monitored and managed, however, they were not always clearly assessed or recorded.

●We found where risks were identified there was not always a risk assessment in place, to inform staff. For example, there was not enough information on how to monitor the risks associated with catheter care. A catheter is a tube inserted into the body to empty the bladder. Whilst records showed where action had been taken when concerns were identified, information for staff to follow, including agency staff was not clearly recorded. This could result in the risk of the person not receiving required care and potential harm.

● We found there was no guidance for staff to support 1 person to safely transfer from their bed to their chair. Although, this person remained in their bed by choice, the option to transfer from their bed was available to them, however a risk assessment was not in place to guide staff on how to do this safely. This placed the person at risk of possible injury.

● Where risk assessments were in place for people, these were not always fully completed, and some people's risk assessments contradicted their plan of care. Whilst we found no risk of harm, people's risk assessments and care plans required updating and reviewing to ensure they provided staff with required information. The general manager informed us they would take action to review people's records.

● People and relatives spoken with confirmed permanent staff knew people's needs and how to support them, 1 person told us, "Staff know what they are doing, new staff work alongside them." A relative told us, "The unit keeps in touch, recently they were concerned about mum's weight, but they keep me posted."

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse and avoidable harm

● The provider did not always learn lessons when things had gone wrong.

● There was not an established system in place to provide feedback and learn lessons when things went wrong. Staff we spoke with were not aware of learning following accidents or incidents taking place.

● Whilst action was taken following any accidents, incidents or injuries, there was no evidence of the analysis of factors causing the incidents, to reduce the risk of them happening again.

● Staff we spoke with confirmed the action they would take if they had any concerns, including reporting to the nurse in charge, registered manager or general manager.

● People and relatives we spoke with confirmed they felt people were safe living at the home. One person told us, "I feel safe, comfortable, and well looked after".

Staffing and recruitment

● The Provider ensured there were enough staff with the use of agency, however, not all permanent staff members had completed required training for their role.

● This included mandatory [essential] training and training for people with specific needs, for example diabetes or catheter care. The registered manager and general manager were working to ensure staff were trained in their roles including providing specific required courses.

● Whilst we found there were enough staff to support people and meet their needs, staff and people spoken

with commented on the provider's use of agency staff. Although staff told us there was minimal impact on people using the service, people felt the agency members of staff did not know them as well as the permanent members of the team. One person told us, "Nurses know me well and meet my needs, agency workers sometimes struggle to communicate, and it is hard to get my point over."
● The provider completed checks prior to staff employment to ensure their suitability for the role. When employed, staff received an induction into their role, so they knew how they were expected to care for people.

Using medicines safely
● People were supported to receive their medicines safely.
● Staff were trained and had their competencies checked to safely administer people's medicines.
● People's care records contained information about their prescribed medicines and clear guidance for staff to follow. People we spoke with confirmed they received their medicines safely and in their preferred way. One person told us, "I know what my medication is for, staff give it to me in small pots."
● Where people received 'as required' medicines, protocols were in place to inform staff of how to administer the medicine. The registered manager was in the process of updating their policies to ensure staff escalated where people received an increase in their 'as required' medicine. The registered manager had raised where people received this medicine daily with General Practice (GPs).

Preventing and controlling infection
● People were protected from the risk of infection as staff were following safe infection prevention and control practices.
● The provider was in the process of refurbishing areas of the home which required replacing to help keep them clean. Some areas of the home had a malodour, this had been identified and was being actioned and carpets throughout the home were in the process of being replaced.
● Staff completed cleaning schedules and ensured daily cleaning tasks were completed. One person told us, "The home is kept lovely and clean."

Visiting in Care Homes
● People were able to receive visitors, however, the provider displayed a poster highlighting protected mealtimes. Despite this, we observed people were supported by their relatives during mealtimes and the general manager informed us this restriction was not in place.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)
●The provider was working in line with the Mental Capacity Act.
● People's care records contained information of their consent to care and treatment. The provider was in the process of reviewing people's best interest records to ensure they were decision specific.

Requires Improvement

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have a fully supported management structure.
- The registered manager and general manager did not have an established system in place to share roles and responsibilities. This meant there was not always a clear oversight of the service and some requirements had been missed. For example, we found whilst local authority safeguarding referrals had been made, a notification of the referrals had not been submitted to us. When informed the general manager completed these retrospectively.
- The provider's systems in place did not always effectively monitor the quality of care provided to drive improvements. We found where audits were completed, factors causing identified shortfalls were not always analysed, and it was not always clearly recorded where action had been taken to mitigate risks.
- The registered manager completed a medicine audit and identified where controlled medicines had a witness signature within the controlled medicine book but not on the person's MAR chart. There was no record of the action taken following identifying this. When we reviewed people's medicine records, we found the same concern as the registered manager. This meant action had not been taken following their audit.
- Where reviews took place of people's care plans, they did not always identify risk assessments were not in place or contained contradictory information to their care plan.
- There was not a clear system in place to inform staff of lessons learnt to help reduce the risk of incidents happening again.

The provider's auditing and monitoring systems were not always effective at identifying improvements or ensuring a clear oversight of the service was in place. This was a breach of regulation 17.

The provider acted during and following our inspection to action improvements we identified.

- Following our inspection, the registered manager and general manager reviewed their roles and assigned themselves responsibilities to help ensure they had a clear oversight of the service.
- People's care records for those we identified requiring reviews were updated following our inspection.

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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people. We

saw where 1 person was supported with their sensory needs, to sit in their preferred place to see and hear more clearly within the communal room.
● Staff were positive about working at Rock Cottage Care Services and confirmed the management team were approachable and supportive. One member of staff told us, "I think we are a brilliant home, we work together for the residents."
● The registered manager and general manager operated an 'open door' policy where people, relatives and staff could share any concerns to make improvements.
● People and relatives spoken with shared positive feedback about the home. One person told us, "It is a nice, homely atmosphere." Another person told us, "The staff are very caring and helpful".

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 provider understood their responsibilities under the duty of candour.
● Staff were encouraged to be open and honest and confirmed they would go to senior staff or the registered manager or general manager to report if something went wrong. One relative told us, "The care is good, any concerns they [Staff] get in touch."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
● Staff confirmed they could speak with the senior staff or either the registered manager or general manager to make improvements to the service. Staff attended handover meetings to share and update on any required information.
● The provider had gathered people's and relatives' feedback through questionnaires, however there was no date on these or analysis of the feedback to drive through improvements in people's care. The registered manager informed us they planned to update these to include further detail to make improvements in response to the information.
● People and relatives spoken with provided mixed reviews about sharing feedback on the service through meetings, reviews, or questionnaires. Although, they confirmed they could feedback concerns or make suggestions with staff. One relative told us, "We had a questionnaire not long ago, I am not aware of any meetings but they always phone".

Working in partnership with others
● The provider worked in partnership with others.
● The Provider was working with the local authority to make improvements and complete required actions following their quality assurance visit.
● People's care records showed where staff made referrals or sought guidance from health and social care professionals to support and meet people's needs.

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 The auditing and monitoring systems in place were not robust enough for clear oversight of the service to make improvements.