

Rockley Dene Care Home Ltd

Rockley Dene Residential

Inspection report

Park Road
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Barnsley
South Yorkshire
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Tel: 01226245536

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Rockley Dene Residential provides care and support for people with residential needs. The home is registered to accommodate a maximum of 39 people. On both days of our inspection, 26 people were living in the home. Some people who used the service were living with dementia. Rating at last inspection: Inadequate (report published November 2018). We placed the service in special measures as breaches of the regulation were found in relation to recruitment, person-centred care, premises and equipment, safe care and treatment, good governance and staff support.

Following the last inspection, we met with the registered provider to discuss their action plan which showed what they would do and by when to improve the ratings in respect of our key questions. At this inspection we found improvements had been made in most areas. However, concerns remained regarding some aspects of governance to demonstrate clear management oversight.

People's experience of using this service: Aspects of management oversight, including the timely reporting of notifiable incidents, the recording of weekly weights and follow up of a hospital admission had not been well managed.

Other areas of governance showed the home had improved through regular audits and completed action plans. Spot checks were taking place at unsociable hours to check standards were maintained at all times of the day.

People, their relatives and staff were actively encouraged to be part of the running of the home. The registered manager had shown initiative with the use of technology and promoted equality, diversity and human rights.

People felt safe living in this home as they were cared for by staff who had been safely recruited and trained to be able to carry out their role.

Positive caring interactions were seen throughout our inspection. However, we saw some people with long or dirty fingernails. The management team addressed this on the day of inspection.

People were given choices in their daily routines. They enjoyed the food served and could ask for alternatives. Support during mealtimes was provided discreetly and at other times we saw staff working at eye level with people.

Staff received formal support through a programme of supervision, appraisal and training. The culture within the home had improved and staff felt part of a team where communication was usually good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient numbers of staff to meet people's needs. People knew how to complain and a system for managing complaints was in place.

People received access to healthcare and the home worked in partnership with a range of professionals.

Care plans were found to be person-centred and sufficiently detailed. Monthly reviews required more detail, although annual reviews with people and relatives described any changes and action was taken where needed.

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

Why we inspected: To follow up on enforcement action we took at our last inspection and to review whether the action plan the registered provider submitted to us had been acted on.

Follow up: We will continue to monitor intelligence we receive about the service until we are scheduled to return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

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

Inspection team:

The inspection team consisted of two inspectors, an inspection manager, a specialist advisor with a nursing background and an Expert by Experience with experience in dementia care. 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:

Rockley Dene Residential is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rockley Dene Residential is a care home without nursing. This means it provides people with accommodation and personal care. 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:

Our inspection was unannounced.

What we did:

Before the inspection we reviewed the information we had received from the service including notifications about incidents in the home that the registered manager is required to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals who have contact with the home for any information they could share about the service. We did not receive any information of concern.

During the inspection we spoke with the registered manager, registered provider, the registered provider's consultant, five members of staff, 13 people who lived at the home and five relatives. We looked at three people's care plans in detail and a further seven for specific information, as well as other records including those connected with recruitment and training, maintenance of premises, medicines administration and quality monitoring. We observed staff providing support to people in the communal areas of the service. By observing we could judge whether people were comfortable and happy with the support they received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Following the last inspection in September 2018, we asked the registered provider to make improvements to premises and equipment, medication management, risk management and the recruitment of staff. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment), 15 (Premises and equipment) and 19 (Fit and proper persons employed).

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe living in this service. One person said staff always ensured they had their call bell to hand if they needed help. We saw staff checking this was within reach of the person.
- Staff confirmed and training records showed they had received safeguarding training. Staff knew how to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- We checked areas of the home where the premises were not previously well maintained and found most areas had improved.
- We noted the sluice room was not lockable and discussed this with the registered manager who said they would get a lock fitted. One window had been repaired twice and had again become faulty. The management team said they would replace this.
- Key safety checks were undertaken on the building such as to the electric, gas and water systems.
- Risk-assessments were seen, for example, where people were unable to use their call bell, for falls, moving and handling, skin integrity and choking. When risks had been identified, the care plans contained clear guidance for staff on how to manage these.
- Action identified as a priority following the January 2019 fire risk assessment had been completed.

Staffing and recruitment

- One staff member said, "We haven't worked short for ages."
- Overall, we found there were sufficient staff deployed to meet people's individual needs. Staff were visible and available to meet people's needs. One staff member said staffing levels were largely appropriate, but they thought they could do with 'one more pair of hands' in the morning.
- We saw staffing levels were regularly reviewed and adjusted, for example if someone was approaching the end of their life or if an outing was taking place. A dependency tool was used to help inform safe staffing levels.
- Safe recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The registered provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff responsible for administering medication had received training for this and had their competency checked annually.
- The procedures staff followed for the use of controlled drugs (liable to misuse) and the application of creams were safe.
- Medication audits were taking place regularly and these were found to be effective in identifying action required. We saw these actions were promptly completed.

