Rockmount Northwest Limited

# Rockmount Northwest

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This focused inspection took place on October 2017. We had previously carried out an unannounced comprehensive inspection of this service on 20 October 2016 during which two breaches of legal requirements were found; this was because people's medicines were not always safely managed. In addition audit processes in place at the time of the inspection had not identified the concerns we identified in relation to the safe management of medicines.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. After that inspection, we received notification of a serious incident which raised concerns regarding the assessment and management of risk in relation to people's mental health needs. As a result, we undertook a focused inspection to look into those concerns and to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in October 2017 had been made. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rockmount Northwest on our website at www.cqc.org.uk.

Rockmount Northwest is a residential care home for people with a mental health diagnosis. The service provides recovery and rehabilitation support for up to 20 adults with complex mental health needs, who may also have a learning disability. At the time of this inspection, there were 17 people living in the home.

The home is situated in Rishton, near the towns of Blackburn and Accrington. The home is located in close proximity to public transport links which gives easy access to either town by bus or train.

The service had a registered manager in place. 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.

During this inspection we identified a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to monitor the quality and safety of the service were not sufficiently robust. You can see what action we told the provider to take at the back of the full version of the report.

There were systems in place to record significant events and incidents which occurred within the home. We were told these were reviewed at each handover to ensure appropriate action had been taken. However, our review of records showed two recent incidents had occurred following which a person had been given an 'as required medicine' to help them sleep. The registered manager told us there had not been any review of the actions taken by staff leading up to the incident or the decision to allow staff to administer the 'as required' medicine in order to determine if any lessons could be learned.

People who lived in the home and staff were provided with opportunities to comment on the service provided. The most recent satisfaction survey had been distributed by the provider in August 2016. Although comments from people who used the service were positive, some negative feedback was provided by staff. The registered manager was unable to show us evidence that these comments had been taken seriously and acted upon. In addition a more recent survey had not been carried out to check whether the views of staff had changed.

People who used the service told us they felt safe and comfortable in Rockmount Northwest. We found systems were place to assess and manage risks in relation to people's mental health needs and any other identified needs. Each person's care records contained an assessment of the risks relevant to them. We saw that care records had been reviewed and updated when people's needs and risks changed to help ensure they received safe care and treatment.

Staff confirmed they were always informed by the managers if the level of risk changed for anyone who lived in the home so appropriate action could be taken. The level of observations and checks required for each individual was documented in the handover record which was completed at the start of every shift. People spoken with told us staff were always monitoring their mental and physical health and would contact other professionals if they had any concerns.

Staff told us they enjoyed working in the home and found the managers in the service to be supportive and approachable. We also received positive feedback about the way the service was led from people who lived in the home and community based health professionals who visited the service on a regular basis.

Improvements had been made to the way medicines were handled in the service since the last inspection. However some minor issues needed to be rectified; this included ensuring any allergies people experienced were recorded on the medicines administration record (MAR) charts.

People told us staff supported them to undertake activities in the community and to develop their daily living skills.

Recruitment processes were sufficiently robust to protect people from the risk of unsuitable staff. People who used the service were involved in the recruitment of new staff. This helped to ensure staff understood the needs of people living in the home as well as the values and ethos of the service.

People were cared for in a safe and clean environment. Staff helped people to develop daily living skills by encouraging them to take shared responsibility for cleaning communal areas. People were also responsible for cleaning their own bedrooms and doing their own laundry with support from staff as required. Systems were in place to deal with any emergency that could affect the provision of care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

People told us they felt safe and comfortable in Rockmount Northwest. Systems were in place to assess and manage risks.

Improvements had been made to the way medicines were handled, although some minor issues still required to be rectified.

Staff had been safely recruited and understood their responsibilities in relation to the protection of people who used the service.

We could not improve the rating for Safe from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

### Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Staff spoken with told us they enjoyed working in the service and that the managers were supportive and approachable.

The registered manager did not always have oversight of incidents which had occurred in the home. This meant they were not able to ensure necessary lessons had been learned.

Systems were in place to seek and act on feedback from people who used the service and staff. However, it was not clear what action the registered manager had taken in response to negative comments made by staff in the most recent survey.

# Rockmount Northwest

**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 checked 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.

We undertook an unannounced focused inspection of Rockmount Northwest on 9 October 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in October 2016 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the assessment and management of risk in relation to people's mental health needs. This inspection examined those risks.

This inspection took place on 9 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. Following the inspection, we asked for feedback about the service from seven community based mental health professionals.

During the inspection, we spoke with five people who used the service. We also spoke with the registered manager, the deputy manager and three members of staff.

We looked at the care records for three people who used the service and the medicines administration records for everyone who lived in the home. In addition we looked at a range of records relating to how the

service was managed; these included two staff personnel files, training records, quality assurance systems and policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

People who used the service told us they had no concerns about their safety in Rockmount Northwest. Comments people made to us included, "I feel well looked after and comfortable", "No one is treated badly" and "Staff are supportive and kind. I feel safe as its well organised and I don't need to worry about anything."

