Broadacres Housing Association Limited

Rockliffe Court - Hurworth

Inspection report

Rockliffe Court
Hurworth
Darlington
County Durham
DL2 2DR

Tel: 01325721773
Website: www.broadacres.org.uk

Date of inspection visit:
12 April 2018
16 April 2018

Date of publication:
15 May 2018

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

We inspected Rockcliffe Court on 12 and 16 April 2018. This was an unannounced inspection. This meant the provider and staff did not know we were coming.

Rockliffe Court - Hurworth provides personal care to people living in their own accommodation. The accommodation is in one purpose built complex in Hurworth. On the day of our inspection there were 13 people using the service.

Not everyone using Rockcliffe Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

We inspected the service in May 2016 and rated the service as 'Good'. At this inspection we found the service remained 'Good'

People and relatives felt the service was safe. Staff were trained in safeguarding and understood the importance of acknowledging poor practice and reporting their concerns to the registered manager.

Staff supported people with their medicines in a safe manner. The provider had systems in place to record accidents, incidents and safeguarding concerns. Infection control procedures were followed. Staff had access to personal protective equipment. Contact numbers were available for staff in case of an emergency.

Staff were trained in a range of subjects to meet the needs of the service. Staff felt supported and received regular supervision. People were supported to access health care professionals where necessary.

Staff provided support and guidance with nutritional needs where necessary.

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. Staff gained consent before any intervention with the person.

People and relatives felt staff were caring. Staffing rotas were developed to ensure staff had time to meet the needs of people using the service.

Staff respected people's privacy and dignity ensuring their independence was promoted.

Care plans were individualised and contained information on how to support the person in a person centred way. The provider used a variety of methods to gain information when developing care plans. For example, information from family members and health and social care professionals. People were involved in how they preferred their support to be delivered.

The provider had a system and process in place to manage complaints. No complaints had been made to the service. End of life care was not relevant at the time of this inspection.

The provider had a quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives views and opinions were sought and used in the monitoring of the service.

Staff felt the registered manager was open, approachable and supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well led.	**Good**

Rockliffe Court - Hurworth

Detailed findings

Background to this inspection

.We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on and was unannounced. This meant the registered manager and staff did not know we were coming.

Inspection activity started on 12 April 2018 and ended on 16 April 2018. It included speaking to people who used the service and their relatives. We visited the office location on 12 April to see the provider and to review care records and policies and procedures.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales.

We also contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

At the time of our inspection visit there were 13 people who used the service. The registered manager was not available at the time our visit. We were supported by the head of support services. During the inspection we spoke with the head of support services and four members of staff. We also spoke with four people who used the service and three relatives.

At the location's office we viewed a range of records and how the service was managed. These included the care records of two people supported by the service, the recruitment records of two staff member, training records, and records in relation to the management of the service including a range of policies and

procedures.

Good

Is the service safe?

Our findings

People and relatives told us they felt the service was safe. Comments included, "Yes I feel safe, took me a while to like it here but I do now", "I do, I can lock my door and I know they are there if I need them", "Safe? Oh, definitely so" and "I have no concerns about safety".

Risk assessments were in place to ensure people were supported in a safe manner. We saw risk assessments were in place to cover environmental factors such as fire safety. Staff also had access to lone working policies and procedures for support and guidance setting out how they could reduce the risks associated with working alone.

The provider had systems and processes in place such as safeguarding and whistleblowing policies for staff guidance. Staff received training in safeguarding and had a clear understanding of what constituted abuse and how to report it.

The provider had a system in place for managing accidents, incidents and safeguarding and whistleblowing concerns. No safeguarding referrals had been made since the last inspection. The head of support services advised any concerns would be referred to the local authority and CQC and lessons learnt discussed with staff in team meetings or supervisions.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

People were allocated a number of hours support during the day and night. The registered manager had developed the staffing rota to ensure people's needs were met. Staff worked over a 24 hours period to ensure people's needs were met, which included a sleeping night shift in case of emergencies. Staff we spoke with did not raise any concerns about staffing levels

Staff used handsets to keep in touch with each other. The handsets were linked to people's bungalows, emergency pull cords and pendants. Pendants were worn around the person's neck so they could press a button to summon assistance. This meant that staff knew instantly who required support. The handset also allowed staff to speak with the person to give reassurance.