Preventing and controlling infection

- There were sufficient supplies of cleaning materials and we saw staff following infection control procedures which they had been trained in.

Learning lessons when things go wrong

- The service was committed to continuous improvement. For example, details of safety failings which had received press coverage in other services had been discussed with staff to reduce the likelihood of a similar incident occurring in the service.
- A number of improvements had been made to the home since our last inspection.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Following the last inspection in September 2018, we asked the registered provider to make improvements to formal staff support. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18 (Staffing).

Staff support: induction, training, skills and experience

- Staff received a range of training. This covered key areas of care and support. We looked at training records which showed this was kept up-to-date.
- Additional training was offered to staff to aid their further development. This included developing links with local professionals to deliver Parkinson's, epilepsy and end of life training. The service had recently implemented 'champions' to help further improve the effectiveness of care.
- Staff competency was regularly assessed in a range of areas including infection control, medicines and safeguarding. This helped ensure staff had the right skills to undertake their role.
- Staff received regular supervision and appraisal. The staff we spoke with said they felt well supported by the management team.

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

- The service sought out best practice guidance and used it to help inform care practices. For example, guidance on accessible information, GDPR and dementia friendly environments had been sought and used to help improve staff practice, knowledge and the environment.

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

- People told us they were happy with the food that was served.
- If people did not prefer the main choices on offer an alternative was offered.
- We saw staff encouraged and supported people to eat and drink in an unhurried manner and they offered people extra portions.
- People needing assistance with their meals and drinks were assisted in a very calm, quiet and dignified manner.
- People's nutritional needs were assessed and plans of care put in place. There was good oversight of people's monthly weights and appropriate action had been taken to address weight loss.
- Food and fluid charts were maintained for people at risk. We looked at a sample of these and saw they were generally well completed evidencing the service was monitoring people's food and fluid intake well. One person required pureed food, but their food chart was not clear this was always provided. We concluded this was a documentation error. The management team agreed to keep clearer records in the future.

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

- Access to healthcare was evident from care records we looked at. For example, where people were at risk due to their skin integrity, relevant professionals were involved, and people's condition was seen to be well managed.

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

- The registered provider had obtained some dementia friendly signage, although they found this was not large enough. They said this would be replaced with more suitable signage.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We heard people were given choices such as what they wanted to do, eat and where they wanted to sit. Staff gave people time to voice their opinions and acted on their feedback.
- Mental capacity assessments relating to living in the home were found in the records we saw. Where people lacked capacity a record of best interest's decision was in place which showed relevant individuals were involved. However, we found one case where a specific decision about a person's oral care required a mental capacity assessment and best interest decision. We asked the registered manager to respond to this need.
- The registered manager had introduced a matrix to give them oversight regarding DoLS applications and approvals. This ensured they were able to monitor when they needed to take action.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Following the last inspection in September 2018, we asked the registered provider to make improvements to ensure people were supported to maintain their dignity and respect. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9 (Person-centred care).

Respecting and promoting people's privacy, dignity and independence

- Some people living at the home were not always well groomed. We saw several people with long or dirty fingernails. We discussed this with the management team who told us some people were reluctant to receive personal care. Following our inspection, the registered manager said nail care had been added to their 'pass the baton' form which gave staff specific duties. They also said that people's preferences regarding nail care would be recorded in their care plans.
- Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas.
- Staff made sure people were comfortable by adjusting their clothes to preserve their dignity.
- People were supported to maintain their independence at mealtimes. Three people were using plate guards to prevent their food spilling.

Ensuring people are well treated and supported

- People spoke positively about staff and the care provided for them.
- We observed staff were consistently kind and caring towards people. Staff had developed good relationships with people and knew them well. We saw staff complimenting people on their appearance and laughing and joking with people who shared this good-natured humour.
- Staff used a good mixture of verbal and non-verbal communication techniques to make people feel, comfortable, relaxed and included.
- Staff talked to people about their likes and interests. Staff took the time to speak with people in between care and support tasks which made for a pleasant and inclusive atmosphere.
- Where people required help, due to feeling anxious or upset, staff attended promptly and spent time with them to assist, help and support them. We observed staff kneeling down to speak with people gaining good eye contact to aid communication.

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- One staff member said, "We're here to look after people. It doesn't matter who they are."
- The registered manager held a meeting with people to talk about sexual orientation. One person who commented on this meeting said there had been very interesting conversations about this and other areas

of equality. This example demonstrated that the registered manager was proactive in ensuring people's individual rights would be respected in an inclusive environment in the home.

- As a result of this discussion, one person had asked to attend Barnsley Pride to find out more information.
- The registered manager had also invited a member of the public to visit the home to speak from personal experience.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Following the last inspection in September 2018, we asked the registered provider to make improvements to person-centred care planning. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9 (Person-centred care).

