

Selborne Care Limited

# Rockville Short Break

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

Rockville Short Breaks is a unit which offers respite day care and short breaks to six people with severe learning disabilities, high complex needs and/or autism. These people live at home with their families and come to the service for regular weekly respite care. Rockville Short Breaks provides the regulated activity of personal care up to the maximum of three people at any one time in an adapted house. At the time of our inspection there were two people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

### Right Support

People's needs were met by suitable numbers of staff who knew them well. People brought their medicines in with them when they started their stay and staff supported them to take their medicines safely. People were protected from the risk of infection. People received the necessary nutritional support and meals were tailored to individual preferences. People's independence was promoted. 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.

### Right Care

People received care and support from skilled and knowledgeable staff. People's care records reflected their individual needs and how to promote their well-being whilst providing care and support. People received personalised care which was responsive to their individual needs.

People were protected from poor care and abuse by staff who understood how to protect people from harm. People took part in a variety of activities that interested them.

### Right Culture

People were supported to live as full a life as possible and achieve the best possible outcomes, that included choice, control and independence. People received kind and considerate care from staff who promoted and respected people's dignity and privacy. Staff understood people's varying needs and responded accordingly. The provider had a complaints procedure in place. The registered manager and deputy manager sought and listened to relatives and staff views and action was taken where required. This promoted an open, inclusive and empowering culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider reviewed the service in line with best practice guidance such as Right support, right care, right culture. We also recommended the provider sought advice and guidance about identifying and developing people's goals and aspirations. At this inspection we found the provider had acted on recommendations and made improvements.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the inspection to show what they would do and by when to improve safeguarding service users from abuse and improper treatment and good governance.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rockville short breaks on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Rockville Short Break

## 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.

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rockville Short Break 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. Rockville Short Break is a care home without 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

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

During the inspection we spoke with the registered manager, deputy manager and three care staff. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of documents. This included three care files and medicine records. We looked at staff recruitment, induction and training files. A variety of records relating to the management of the service were also reviewed including audits, policies and procedures.

### After the inspection

We spoke with five relatives about their experience of the care provided. We continued to seek clarification from the management team to validate evidence found. We requested feedback from four healthcare professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Improvements had been made in how people's risks were assessed and managed. People's individual risks were known, reviewed and regularly monitored by management and the care staff team.
- Care records included personalised risk assessments such as epilepsy and moving and handling assessments. These were regularly reviewed and evaluated by the service and, local authority learning disabilities team. These included details of how to reduce the risk of people being harmed.
- Improvements had been made to the health and safety checks completed. The premises and equipment were regularly checked to ensure the environment was safe for people to use. For example, in relation to the temperature of the fridge and water to ensure they remained within the required range.
- People's relatives told us they had no concerns about their family member's safety. One relative commented, "I can't really fault the staff, [person's name] is safe."
- Staff knew how to respond to and report abuse, they explained they would contact their manager to report any concerns.
- Processes to report allegations of abuse or harm to the local authority were in place along with policies, procedures and training for staff.

Staffing and recruitment

- Improvements had been made to the number of staff available to support people safely; particularly around their personal care needs and in relation to activities and hobbies.
- Staffing levels were arranged around people's individual needs. Everyone using the service required one to one support, our observations showed there were enough staff available to meet people's specific needs.
- Agency staff were used to ensure there were always enough numbers of staff available to ensure people's safety.
- Inductions were in place to ensure any new or agency staff had the skills and knowledge to meet people's varying needs along with supporting people safely.
- The provider had safe recruitment processes in place. Staff had the required recruitment checks completed to confirm they were suitable to care for people.

Using medicines safely

- Improvements had been made in relation to how people's medicines were managed. People's medicines were checked, and quantities recorded at the start and end of each respite visit.
- Staff followed processes to ensure people's medicines were stored and administered as prescribed. Additional information and systems were in place to support staff to make decisions about when 'as

required' medicines should be given.

- Staff received training and had their competency assessed to ensure they administered people's medicine's safely. This included those medicines administered by a PEG (via a tube through the abdominal wall and into the stomach). Staff confirmed they had received training and felt confident administering people's medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- A system was in place to report, record and monitor incidents and accidents to ensure people remained safe.
- Where incidents and accidents had occurred, we saw action had been taken in response to the incident which included notifying the local authority and CQC and updating care records and learning activities.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had not ensured that restrictions on people's liberty were in their best interests. This was a breach of Regulation 13 HSCA RA Regulations 2014, Safeguarding service users from abuse and improper treatment. At this inspection we found improvements had been made and the service was no longer in breach of regulation 13.

