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Rockny House

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

Rockny House is a registered care home. People in care homes receive accommodation and personal care as a package of care under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Rockny House accommodates up to 15 people. The home provides accommodation over two floors and people have shared access to communal rooms and bathrooms. At the time of the inspection the home was fully occupied by 15 people who had all lived there for some time and included some people living with physical disabilities, mental health problems or learning disabilities.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, it was clear that people living in Rockny House were given choices and their independence and participation within the local community had been and was continuing to be encouraged and enabled.

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The inspection took place on 11 December 2018 and was unannounced.

There was a registered manager in post who was there at the time of the inspection. 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.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to and follow, although all staff were clear about action they would take. Recruitment of staff was carried out to ensure that adequate numbers of suitable staff were available to support people. People received medicines as they were required.

People continued to receive effective support from staff who had a sufficient level of skill and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible, whilst involving them as much as possible to make decisions. The policies and systems in the home supported this practice.

People continued to be cared for by staff who displayed kindness and compassion in ways that upheld their privacy and dignity. Staff ensured that people were supported to make choices and maintain a good level of independence in line with their abilities and wishes. People's diverse needs were recognised and support and access to activities was supported and enabled by staff.

The provider had effective systems in place that were used to regularly review people's care and support that had been provided. Care plans and detailed assessments were individual and contained a wealth of information about people, their needs, their wishes and cultural needs.

People using the service were well known by staff and the staff team continued to work consistently to ensure that support provided respected their needs. People's own communications methods were well known and understood by staff who were keen to advocate on behalf of people whenever they were unhappy, wanted to make preferences known, or wanted to raise an issue.

The care home continued to be well-led, with checks and monitoring arrangements used to maintain the quality of the service provided. Staff were positive about the leadership and skills of the registered manager and people using the service had a good relationship with the registered manager too. Required information was available in the home and made available when requested.

Further information is in the detailed findings in the full report.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rockny House

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 comprehensive inspection took place on 11 December 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed information we held about the service including information from notifications. Notifications are events that happen in the home that the registered provider and registered manager are required to tell us about. We also considered the last inspection report, the Information supplied by the provider (PIR) and information that had been supplied by other agencies. We also contacted commissioners who had a contract with the home to support people who lived there.

During the inspection we met all the people who were living in the home. We spent our time in the company of some people using the service provided and with staff who provided the direct care. Five people living in the home spoke with us about the care and support provided. Some of the people living in the home did not choose to engage with us during the inspection visit. We saw that people engaged well with staff who were supporting them. We spent time observing how people in the communal areas of the home were being supported; we saw how they were being cared for and supported by staff and used these observations to help us understand people's experience of living at the home.

We spoke with the deputy manager as well as the registered manager who was also one of the home owners and we spoke with three members of staff. We looked at care records of one person in full, and looked at care plans, health action plans and medication administration records for other people. We also sampled other records of care that had been provided. We looked at some records related to the management of the home. These included records relating to audits and systems in the home including some records of the checks of safety procedures.

During the visit we spoke with relatives of one person and after the visit, we spoke by phone with one

relative of another person who used the service. We sought out their views about the care and support provided.

Is the service safe?

Our findings

At the last inspection in January 2016 the key question of Safe was rated Good. At this inspection the rating was unchanged.

People said that they were safe in the home with staff, and we saw that they looked at ease and relaxed in all areas of the home. People were protected from the risk of harm because staff had used training they had received to enable them to manage any incidents and protect people from abuse.

Staff were clear about issues that could be indicative of abuse and were able to recognise the different types of abuse and what action would be taken if such concerns arose. Staff were confident about action they would take if they suspected someone was at risk of abuse and recognised that they were skilled and knowledgeable about how people living at the home would communicate or show signs that they might be at risk.

Staff were clear about their roles and responsibilities and all showed that they knew how to keep people safe from known risks such as moving safely, using the stairs or engaging in domestic tasks of their choosing around the home. People living in the home were all involved in regular fire drills to help them to understand routines and expectations that would be made in the event of an emergency.

Risk assessments and care plans were in place for all people. Staff contributed to and helped to develop these assessments when changes were noted in how people needed to be supported. We saw that support was provided in line with the care plans.

People were supported by enough staff on duty at all times. Staff absences through annual leave or sickness were usually covered by other staff working additional hours, no agency staff were engaged to work in the home.

