

Selborne Care Limited

Rockville Short Break

Inspection report

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Date of inspection visit:
27 September 2021

Date of publication:
10 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rockville Short Break is a respite service providing personal care for up to two adults under the age of 65 years at a time who had a learning disability and/or autism. The service provides short respite breaks for people in a semi-detached house over two floors with a passenger lift between floors. At the time of the inspection, there were six people who regularly used the service, two at a time.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support:

- The model of care and setting did not maximise people's choice, control and independence. People's records and the care they received were not focused on people's strengths. There was insufficient evidence to show people had a fulfilling and meaningful experience at the service which was based on their aspirations and goals; or that staff understood how to support people to achieve these.
- Systems in the service had not identified all restrictive practices.

Right care:

- Care was not always person-centred and did not always promote people's human rights. At times people who used wheelchairs received less support because they could not move independently and therefore the risk of leaving them alone was lower. Most people were unable to communicate verbally. Staff told us they understood how people communicated, but there was limited information recorded to help ensure staff had a consistent and detailed understanding. The registered manager told us they were in the process of implementing this information.

Right culture:

- The systems in the service had not ensured that the provider's ethos and values were embedded in the service, enabling people to lead confident, inclusive and empowered lives. Audits and checks of the service had been completed but had not found or prioritised all the areas for improvement identified during the inspection.

The service did not have enough staff to ensure all people still received one to one support when others needed two staff to provide personal care. This meant some people had unnecessary restrictions placed on

them. People were not always supported to have maximum choice and control of their lives and staff could not always support them in the least restrictive way possible and in their best interests. Assessments of people's capacity to make decisions had been made, but not all decisions had been made in people's best interests.

Staff understood risks to people, but these were not all recorded in sufficient detail. Action had not always been taken when health and safety checks identified a problem with fridge and water temperatures.

Staff recruitment checks were in place, but these did not always record staff's full employment history.

Staff had been trained in how to administer medicines to people but the quantity of different medicines entering and leaving the service with people was not recorded.

Staff received appropriate training and support to enable them to carry out their role safely. Staff also received checks of their competence and told us they were confident and well supported in their roles.

People's health was monitored, and any concerns shared with relatives. Any changes to the support they required with their health were recorded and shared with staff. The service worked closely with other professionals to help ensure people's health care needs were met.

Systems and checks were in place to ensure people were protected from the risk of infection.

Staff described the manager as supportive and responsive to any ideas or concerns. Relatives told us they found the registered manager and staff to be open and honest.

The registered manager was committed to improving the service and responsive to the feedback from the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 30 July 2020 and this is the first inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Rockville Short Break

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors. Only one inspector visited the site. The second inspector supported the review of documentation shared by the service.

Service and service type

Rockville Short Break 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

People using the service were unable to share their views with us, so we observed how they spent their time and how staff interacted with them. We spoke with three members of staff including the registered manager, deputy manager, and an agency worker.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives, three staff members and three professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- Staff had an awareness and understanding of signs of possible abuse. Staff were up to date with their safeguarding training and knew who to contact externally if they felt their concerns had not been dealt with appropriately.
- Staff had a good understanding of how to keep people safe; however, some risks had not been assessed. Where risks had been assessed, not all information about how to recognise the risk or what action staff should take to keep the person safe had been recorded.
- When people were left alone so someone else could receive personal care, as described above, the risks of doing this had not been assessed or recorded. Following the inspection, the registered manager contacted the local authority to discuss and resolve the concerns raised; they also shared risk assessments they had written for each person.
- Various health and safety checks were completed of the environment to ensure its safety. For example, staff regularly checked the temperature of the fridge and freezer as well as the hot and cold water. These temperatures had not consistently been within the required range; however, this had not always been highlighted, nor had any action been taken to resolve them. Checks of these records by the deputy and registered managers, had not identified this oversight. Following the inspection the registered manager told us they would discuss this with staff and complete extra checks of records to identify any further gaps.
- There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information.

Staffing and recruitment

- Everyone who used the service required one to one support from staff. Most of the time there were enough staff to provide this level of support. However, as described above, people were sometimes left alone if another person required personal care. This meant at these times, people were not receiving one to one support.
- People were not always able to go out, as this would often leave one staff member with one person, which meant there were not enough staff available if the person needed support to move or with personal care.
- Recruitment practices were in place and checks had been undertaken to help ensure the right staff were employed to keep people safe. However, a full career history had not been always been recorded when staff were recruited. The registered manager sought these from staff following the inspection.

Using medicines safely

- People's medicines were brought into the service each time they stayed there. However, even though the

name of the medicine being brought in was recorded, staff did not check the quantity of each medicine they were accepting for each person. This meant the service did not know how much of each medicine was at the service with each person. Following the inspection, the registered manager implemented a new system which ensured staff checked the quantities of medicines being brought into the service.