- At the last inspection some people's liberties were restricted due to staffing levels.
- At this inspection the registered manager had reviewed the staffing arrangements to ensure there were enough numbers of staff available to meet people's individual care needs. This meant people had the required number of staff supporting them and their choices and freedoms were not restricted.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments of people's capacity to make decisions were in place and where people were deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Staff we spoke with understood their responsibilities regarding the MCA.

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

At our last inspection we recommended the provider reviewed the service in line with best practice guidance such as Right support, right care, right culture. At this inspection the provider had made improvements.

- People were well known to the service as they were regular users of the respite facility.
- The registered manager and senior staff considered people's individual needs and preferences when booking respite breaks.
- Information about people's needs were regularly reviewed and updated. Relatives and health care professionals were involved in the assessment process due to the complex needs of people using the service. This helped ensure people received effective care.
- Systems were in place to ensure the service received clear information about any changes to people's health or support needs.

Staff support: induction, training, skills and experience

- Staff working at the service completed a thorough induction programme which included shadowing staff, training and regular supervision. This improved their knowledge of people, and their daily routines and preferences. One member of staff said, "I completed training and feel I have the skills needed."
- Some relative's raised concerns in relation to communication processes during the inspection. The registered manager said they were aware of these issues and had taken action to address the concerns raised. They explained as part of the staff induction program and ongoing support, competency observations were completed to observe how staff interact and communicate with people and their relatives.
- Relatives we spoke with felt staff had the skills to meet their family member's health and support needs.

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

- People were supported to eat and drink enough as part of their agreed care regime.
- Information was available for staff to refer to about people's dietary requirements along with specific guidance about individual health care needs such as using a Percutaneous Endoscopic Gastrostomy or PEG, (via a tube through the abdominal wall and into the stomach) to provide nourishment.

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

- The respite service supported families by providing day-care and overnight breaks for a consistent group of people. Relatives managed people's planned healthcare appointments and if a person was unwell, they generally did not attend the service. However, staff monitored people's well-being whilst at the service and were aware of the actions to take should a person become unwell. For instance, contacting the relative, emergency services and/or contacting other healthcare professionals.
- The registered manager and staff worked in partnership with other professionals, such as learning disability teams to ensure people's needs were fully met.

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

- The service has been designed using the space available to meet people's varying needs. These included, areas for dining, watching television, listening to music as well as space to be quiet.
- When people stayed overnight, they were encouraged to bring their own belongings to make their room more homely.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Improvements had been made to people's care records. These contained details about how a person wanted their care to be delivered, their life history and individual needs and preferences. This helped staff understand people's needs and what their daily routine and preferences were.
- Relatives told us staff were kind and caring. One relative commented, "Very happy with service the staff are so attentive to [person]."
- Staff were able to tell us about people's likes, dislikes, preferences and were able to anticipate their needs.
- We observed people were familiar with staff and staff knew people well. We saw interactions between people and staff were warm and friendly. We saw one member of staff singing with a person and they were smiling and laughing.

Supporting people to express their views and be involved in making decisions about their care

- Relatives confirmed staff involved them in decision making and that they felt listened to.
- Relatives explained they were kept informed about any changes in their family members health or well-being during their stay at the service via a written handover and verbally by staff.
- Some people using the service did not communicate verbally, staff supported them to express their views by understanding what they meant using gestures and non-verbal methods of communication. Care records also included information about people's individual communication style.
- Staff's knowledge and understanding of people's preferences, likes and dislikes were built up by staff developing relationships with the people using the service.

Respecting and promoting people's privacy, dignity and independence

- Since the last inspection a new staff team had been employed. Staff were allocated to people during their respite stay and the staff supported them with all their care and support needs. This provided an opportunity for people to enjoy different activities or outings with staff.
- Staff's knowledge of people, their preferences and choices meant people's dignity and independence were promoted by staff when supporting or delivering care.
- Staff understood how to protect people's confidentiality and people's care records were kept securely.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences ;Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we recommended the provider sought advice and guidance about identifying and developing people's goals and aspirations. At this inspection the provider had made improvements.