People were supported by staff who were clear about action they would take if any accident or incident occurred. Such events were reported and acted on when they did happen. A relative advised that they were confident that they would be contacted if an accident had occurred and advised that the communication from the staff was good and they felt that they were kept well informed. Staff had received training in how to keep people safe in the event of an emergency or a fire and knew how each person was to be supported to leave the building. The passageways and stairwell were clear from obstacles that could impact on safe evacuation from the home.

People safely received their medication from staff and clear records were maintained of all administrations. When a person was going out for the day their prescribed medication was ready and provided to their relative to administer.

The provider had a set recruitment policy in place and staff could clearly recall the recruitment procedure they were required to undertake before they had commenced working in the home. The processes had

included interviews, reference checks, DBS checks (Disclosure and Barring Service checks to make sure they were of good character) and they had been required to complete comprehensive induction training.

A reflection and review process following any incident or near-miss was undertaken by the registered manager and the analysis was used to help improve support provided and keep people safe.

Is the service effective?

Our findings

At the last inspection in January 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

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.

Staff were very clear about upholding people's rights and abilities to make decisions and were clear about what would constitute a failure to support people in line with their abilities to exercise their rights and make choices.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and we found that they were being met. Contact was being maintained with the Local Authority responsible whilst people were awaiting reassessment of their DoLS status.

People living in the home had lived there for long periods of time and as such their individual needs were well known by staff. One person spoke about the support they had received whilst living in the home, "Staff have helped me with my mental health problems. They are good here."

Each person's keyworker maintained specific oversight and checked that regular and annual appointments were planned in diaries and attended as needed. The home had contact details for all healthcare services and had regular contact with some healthcare professionals who were working closely with some people living at the home.

Staff had received initial and refresher training both on-line and via face to face training and said that they felt able to safely care for everyone living in the home through the training and shadowing experiences that were available. A number of staff had also achieved national care qualifications at all levels. Staff spoke of being very confident that people always received good care and had experience of working alongside all team members at one time or another. Tasks and duties were shared out and staff spoke well of feeling that everyone's developmental needs were supported. Amongst the staff group there was one champion who had taken on lead responsibility for dignity and the registered manager advised of their intention to introduce more champion roles for the full staff group.

People were supported to eat and drink to suit their own tastes and preferences and all were encouraged to

have a balanced diet. Pictures of meals were used to facilitate choice by people using the service. Some people were at known risk of not eating or drinking enough and specific support was provided to people in line with these risks. Likewise, some people who were at risk of eating more than was required to maintain good health were also being well supported with fruit and healthy snacks available between mealtimes. The planned menus were varied and the home endeavoured to provide a variety of alternatives to ensure that people had meals that they liked and enjoyed. There were ample food stocks in place to enable people to select other options when they did not want the meal that had been planned. People were supported by staff to prepare food and drinks where they were able and all were supported to exercise choice in what they had to eat and drink. People using the service sometimes participated in shopping trips to purchase food.

The home was well decorated, clean and tidy but had also maintained a homely atmosphere throughout. Items on display in the dining room were of specific interest to people living in the home, with information for staff restricted to the office. People clearly used all communal areas of the home as they wished. Each person had their own bedroom with en-suite shower and toilet facilities.

Is the service caring?

Our findings

On arrival at the home and throughout our visit it was clear that relationships between people who lived in the home and those who worked there were warm and friendly. The premises were clearly regarded as home by people living there and one staff member ensured that people were introduced early on to the inspector so that they knew what was happening in their home.

Conversations and discussions were centred on what people were planning to do. Staff were attentive and supportive encouraging people to get ready for their individual planned activity. Two people were planning a shopping trip and were being supported by staff. Several other people were out of the home for the main part of the day – attending a day centre of their choosing.

People respected each person's private space and we saw that everyone could have a key to their room if they wished however most people chose not to have a key. We saw that no one entered another bedroom without being invited. Locks were fitted to all bedroom doors and staff advised some people chose to use bedroom door locks from the inside as they wished. People were supported to spend private time in their own rooms or in other areas in the home as they wished.

People were supported to undertake cleaning and tidying of their own rooms and were also involved in doing their own laundry in line with their skills and abilities. Some people engaged in cooking activities with support from staff. We saw that one person was giving guidance to staff about how to shop for and bake a cake in readiness for Christmas celebrations. The activity was clearly enjoyed by all who directly participated and the person was supported to take a lead role in the activity. When people's abilities had changed, risk assessments had been completed or updated to reflect what they could safely continue to do.