- Staff signed to say they had administered a person's medicines, but as there was no record of the quantity of medicine present, it was not possible to verify the medicine had been administered by checking how much was left.
- Staff received medicines training and competency assessments to administer medicines orally and by PEG (via a tube through the abdominal wall and into the stomach). Staff said they received the right support to feel confident administering medicines to people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were recorded in detail along with any learning to reduce the risk of reoccurrence. These were reviewed each month to identify themes or trends across the service and discussed with the staff team.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. The service was not always effective.

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

- People's health and personal care needs were recorded and based on guidance provided by relatives and professionals who knew the person well. However, people's care plans were not holistic, strengths-based and didn't reflect all people's needs and aspirations as required by learning disability best practice guidance, such as Right support, right care, right culture.
- There were systems in place to ensure the service received clear information about any changes to people's health or support needs.

We recommend the provider reviews the service in line with best practice guidance such as Right support, right care, right culture.

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.

- Assessments of people's capacity to make decisions were in place, but not all decisions had been made in people's best interests. There were often two staff at the service with two people, however some people required two staff to support them for personal care. This meant both staff needed to support one person, leaving the other person unattended. To keep people safe whilst no staff were present with them, audio monitors were used, all doors were locked and staff reported that one person, who liked to spend time on the floor, was returned to their wheelchair, if they were left alone. This restricted people's freedom of movement and was not in their best interests.
- The registered manager told us only people who were independently mobile were not left alone as it

would not be safe for them. This meant people who used wheelchairs received increased restrictions because they could not move independently.

- One person who liked to be out of their wheelchair most of the time, was not always able to do this due to the needs of other people using the service. This meant their choices and freedom were restricted. The registered manager told us they had requested funding for extra staffing so the person's preferences could be met in the future.

This was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the registered manager shared risk assessments for people who might be left alone; however, the risk assessments stated, "Personal care routine for all service user must not start before 8pm when the waking night staff arrives." This meant the staffing available was still placing restrictions on people's lives and routines. They subsequently amended people's risk assessments to state that people could not have showers before 8pm as this was their / their relative's preferred routine.
- The service had applied for DoLS for people for a range of restrictions used to keep people safe.
- Staff described how they communicated with people about care they needed, gave them time to process the information and then enabled them to show whether they consented or not.

Staff support: induction, training, skills and experience

- Staff had received training in all aspects of care people received; this included a comprehensive induction into the service. Relatives confirmed they thought staff were well trained.
- Staff told us they were up to date with their training and felt it provided them with the knowledge and skills to provide the support people required. One staff member commented, "You are not put in the deep end, I had the training but then they waited for me to become confident."
- Staff received regular supervisions and attended staff meetings. They told us they found these useful and were able to raise any concerns or ideas about the service.

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

- Some people ate orally, and others were fed using a Percutaneous Endoscopic Gastrostomy or PEG, (via a tube through the abdominal wall and into the stomach). Staff understood each person's individual needs and how to support them.
- A relative commented that their family member was encouraged to try different flavours and textures whilst staying at the service, which broadened their experiences.

Staff working with other agencies to provide consistent, effective, timely care

- The service had worked closely with a range of other professionals to help ensure staff understood and could provide the support people needed, in line with best practice.
- Professionals confirmed the service continued to seek advice when required to help ensure people's needs were understood and supported.

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

- The service had been adapted to meet people's needs and relatives had been consulted for ideas on how to improve the service. Some ideas for the garden had been fulfilled.
- The registered manager told us people were encouraged to bring in their own belongings when they stayed at the service to help them feel at home.

Supporting people to live healthier lives, access healthcare services and support

- People's health was monitored, and staff understood how to recognise if someone was unwell and what action to take. A professional told us staff had received training on how to recognise any physical deterioration in the people they were supporting.
- A relative confirmed staff had taken the correct action when their family member had become unwell.
- Staff were aware of how to support people's oral health needs, and how to reduce any related risks.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Care plans did not always contain information for staff to identify if a person was upset or anxious, and what support they required from staff, to help them feel better.
- Staff told us that the number of records they had to complete throughout the day, in addition to laundry, cleaning and cooking detracted from the level of interaction they had with each person.
- Relatives said the staff were kind and knew people well. Staff interacted with people in a friendly and supportive way. One staff member told us about the team, "They all do a really good job. They all seem to put themselves out for people. Staff are willing to be flexible and work around people to get their package and a high level of care."

Respecting and promoting people's privacy, dignity and independence

- People did not have regular and planned opportunities to try new experiences, develop new skills and gain independence.
- People's opportunities were limited by the number of staff in the service, and at times by their disability. This meant care was not always person-centred and did not always promote people's human rights.
- Staff understood how to protect people's confidentiality and ensured conversations involving people's personal information, were held in private.