Although not concerned about their safety, one person told us they found the regime in the home to be very rigid and had some concerns about restrictions they felt were imposed on them. We discussed this with the registered manager who explained the rationale for the care plans in place. However, they told us they would spend time with the person to check if any changes needed to be made to the support they received.

Feedback from the community based health professionals we contacted was very positive about the safety of the home. Comments professionals made to us included, "I feel confident that when I place individuals with this service, the care and support they receive is excellent and they will be safe. I feel this comes from having oversight from a very experienced manager and deputy" and "During my reviews when I talk to the staff and the client I have never had any concerns regarding any safety issues. The placement always appeared well staffed and the clients were well supervised and managed."

Due to the serious incident which had prompted the inspection, we looked at the care records for three people to review how the risks associated with their mental health needs were assessed and managed. We saw that each person's care records contained an assessment of the risks relevant to them; these included people's safety when accessing the community, nutritional risks, physical health needs, safe smoking as well as the support people required to manage their mental health needs. People who used the service had been involved in documenting what support they needed from staff in order to keep themselves safe and well. We saw that care records had been reviewed and updated when people's needs and risks changed to help ensure they received safe care and treatment.

Staff confirmed they were always informed by the managers if the level of risk changed for anyone who lived in the home so appropriate action could be taken. The level of observations and checks required for each individual was documented in the handover record which was completed at the start of every shift.

People spoken with told us staff were always monitoring their mental and physical health and would contact other professionals if they had any concerns. One person told us. "They are very good at checking on me all the time. They look after me."

At the last inspection, we found medicines were not always safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made although some minor issues remained.

We saw that two staff were involved in administering medicines to help ensure this was done safely. One staff member was responsible for checking the MAR chart while a second member of staff administered the

medicines from the monitored dosage system in use in the home. All staff responsible for administering medicines had received training for this task and their competence to do so safely was regularly assessed.

We noted medicines were administered from a clinic style room which was located near the entrance to the home. We discussed with the registered manager whether consideration could be given to improving these arrangements to better protect the dignity and privacy of people who used the service. They told us they had previously considered whether individual locked medicines cupboards could be installed in the bedrooms and would review whether this was the appropriate action to take.

We looked at the medicines administration record (MAR) charts for all the people living in the home and found these were mostly fully completed although not all handwritten entries had been countersigned to confirm their accuracy. In addition, we found any allergies people might experience were not documented on the MAR charts. The registered manager told us they would take immediate action to rectify these matters.

Appropriate arrangements were in place for the administration of controlled drugs; these are medicines that are subject to tighter legal controls because of the risk of misuse. We noted staff were completing a daily check of the stock balance of these medicines to help ensure they were safely handled.

We noted each person had a medication support plan in place; these advised staff of the support each individual required to take their medicines as prescribed. Protocols were also in place for medicines which were prescribed to be given 'when required'.

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. All staff spoken with said they would not hesitate to report any concerns to the registered manager and were confident appropriate action would be taken. Staff also told us they were aware of the whistleblowing policy in place and would always report any poor practice they observed.

We noted the safeguarding policy included the best practice principles from the Care Act 2014 in relation to safeguarding adults; these are empowerment, protection, prevention, proportionality, partnership and accountability. During the inspection, we saw the management team responded appropriately when a person who used the service raised safeguarding concerns about a member of the public. The individual was supported to document their concerns, which were then submitted to the safeguarding team. This response showed the managers understood their responsibilities to protect people in their care and the wider community.

Staff had received training in safeguarding adults and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included basic life support, risk assessment and positive risk taking, moving and handling, infection control and fire safety. The deputy manager was the safeguarding champion at the service and attended the local champion's forum. They told us information from this forum was disseminated to both staff and people who used the service. We saw that a session on safeguarding had been held with people who lived in the home, using an easy read version of the safeguarding policy; this helped to ensure people were provided with information about how to keep themselves safe and the action they should take if they experienced poor care or abusive practices.

We noted that people had a key to their individual bedrooms. This helped to ensure they were able to feel safe within their own space and that their personal property was protected.

People told us there were always enough staff available to support them and enable them to attend activities in the community. We were told people who used the service were involved in the recruitment of new staff; this helped to ensure staff understood the ethos and values of the service and the needs of the people who lived in the home.

We checked the recruitment processes in place and noted these were sufficiently robust to protect people from the risk of unsuitable staff. We looked at the personnel files for two staff and found all the necessary pre-employment checks had been completed. Each file contained a completed application form, with the reasons for any gaps in employment documented, as well as two references and confirmation of each person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around the communal areas of the home and saw the lounges, dining room, kitchen, bathrooms and toilets were clean. We saw people who lived in the home were supported to keep the environment clean in order to promote and develop their skills in daily living.

Records we reviewed showed that the equipment used within Rockmount Northwest was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with utility failures and other emergencies that could affect the provision of care. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. Staff had completed training to help ensure they were able to take appropriate action in the event of a fire. Records were also kept of the support people would need to evacuate the building safely in the event of an emergency.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection we found the service had failed to assess and monitor the quality of service provision effectively. During this inspection we found improvements had been made to the way medicines were audited and managed. However, we identified other concerns about the way the service was managed.

