

Rockliffe Court Limited

# Rockliffe Court limited

## Inspection report

331-337 Anlaby Road  
Hull  
North Humberside  
HU3 2SA

Tel: 01482328227

Website: [www.rockliffecourtcarehome.co.uk](http://www.rockliffecourtcarehome.co.uk)

Date of inspection visit:

09 July 2019

10 July 2019

Date of publication:

28 June 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Rockliffe Court Limited is a residential care home providing personal care to 34 people at the time of the inspection. The service can support up to 35 people, some of whom may be living with dementia or have a sensory impairment.

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

At the last inspection, we found concerns relating to the safety and cleanliness of the premises, a lack of understanding of the Mental Capacity Act 2005 (MCA) and quality assurance systems not being effective. During this inspection, we found improvements had been made regarding knowledge and application of the MCA; we found the service to be compliant in this area.

We continued to find concerns relating to the quality assurance processes; these were not always effective and did not drive improvement within the service. We found concerns relating to the safety and cleanliness of the environment. We also identified a new concern relating to the management of risk and some shortfalls with the management of medicines.

There was some provision for activities, but sometimes this was cancelled and there was no clear record of how people were supported to interact and engage in activities. We have made a recommendation about this.

People felt able to raise complaints, but one person told us they didn't feel their views were listened to regarding how the service was ran.

Systems were in place to recruit staff safely and there were sufficient staff available to meet people's needs.

Staff felt supported in their role and received training to equip them with the necessary skills for their role. Staff supported people to access healthcare and maintain a nutritious diet.

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.

Staff treated people with respect; they were supported to maintain their independence and their privacy and dignity were maintained.

Staff were aware of people's needs and supported them in line with their preferences.

People and staff told us the registered manager was approachable. Staff felt there was an improved team morale and positive culture within the service following some staff changes.

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 17 July 2018) and there were multiple breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulation in regards to consent. However, they continued to be in breach of regulations relating to the premises safety and governance systems. This service has been rated requires improvement for the last two consecutive inspections.

#### Enforcement

We have also identified a new breach in relation to managing risks.

Since the last inspection we recognised that the provider had failed to display their rating of requires improvement. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rockliffe Court limited

## 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 Care Act 2014.

#### Inspection team

This inspection was completed by two inspectors on the first day and one on the second.

#### Service and service type

Rockliffe Court Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and contract monitoring teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We spoke with seven members of staff including the registered manager, senior care worker, care workers and two kitchen staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and twelve medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and safety of the service and quality assurance systems.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and some records which they could not locate during the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong; Using medicines safely

At our last inspection there were issues with cleanliness and safety in some parts of the environment. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 15.

- There were some risks to the safety of the environment which had not been identified or addressed. This included a broken fire door which had been wedged open and uncovered pipes in a downstairs toilet.
- Some arm chairs continued to have breaks in the covering, from wear and tear, which meant they could not be cleaned effectively. Other worn items which could not be cleaned effectively included a cushioned toilet back and a toilet seat frame where the legs had become rusty. We also found a drawer of used disposable razors; it was not clear who they belonged to.
- Some areas of the home had not been cleaned effectively. For example, there were radiators covered in dust; there was an unclear cleaning schedule which contained gaps in the records.
- Some areas of the home required decorating. The floor in the conservatory had not been finished and some carpets had become worn. An area following a leak to the ceiling had not been redecorated and some walls were marked and required repainting.
- Some areas of the home had been left unlocked which posed a risk to people's safety. This included storage areas on the top floor and a room being used as a hairdressers.
- The dining area and conservatory required a pin code entry, which meant people were unable to use this room in-between meal times. This restricted people's free movement around the home.

We found no evidence that people had been harmed however, there continued to be risks relating to the safety and cleanliness of the environment. This placed people at risk of harm. This was a continued breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans did not always contain sufficient explanations of the control measures for staff to follow to keep people safe. We found one care plan missing guidance about action staff should take should the person have a seizure. There was a potential risk staff would not be able to respond appropriately should

this occur. The registered manager confirmed guidance was made available to staff following the inspection.

- Other people had personalised risk assessments in place, but action taken to keep people safe had not always been recorded. For example, hourly observations had been implemented to reduce a risk identified for one person. However, there were gaps in the records of these observations.
- Accidents and incidents had been recorded and action had been taken. However, analysis of these was limited which meant any patterns and trends could not be identified.
- There were systems in place to ensure the safe management and supply of medicines. However, sometimes these were ineffective. Some medicine records were not always completed; thickeners used to thicken fluids for people with swallowing problems were not recorded when they had been used. Some people's records lacked information, including their photograph and preferences.
- Guidance to enable staff to administer medicines prescribed "as and when required or PRN" were lacking in detail.

We found no evidence that people had been harmed however, safety was not always effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People received their medicines on time in a personalised manner.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of how to recognise abuse and protect people from harm. They were aware of whistleblowing and felt confident to raise any concerns should these arise.

Staffing and recruitment

- The provider operated a safe recruitment process.
- There were sufficient staff to meet people's needs and people received care in a timely way. A person said, "Staff come quickly when I press my bell."

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

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.

At our last inspection the provider had failed to demonstrate sufficient understanding of the MCA. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Applications for DoLS authorisations had been made where required.
- Staff had awareness of the MCA and decisions were made in people's best interests where required.
- Records were in place for decisions made in people's best interests. However, we found one record which was not decision specific, nor detailed enough to show how the principles of the MCA had been followed. We discussed this with the registered manager who confirmed this would be addressed.
- Staff were aware of the importance of gaining people's consent before providing care and support.