People were involved in planning and deciding how their care and support was to be provided. A variety of different methods of communication were available and used by people with support from staff. Some people made use of written information and other people made use of pictorial communications aids. The registered manager advised of plans to further develop communication systems in the home in line with Accessible Information Standards to ensure that all people using the service had full equal access to information to their care plans, reviews and activity plans. Records were maintained of decisions and discussions that had taken place about how care and support was to be provided in the line with each person's wishes and preferences.

Visitors were welcomed to the home at any time and some people enjoyed regular contact with relatives which was accommodated and supported by the home. A relative told us that they were well informed about any changes in the person's well-being or health, "The manager knows that I want to be informed and they ensure that this happens." Another relative advised, "They look after [person's name], keeping them safe and I know they are happy."

Is the service responsive?

Our findings

At the last inspection in January 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

People were supported and encouraged to share their views and opinions about the support and care they received. Whilst people had been involved in the reviews evidence of their involvement was limited. The registered manager advised of intentions to ensure that easy read documents were maintained to help the person to be able to fully participate in reviews of what had been agreed at previous meetings.

Peoples care plans were focussed on people as individuals and were reviewed regularly and records maintained of any changes that had been agreed. Daily records were also maintained relating to care and support that had been provided. One relative advised that they had noted how well the person using the service had been since they first moved into the home. They added that the person was, "Well cared for and had been helped to manage daily stresses."

People spoke freely about the care and support they received and without any prompting volunteered their views and opinions about aspects of the home. Comments made included, "It's lovely here, best home I've ever lived in. So clean here and staff are so friendly." Another person who had returned from a day centre advised, "I've had a great time today but I like coming home." People were supported by staff to plan their activities and for one-person action had been taken to secure additional staff support for the person to attend a day centre of their choosing.

People were actively engaged in planning events and trips from the home. A spontaneous discussion was initiated by people using the service about plans to attend a show the month after the inspection. Staff were receptive and supportive of the topic and planning commenced on how attendance at the show would be secured.

People were provided with opportunities to raise any issues or concerns at their regular reviews or meetings with their keyworkers. Relatives advised that the staff responded to well to complaints that had been made either by people using the service or their relatives. An example was shared of an occasion when a concern was raised about impact on people from another person using the service and action was taken to address the issue of concern. Relatives advised that they were confident to raise any concerns directly with the registered manager and knew that they would be listened to. There was a complaints procedure in place that provided detail of how people could raise a concern and how it would be responded to. The registered manager advised of intentions to further develop information on how to raise concerns or complaints in a more accessible format suitable for all people using the service.

The service was not supporting anyone who was receiving end of life care at the time of our inspection. Care plans and related discussions also covered issues related to ageing and future care needs with long term plans being developed as needed. Staff had received training in advanced care planning and end of life care.

Is the service well-led?

Our findings

At the last inspection in January 2016 the key question of Well-led was rated Good. At this inspection the rating was unchanged.

The registered manager had been in post since the service was registered. 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.' The registered manager was present for all of the inspection. They actively worked in the home on a full-time basis and maintained a good overview of all aspects of the home.

The registered manager, deputy and care staff were clear about their roles and understood the need to monitor all aspects of the quality of the service being provided.

Regular audits and checks were made by either the registered manager or the deputy manager. Records of audits were available and were sampled. Systems in place were well used. The audits were comprehensive and detailed and covered all aspects of the support and care provided. Most audits were conducted monthly and others were undertaken bi-annually. Regular checks and audits were undertaken of the records and notes in the home to ensure that people using the service were safe and well cared for in all aspects of their lives.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

We found the home worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care. People who lived in the home, their family members and visiting professionals were given the opportunity to have a say about the quality of the service through annual surveys. The registered manager advised of the intention to trial having an annual meeting with relatives about the quality of the service to see if they preferred a face to face opportunity rather than a remote form based annual review.

Staff had regular supervisions meetings and also had opportunities to raise issues related to quality and development of the service at regular staff meetings.

The registered manager ensured that people who lived in the home benefitted from keeping up to date with latest guidance that could be sourced on-line or from regular contact with a consultant that was engaged to support the home.

Notifications were shared with us as expected, so that we could see how any issues had been dealt with. We

found that the previous inspection rating was displayed as required.