Where staff supported people with their medicines this was managed safely. People required prompts to take their medicines. Staff had received training in the safe administration of medicines. The registered manager observed staff on a regular basis to ensure their competency in supporting people with their medicines. People in the main ordered their own medicines, where this was not possible staff did this and collected the medicines from the onsite pharmacy.

Infection control procedures were in place and staff had access to personal protective equipment to reduce

risk of cross contamination.

Health and safety checks were in place. For example, hoists used in supporting people. General maintenance checks were completed by an outside agency commissioned by the housing part of the organisation.

Good

Is the service effective?

Our findings

People and relatives told us they were happy with the service. Comments included, "They are a good team", "I let them know I had fallen and they asked if they could get the doctor for me, I have exercises now", "They are very good at looking after me" and "[Person] was settled from day one, it is absolutely lovely here they are amazing with him."

People's needs were assessed and care was planned using legislation and best practice. For example, moving and handling guidelines and health and safety requirements.

Staff told us they felt the training was relevant to supporting people. One staff member told us, "We have good training; there is always something to do". Another said, "I have done epilepsy and dementia training, if we wanted to do a specific course then it would be organised." We reviewed the training arrangements for the service and found staff completed regular training and refresher courses. Outside health care professionals visited to give support and guidance. For example, the respiratory nurse and occupational therapists.

We asked people and their relatives if they felt the staff were appropriately trained. Comments were positive and included, "Yes, I believe so they know what to do", "Well trained" and "They seem ok to me".

Staff felt supported and told us they received regular supervisions. The registered manager kept a record of supervisions and had a planner in place. Staff told us they were just starting to have this year's appraisals. One staff member told us, "We can talk to [registered manager] anytime we don't have to wait for supervision".

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.

All of the people who used the service had the capacity to make their own decisions about their care and support. The staff were aware of the MCA and understood the principles of the act. One staff member told us, "If we had any concerns in that respect we would report to [registered manager]".

Staff provided support with meal preparation and offered encouragement with eating and drinking. The service were not responsible for monitoring intake or people's weight any concerns regarding weight loss or lack of intake would be reported to the district nurse or the GP.

We saw that staff liaised with health and social care professionals such as social workers, GPs and district nurses. We also found daily records to demonstrate where staff had advised people to ring the GP.

Good

Is the service caring?

Our findings

When we asked if the service was caring. People told us they felt the staff were caring and were kind. Comments included, "I have a key worker called [name] she is very good to me, she pops in to see me, make my meals and takes time to chat", "They are just lovely, all of them", "I always have a joke with them they are nice" and "I am able to attend church, they take me".

Relatives we spoke with also felt the service was caring. Comments included, "[Person gets on with all the support workers, they are very good with him, which is nice", "[Person] loves it, they do a fantastic job, all the care is good and it is appreciated".

Supporting people with privacy and treating them with respect was important to staff. One staff member told us, "This is their home, we visit. We would never just walk in, always ring or knock." Another told us, "Dignity and privacy is top of our list, and we are big on independence too". Staff gave examples of how they provided privacy and dignity. Such as, covering someone up when they are getting out the shower, waiting to be asked in and not taking over but allowing people to do things for themselves as much as possible.

Staff were issued with a handbook on commencement of their employment which included information and guidance about the service and the standards expected from them. Induction training was delivered to staff which covered privacy, dignity and confidentiality. The service also had policies and procedures in place to cover these areas for staff to access for guidance and support if they needed it.

We observed staff were kind and caring in their approach. It was clear there were genuine relationships between people and staff. People knew staff's names and greeted them in a friendly manner. When we were speaking with one person a staff member rang the bell, waited to be buzzed. The staff member said, "Hello [person] I just called to ask if you want a drink". The person told us, "They bob in and out, she is a nice person." Any interaction was at the person's pace, people were not rushed.