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans in place that had utilised information obtained through initial and on-going assessments. Care plans were of a good quality and were person-centred.
- Changes in people's health and wellbeing that required different levels of support were recorded and shared with staff.
- Relatives were involved in care planning and their individual wishes were respected and listened to. For example, a person declined to attend hospital and records showed family had been informed.
- The monthly reviews of care plans showed the outcomes for people were routinely noted as 'unchanged'. Further detail was needed to show how people's needs had been effectively reviewed.
- Reviews of care plans were undertaken regularly with people and relatives. Any changes in need were responded to promptly and communicated to all staff.
- People gave positive feedback about the activities provided in the home.
- People were provided with a basic range of activities. We saw these were disjointed in the morning. For example, a number of people fell asleep or became withdrawn between rounds of an activity as the co-ordinator performed the activity over several rooms at once. Later in the afternoon we saw the activity worker gather a group of people into the dining room for a quiz. People engaged with this activity and were laughing as they answered the questions.
- The activities coordinator had attended a good practice event with a view to trying new ideas.
- Trips out were periodically organised. For example, the day before the inspection, people had visited a restaurant. A summer fayre was planned. The registered manager said they were trying to access activities and places to visit which were free of charge.
- A 'technology suite' with access to the internet was being prepared. The registered manager wanted to offer people the chance to video chat with their family and friends. They also said they wanted to involve family who live further away in care planning using this technology.

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate and respond to complaints. No complaints had been received since the last inspection. Compliments were also recorded so the service knew the areas it exceeded expectations.
- The service had a policy on accessible information and we saw this had been communicated to staff to help ensure the standard was met.

End of life care and support

- The registered manager had established links with a hospice to obtain guidance on end of life care.
- When people were at the end stages of their life, procedures were in place to ensure that people were cared for in a culturally sensitive and dignified way as recorded in care plans. Religious beliefs were also recorded. Advance decisions to refuse treatment or elect for an alternative option were clearly recorded.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection in September 2018, we asked the provider to take action to make improvements to the governance of the service. Although significant improvements had been made, which impacted positively on the rating at this inspection, some concerns remained.

Since our last inspection, a home manager had been recruited and had become registered with the Care Quality Commission (CQC) in March 2019.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There had been a delay of approximately four weeks in each case for reporting three incidents to the Care Quality Commission. In one case, there was poor oversight and follow up regarding an injury which resulted in a hospital admission.
- Where people were weighed weekly, there was a lack of oversight of these weights. We were unable to confirm these had been consistently completed as clear and concise records were not kept. However, we did not evidence there was an impact on people because of this.
- We found one incident had not been properly written up as an incident and was not subject to monthly analysis. Appropriate control measures had also not been put in place to prevent a re-occurrence.
- Policies and procedures were in place. These had been reviewed since the last inspection. However, 37 policies were reviewed on the same date which meant the quality of the review may not have been meaningful.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance as legal requirements were not met and management oversight was still not fully evident over key aspects of the home.

- People, relatives and staff told us the registered manager was approachable and supportive.
- A staff member said, "Let me make it clear, this new manager is fantastic. He encourages us to talk to him and each other if we have any concerns about the care of the residents."

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

- The registered manager demonstrated good oversight and knowledge of the home and people who used the service.
- Systems had been put in place to ensure the service was better organised. For example, 'pass the baton'

meetings were held daily and the registered manager undertook a daily walkaround. These helped ensure staff were working effectively and efficiently and had clear roles and responsibilities.

- It was evident that a number of new systems had been put in place since the last inspection and they had been effective in improving the service. A comprehensive system of audits and checks were in place. This included checks by the registered provider and consultant, registered manager and senior staff. We saw evidence these checks were usually effective in identifying areas for improvement and taking action to address.
- Unannounced visits to the home included night checks to provide assurance how the service operated when management were not present.
- Following audits and checks, action plans were produced for the management team to work through. These action plans were regularly updated and actions signed off when they were completed. We saw these systems had been effective in improving the service.
- Confidentiality was being maintained and the registered manager set examples for staff and dealt with sensitive staffing issues with care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were extremely positive about their involvement through resident meetings.
- People's views were sought through various mechanisms. This included surveys, care plan reviews and resident meetings. A 'you said we did' display showed actions taken based on people's feedback.
- A range of staff meetings took place and we saw quality issues were discussed to help improve performance. Staff spoke positively about the management team and the culture they had developed. The results of the recent staff survey showed feedback about the service was generally positive.

Continuous learning and improving care

- Incidents and accidents were recorded, investigated and subject to monthly analysis to identify any themes or trends. In most cases this system worked well and we were able to see actions had been put in place to help reduce the likelihood of further incidents.

Working in partnership with others

- Since our last inspection, the registered manager had developed links with the local authority, a hospice and a number of other agencies to improve the quality of care people received not just in the home, but also in wider contribution to the work of the Local authority quality initiatives in the district.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The requirement to report statutory notifications in a timely manner was not always met. Management oversight was still not fully evident over key aspects of the home.</p>