Staff support: induction, training, skills and experience

- Staff received regular support, supervision and an annual appraisal to discuss their role and the care they

provided. Some staff had not received their last planned supervision; the registered manager confirmed these had been temporarily delayed due to other commitments, but would be prioritised.

- Staff were equipped with the skills and abilities required for their role; an ongoing programme of training was in place.

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

- People were supported to meet their nutritional needs. People's dietary requirements were met, and nutritional needs monitored.
- People told us the food was hot, plentiful and choices were offered. We saw people enjoying their meals in the dining area.

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

- People's health and wellbeing was monitored. Staff supported them to access healthcare services when required.
- Staff liaised with health and social care professionals and ensured their advice was sought and followed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before receiving a service to ensure these could be met; a care plan was developed detailing how their needs and preferences should be met.
- People were able to personalise their bedrooms as they wished. Some areas of the home had been considered for people's needs and accessibility. Other areas continued to require improvement as noted in the safe section of this report.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff had developed a good rapport with people and engaged in conversations about their interests. Staff were calm and reassuring in their approach with people.
- People were positive about the staff. One person told us, "The staff are patient." Another said, "The staff are smashing; all of them."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances.

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

- People were supported to access advocacy services if required, so they had access to independent support with decision making and expressing their wishes.
- Staff were aware of people's communication needs and supported them to express their views, wishes and choices.
- People told us they were involved in decisions about their care and support and were involved in reviews of their care if they wished.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. For example, people were supported and encouraged to complete tasks they were able to. This was reflected in people's care records. A member of staff told us, "The care is really good here; Staff try to encourage people to do as much as possible."
- Staff treated people with dignity and respect.
- Staff respected people's privacy and offered support where required. People told us staff knocked before entering their rooms and people had a key to their rooms where able.
- Systems were in place to maintain confidentiality and staff understood the importance of this. For example, people's care records were stored securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Time was planned for staff to provide activities at selected times, however sometimes this needed to be cancelled to provide enough staff in other areas of the home. One person told us, "They [staff] can do activities if they have got the staff available. [Staff members name] is supposed to be doing activities today, but she is having to do caring."
- There was no clear plan for activities; the registered manager told us activities were planned flexibly to meet people's preferences depending on what they wished to participate in. However, there was no up to date record showing what had been provided, particularly for those who were living with dementia and needed support to engage in activities.
- There were limited links with the local community for people who needed support to access this. Some people were able to access the community independently.

We recommend the provider seek advice from a reputable source regarding appropriate and meaningful activities for people, including those living with dementia.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained information about their abilities, health needs, likes and dislikes. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences. A person told us, "The staff are aware of my needs and what support I need."
- People's care was regularly reviewed to ensure they received appropriate support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the AIS and provided adapted information if this was needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, but this was not displayed for people or relatives to see.
- People told us they would know how to complain and would feel comfortable doing so. A person said, "I could go to the manager if I had a complaint."

#### End of life care and support

- Nobody was receiving end of life care at the time of our inspection. However, end of life care plans were available for people to complete if people wished.
- The registered manager told us people would be offered support to complete these so their wishes and preferences for future care could be understood.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the quality assurance system was not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Systems to monitor the safety and quality of the care people received were not always effective or incomplete. Medicines audits had not been completed for several months; they were not effective and had not identified the shortfalls noted in the safe section of this report.
- The system to record and monitor cleaning was disorganised and no maintenance or refurbishment plan was in place. It was unclear how long some issues in the environment had been outstanding and when these would be addressed.
- Some checks were completed of the environment, but there was no system to ensure these checks were carried out. There was no record of water temperatures or window safety restrictors being checked.
- The last audit of the environment had not been completed since January 2019. This meant the safety and cleanliness issues we identified in the safe section of this report had not been identified or resolved.
- Some policies to provide guidance to staff continued to be out of date.
- Staff files were not always accurately maintained, including missing records for staff interviews.
- Staff told us communication was good; although there were no records of meetings for 2019.
- Some people felt their views were sought, but one person told us they did not feel listened to regarding ideas and feedback about how the service was ran. There was no record of any resident meetings for 2019. The registered manager told us people were sent questionnaires, but there was no evidence of any analysis or action plans following this to drive improvement.

Systems to assess and monitor the quality and safety of the service were incomplete, out of date or not effective; this was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to display their current rating certificate at the service.

This was a breach of regulation 20A (Requirements as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff felt supported in their role and told us the registered manager was approachable.
- The nominated individual was in the process of being changed. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Staff told us the atmosphere and morale had improved since then; they felt more supported and part of a team. A member of staff said, "I like coming to work."
- Links had been made with other professionals and services; staff worked in partnership with them to achieve outcomes for people.

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 was aware of their responsibilities in relation to the duty of candour; they were open and honest and shared learning with the staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment  (2)(a) The provider had not always effectively managed risk to people. Guidance was not always available to staff and control measures to keep people safe were not always followed.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  (1)(a)(b)(e) The provider had failed to ensure the environment was clean and properly maintained. Risks in the environment put people at risk of possible harm.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1) and (2)(a)(b)(d)(e) Systems to monitor and improve the quality of the service were not established and effectively operated. They had failed to drive improvement and assess and mitigate risks. People's feedback was not always used to drive improvement. This meant people were at risk of receiving a poor service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  (3) The provider had failed to display a performance rating showing the most recent rating of their performance.

### **The enforcement action we took:**

We issued a fixed penalty notice against the provider