We looked to see how people were involved in their care and decisions on how support was delivered. People received an assessment prior to the support being planned, we saw that people and their family members were appropriate were involved. Preferences were acknowledged and recorded.

Where people required aids to support with communication this was incorporated in to care plans, such as the need for spectacles and hearing aids.

None of the people we spoke with required an advocate. The provider had contact numbers for the local authority if they felt an advocate was required. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

Care plans were personalised, reviewed and updated whenever there was a change in need. We found care files contained personal information such as relatives contact details. Each file contained an accident and emergency grab sheet in case of a hospital admission. Support was written in a personalised manner such as, the time people liked to get up or go to bed, if they preferred a shower or bath. One person's care plan in respect of personal care stated, "[Person] likes time to relax, likes a soak". Care plans were reviewed regularly and updated if there were any changes to support.

People were issued with a plan of care and support for their information. A service user guide was also provided which gave important advice and details of the service.

People told us they felt the service was responsive. One person told us, "I get help to get up, showered and have choices every day." Another told us, "When I was not very well they got the doctor to see me, they are great like that". People told us they accessed the community and spent time doing the things they liked to do. People were supported to attend any functions which were held in Rockcliffe Court's communal area.

Relatives gave positive comments about the responsiveness of the service. Comments included, "We had a review and we went through the plan together", "The support is there" and "They ring me if [person] is not well, staff will support him if he's not well to get the GP."

People and relatives we spoke to said they knew how to make a complaint and felt the registered manager would respond. One person told us, "I would complain if I needed to but don't because nothing is wrong". Another told us, "I know who to talk to, [registered manager]".

The provider had a complaints policy and for complaints which was shared with people as part of their information pack. Although no complaints had been made to the service. The head of support services told us, "[Registered manager] regularly speaks with people so any concerns or issues are dealt with straightaway".

No one using the service was in receipt of end of life care. However the head of support advised support would be provided when necessary and that staff would work closely with health care professionals.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management and could approach the registered manager. Comments included. "I have no problems going to the manager", "I get on well with them [registered manager] she's nice, a good person", "I have had a meeting with [registered manager] to discuss any issues, there normally isn't any though" and "No problem with the management at all".

Staff told us they felt supported in their roles by the registered manager. One staff member told us, "They are a good listener, I get good support and have no fear in speaking to [registered manager]". Another said, "We are massive on communication here, we can speak out, we know each other well".

We examined policies and procedures relating to the running of the service to ensure staff had access to up to date information and guidance. For example, health and safety, lone working policies. Staff were encouraged to read these as part of their induction and when any changes were made after a policy review.

Staff meetings were held, which gave staff opportunity to discuss key working as well as gaining important information about the service. The provider also held 'tenants' meetings on a quarterly basis, these gave people to voice their views and opinions.

We viewed the results of the customer satisfaction survey which was used to gain people's views on the service. All responses were positive. We found a 100% score for the question, are your needs being met? Do staff treat you with dignity and respect? scored 90% and the question relating to whether people were satisfied showed 40% satisfied and 60% very satisfied.

We found evidence of partnership working between commissioners and health and social care professionals. Communication between agencies was recorded in peoples care records.

There were no issues or concerns raised by any other agencies that we contacted prior to the inspection regarding the support the service provided to people and their relatives.

The head of support services discussed the improvements the provider had made. The old nurse call system had been removed and a new system using handsets was now in place. This allowed staff to speak directly to the person to ascertain the issue and prioritise the contact. One person told us, "It is much better to be able to speak to them, rather than waiting." Staff can also communicate with each other. Staff had been issued with new fobs to help them as lone workers. The fob allowed them to gain support in case of an emergency.

The provider had purchased a new quality compliance software system and was in the process of implementing it across their organisation. The head of support services told us, "The system will make sure we cover all the areas needed in monitoring quality and help us plan." They told us staff would receive training on how to use the system once it is fully implemented.