When we looked at one person's care records we noted they had been given a PRN (as required) medicine on two occasions in the week before the inspection. This was to help them sleep following an escalation in the behaviour they presented towards other people in the home. The decision to administer this medicine had been authorised by an on call manager. However we did not see evidence that robust checks had been carried out to ensure the PRN protocol had been properly followed by staff. Although the incidents leading to the administration of the PRN medicine had been documented as a significant event in the person's care record, we did not see evidence that there had been any review of the actions of staff leading up to the incident to see if any lessons could be learned. When we discussed the two incidents with the registered manager they told us they were unaware of the background to these. This meant they had failed to effectively assess and monitor the quality and safety of the service the individual concerned had received.

We saw there was a system of audits in place in relation to care plans, infection control, medicines and health and safety although these had not always been completed on a monthly basis. The deputy manager told us the responsibility for audits was devolved to key staff but it was evident from our findings that robust checks were not in place to ensure all audits had been completed within required timescales.

Systems were in place to gather feedback from people living in the home and staff. Records showed and staff confirmed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff spoken with told us they could raise any issues of concern in staff meetings and that their views were always listened to. Regular service user meetings also took place during which people who lived in the home were asked their opinion about the support they received and any changes they wished to make.

We looked at the responses from the most recent satisfaction surveys distributed by the provider in August 2016. We noted all the feedback from people who used the service was positive. One person had commented, "I always air my opinions. Staff always make sure I'm safe even if I don't think it's needed." However we noted two of the responses in the survey completed by staff were less positive. One staff member commented that they had no idea about the vision of the service and that, although staff were encouraged to speak up, their comments were not always heard. Another staff member had stated they were worried to say what they felt as they thought it would go against them. When we discussed these comments with the registered manager they were unable to tell us of any action they had taken to ensure all staff felt their views were always listened to and, where necessary, acted upon. We noted a more recent survey had not been completed to check if the views of staff had changed.

There was a lack of robust quality assurance systems. This showed there was a continuing breach of

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service provided positive feedback about the leadership in the home. Comments people made included, "I think the home runs smoothly. [Name of registered manager] is wonderful. She will listen to me and is very much understanding of my needs" and "I am happy with the way the home is managed."

There was a registered manager in place. They told us they had an open door policy for both staff and people who used the service; this meant everyone was welcome to go into the office to speak with them at any time. During the inspection, we observed people who used the service clearly felt able to approach the registered manager with any questions or concerns.

All the professionals who provided feedback to us commented positively on the leadership and management in the home. One professional told us, "I have worked closely with this provider for the last three years and have always been impressed by their professionalism, in particular the quality of their documentation and the skills of the staff team. I have always found the management team to be responsive and very pro-active with their approaches and commitment to the service-users they support, who have some very complex presentations. I feel confident with this service and feel that it is exceptionally well-led." Another professional wrote, "I have found [name of registered manager] to be very helpful during my visits. They have a very good knowledge of my client, likes to be involved when I carry out my reviews and can answer any questions raised around the service user's care needs."

During the inspection we spoke with one of the directors of the company which owned the service. They told us they visited the home regularly and spoke with people who used the service, staff and also reviewed records. They told us they did not currently maintain a record of these visits but would do so in the future. Following the inspection, the director sent us copies of records which documented the supervision and management meetings they had held with senior staff in order to assure themselves about the quality and safety of the service provided.

Records we reviewed showed that an external consultant had conducted a health and safety audit at the home in August 2017. We saw that an action plan was in place to address the identified shortfalls. The external consultant had commented the managers in the home had a proactive attitude towards the identification of issues and determining remedial actions to be taken.

We noted the registered manager was in the process of introducing the recovery star into the service. This is an outcomes measure which enables people using services to measure their own recovery progress, with the help of mental health workers or others. By introducing this tool, the registered manager told us they hoped it would help the service to be more effective in supporting people to achieve their potential. This demonstrated their commitment to on-going service improvement.

We saw there was a business plan in place which documented the improvements the providers and registered manager wanted to make over a two year period. The plan focused on areas including the environment, staff training, safeguarding adults, increased opportunities for meaningful activity for people who used the service. In addition, the intention was to undertake a benchmarking exercise to assess the quality and safety of the service provided at Rockmount Northwest against other similar services locally and nationally. This demonstrated the provider was outward facing in their commitment to on-going service improvement.

Staff spoken with told us they enjoyed working at Rockmount Northwest and that they received the support

they required from managers. One staff member commented, "[Name of registered manager] is nice but also firm. They provide clear leadership." Another staff member told us, "[Name of registered manager] is very supportive. Their door is always open to sit and chat. They expect high standards."

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<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider failed to ensure that effective systems and processes were established and operating effectively to assess and monitor the quality and safety of the service. (Regulation 17 (2)(f)). |