- Improvements had been made to people's care records; people had care plans in place which covered a range of information about their social histories, preferences, support needs and goals or outcomes. The plans were written in partnership with people's relatives and overseen by healthcare professionals. Staff signed to say they had read and understood the care plans.
- The registered manager met regularly with people's relatives to review and update people's care records and to ensure staff continued to deliver care in a person-centred way which respected people's individual needs and preferences.
- A 'handover' process was in place at the start and end of each respite stay between staff and relatives. This ensured staff were aware of any changes in a person's needs, their health or medicines. At the end of each stay staff included information about activities undertaken.
- At the last inspection some relatives raised concerns that their family members did not do enough activities whilst staying at the service. At this inspection we observed people involved in different activities which were specific to people's choices and needs. We observed staff interacting with people and saw they clearly knew what people enjoyed doing. Information was documented in people's care records.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed. People using the service could not all communicate verbally; staff had got to know people well and were able to explain people's individual communication methods.
- The registered manager had considered the Accessible Information Standard for people's care; we saw pictures were used to convey choices such as meal selection.

#### Improving care quality in response to complaints or concerns

- The provider has a complaints policy in place. Where a complaint had been made the registered manager had investigated the complaint, responded to the complainant and acted to address the issue.
- The management team had regular contact with people's relatives and worked with them to resolve issues they might be concerned about. For example, in relation to the handover of information at the start and end of a respite stay.
- Relatives told us they knew how to raise any issues they might have about the service. One relative commented, "I have made a complaint and it was sorted and dealt with satisfactory."

#### End of life care and support

- End of life care was not provided at the service because people stayed for respite care and did not permanently live there.

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

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

At our last inspection the provider had not ensured all areas for improvement had been identified or acted upon. This meant people did not always receive person centred care based on their individual goals. This was a of breach Regulation 17 HSCA RA Regulations 2014 Good governance. At this inspection we found improvements had been made and the service was no longer in breach of regulation17.

- Since our last inspection the provider and registered manager had taken action to ensure the service is well-led.
- The registered manager promoted a positive culture and encouraged feedback about all aspects of care provision.
- The majority of relatives gave positive feedback about the care and support their family member received. However, relatives did raise some concerns around communication with staff. The registered manager took action to address these issues straight away. For example, speaking with families individually or as part of relative's meetings, direct observation of staff and focussed staff meetings. Any concerns identified following these observations were addressed with staff to develop ways to improve.
- Staff had conversations and completed a handover with relatives when people arrived and departed the service. This ensured both staff and relatives had up to date information about the person's well-being and activities completed.
- There was a clear focus on continuous learning. Regular checks were completed by staff and the management team to ensure people were safe and the care provided met their needs.
- There were quality assurance systems in place to monitor all areas of the service. For example, there were checks of care records, medicine administration, training and infection control.
- The registered manager said they had worked closely with relatives of people using the service, who had noted improvements in the way the service was run.
- The culture of the service was open, caring and focussed on people's individual care needs.
- The service had new members of care staff since the last inspection, morale of staff was improved and the atmosphere within the service happy. One relative commented, "I wanted to say how lovely it is to collect [person] and hear [them] laughing loudly, [they] came out screeching with happiness."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirement to be open and honest when things went wrong.
- The registered manager was aware of the need to notify CQC of certain events, records demonstrated notifications had been submitted when necessary.

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

- The registered manager was also registered to manage another care service, belonging to the same organisation. A deputy manager was responsible for the day to day running of Rockville Short breaks, when the registered manager was not present.
- Since the last inspection the registered manager had employed a new care staff team and reviewed staff rota's to ensure sufficient numbers of staff were available to meet people's needs.
- There was a clear management structure in place with clear lines of accountability. Staff we spoke with understood their roles and responsibilities.
- The management team supported the staff team and had regular contact with people's relatives to ensure people using the service received good care and support.

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

- The management team sought and listened to relative's and staff views and action was taken to incorporate their ideas. For example, improving handover of information processes.
- Systems were in place to enable people, their relatives and staff to share their views and opinions. Relatives had regular contact with staff; meetings and surveys were completed which provided an opportunity for feedback and discussions about the quality of care received.
- Staff told us the management team were always available to offer support and advice.
- Staff told us the service was well managed and they had access to training, one to one supervisions and meetings. Staff said they felt valued.

Working in partnership with others

- The management team and staff worked in partnership with other professional services to ensure people received safe and effective care. For example, the learning disability team and other specialist health services.