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

- Staff were able to describe how people communicated but there was limited information in people's records. This meant there was a risk that staff may not have had a consistent understanding of how people expressed their views. People using the service did not communicate verbally, or only used a few words, so it was particularly important staff had clear information about what different expressions, sounds or body language meant. The registered manager told us they were in the process of developing communication passports for people with the speech and language team.
- Staff could describe how they would recognise a person was expressing a decision or choice not to do something offered by staff.
- Care plans contained background information about people, which helped staff understand people's preferences.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans included information for staff to provide personalised care following people's individual routines; however they contained limited information about people's goals, hobbies, social preferences, aspirations, or aims whilst at the service and how staff would support them to achieve these. The registered manager told us this information would be in place soon.
- Some relatives raised concerns that their family members did not do enough whilst staying at Rockville. One parent commented, "I feel a respite service should enrich [...]s life and do things I can't do at home." The registered manager told us people were supported to take part in a variety of opportunities; however, there was little detail recorded about people's aspirations and goals for their time at the service and how staff would support people to achieve these. This meant it was difficult to identify if people were being supported in line with these. Following the inspection, the registered manager told us they would meet with staff and relatives to identify ways to ensure people's needs were known and met.
- Staff told us that because most people needed two staff to support them for personal care including being supported to move, this meant that if there were only two staff available in the service, it was difficult for one staff member to go out with one of the people, in case the person remaining in the service needed personal care or support to move.
- When people took part in different opportunities, staff did not systematically record the person's reaction to create a more detailed picture of what the person liked and didn't like, to help develop a more detailed understanding of the person and help plan for the future.

We recommend the provider seeks advice and guidance about identifying and developing people's goals and aspirations.

- People's relatives were involved in planning people's care and making decisions about how their needs were met.
- People's needs were reviewed regularly. Relatives and relevant health and social care professionals were involved in these reviews.
- Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

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.

- Some people's care plans included how to provide information to people in a way they could understand; however this mostly lacked clear detail to guide staff on how to ensure they met the person's needs consistently. This meant it was not possible to evidence that their needs in this area were being fully met.
- Staff were able to describe some different ways they used to communicate information to people.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints and people's relatives knew who to contact if they needed to raise a concern or make a complaint.
- Relatives confirmed that they knew how to raise any concerns they had about the service.

End of life care and support

- The service was in regular contact with people's relatives and would seek immediate guidance from them if a death occurred at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- People had not always received person centred support which enabled them to achieve the best outcomes. The service had been operating for 12 months but the registered manager told us it had been particularly difficult to develop certain aspects of the service due to the COVID-19 pandemic and staff shortages.
- Staff told us the staff team would like to provide more for people to do, but the staffing levels and other responsibilities such as record keeping and cleaning, limited what they could support people to achieve.
- There was a quality assurance system in place to drive continuous improvement, however it had not highlighted all of the areas for improvement identified during the inspection.
- The registered manager had identified that some people required extra staff to support them so they could do more. However, the registered manager had described current difficulties recruiting new staff; and the rota showed that there were regularly times when there were only two staff on duty at the service, rather than the three required to meet everyone's needs.

This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of the importance of continuous improvement to ensure the quality of the service they provided could continue to develop. They were responsive to the feedback provided at the inspection and keen to make the required improvements.

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements. A relative commented, "The manager is always transparent about any problems as they arise."

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

- The registered manager was also registered to manage another care service. There was a deputy manager at the service who was responsible for the day to day running, when the registered manager was not

present.

- Due to a lack of staff, the registered manager had identified they could not deliver the number of days support to each individual originally agreed, without staff working long hours. As a result, they had contacted relatives and the local authority to reduce the number of days available to each person so the service and staff could continue to operate safely.

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

- Systems were in place to enable people, staff and relatives to give feedback. Relatives said communication with the service was good.
- Staff told us the registered manager was approachable and always available for advice and support.
- Staff told us the service was well managed and they felt valued. One staff member commented, "I think the service is exceptionally well led. [The registered manager] is a good boss, any problems are sorted."

Working in partnership with others

- The service worked in partnership with key organisations to support care provision. Social care professionals who had involvement with the home confirmed the service worked in partnership with them, followed advice and were professional.
- The provider's PIR described how the registered manager had worked closely with services people had previously used, to help get an understanding of their needs and staff training requirements. It stated, "We were able to have transitional days at the service users' school they were attending prior to opening, so new staff could meet service users and have some understanding of their needs."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured that restrictions on people's liberty were in their best interests.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured all areas for improvement had been identified or acted upon. This meant people did not always receive person centred care based on their individual goals.