Warmest Welcome Limited

Rockingham House

Inspection report

22 The Mount
Malton
North Yorkshire
YO17 7ND
Tel:01653 697872
Website: www.rockinghamhousecarehome.co.uk

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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

Overall summary

This inspection took place on 20 January 2015 and was unannounced. We last inspected the home on 24 April 2014. At that inspection we found the home was meeting all the regulations we inspected.

The home provides personal care for up to 26 older people. Rockingham house is a detached property with an extension to the ground floor. The home is accessible with ramped access and a passenger lift. Accommodation is provided in single roomed accommodation and is set over three floors. The home is situated close to a range of community facilities.

There was no registered manager in post at the time of our inspection, however, there was an acting manager in charge of the home and the post for a registered manager had been advertised. 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.

Summary of findings

Rockingham House provided good care and support for the people that lived there.

The service was safe. People spoke positively about the home and those we spoke with said they felt safe. Staff recruitment processes included carrying out appropriate checks to reduce the risk of employing unsuitable people. Staff had received training with regard to safeguarding adults and were able to demonstrate they knew what to do in the event of suspected abuse.

The home had safe systems in place to ensure people received their medication as prescribed; this included regular auditing by the home and the dispensing pharmacist.

Staff were assessed for competency prior to administering medication and this was reassessed regularly.

New staff had received relevant training which was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff team had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions.

We saw staff were attentive and respectful when speaking with or supporting people.

People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

People's needs were assessed and met in accordance with their wishes. We saw evidence of the service ensuring people were able to continue with interests and hobbies.

People we spoke with knew how to make a complaint if they were unhappy.

People using the service, their relatives and other professionals involved with the service completed an annual survey. This enabled the provider to address any shortfalls and improve the service.

The service had a quality assurance system, and records showed that identified problems and opportunities to change things for the better had been addressed promptly. As a result we could see that the quality of the service was continuously improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and the quality assurance systems in place. This helped to ensure that people received a good quality service. They told us the manager was supportive and promoted positive team working.

Summary of findings

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 was safe. When we spoke to people who used the service they told us they felt safe. Staff had undertaken training with regard to safeguarding adults and were able to demonstrate what to do if they suspected abuse was happening. The way in which staff were recruited reduced the risk of unsuitable staff working at the home. We found there was sufficient staff on duty to attend to people's needs.

The environment was safe because equipment was regularly checked and serviced. There were emergency contingency plans in place for the environment and for people living at the home.

There were systems in place to protect people against the risks associated with the management of medicines.

Is the service effective?

Good

The service was effective.

Staff received appropriate training to equip them to carry out their roles effectively and meet people's needs.

The provider had appropriate policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received training and demonstrated understanding of the principles of the Act and people were supported to make decisions about their care, in line with legislation and guidance.

People were provided with a choice of nutritious food. Snacks and drinks were available at any time. People's dietary likes and dislikes were known by the staff. Health care professionals were involved in monitoring people's dietary needs where this was required which ensured people's nutritional needs were being met.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected and staff were kind and attentive.

People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

Is the service responsive?

Good

The service was responsive. People were involved in planning how their care and support was provided. Staff knew people's individual preferences and these were taken account of.

People had an opportunity to participate in group activities but attention was paid to people's individual interests and hobbies.

People knew how to make a complaint if they were unhappy and all the people we spoke with told us that they felt that they could talk with any of the staff if they had a concern or were worried about anything.

Summary of findings

Is the service well-led?

Good

The service was well led. Staff and people using the service; their relatives and representatives expressed confidence in the manager's abilities to provide good quality care. The service was responsive to any comments or complaints they received in making the necessary improvements where shortfalls were identified. There were effective quality assurance systems in place to monitor the service.

Staff reported a supportive leadership with the emphasis on openness and good team work.

Rockingham 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 inspection took place on 20 January 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was reviewed along with other the information we held about the service and the provider to assist in the planning of the inspection. We looked at notifications we had received for this service and reviewed all the intelligence CQC had received. We had received no concerns since the previous inspection carried out on 24 April 2013.

During the inspection visit we spoke with seven of the people living at the service and spent time with people in communal areas observing how staff interacted with people. We reviewed three people's care records, three staff recruitment files, records required for the management of the home such as audits, minutes from meetings and satisfaction surveys and checked the medication storage and administration. We spoke to the previous manager and two regional managers. We also spoke with five members of staff and one visiting professional.

Good

Is the service safe?

Our findings

We found this service was safe. People we spoke with told they felt safe. One person told us "There's always someone around." And another person said "I'm much safer here than I was living on my own, I used to worry then."

The home had policies and procedures in place with regard to safeguarding people from abuse. Staff we spoke with were confident in the action they would take if they suspected abuse and were able to talk about what constituted abuse. There had been no safeguarding alerts since the previous inspection but the acting manager was able to demonstrate they were familiar with the procedures to follow. People could be confident staff knew what to do if they experienced any form of abuse.

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. All of them had attended an interview and two references and DBS (previously criminal records bureau) checks had been obtained prior to the member of staff starting work. This process helped reduce the risk of unsuitable staff being employed.

We reviewed the previous week's rotas and saw during the day, in addition to management, an activities organiser and ancillary staff, there were three members of staff on duty and there were two members of staff overnight. People we spoke with told us they felt there were enough staff on duty. One person said "They (the staff) are sometimes a bit rushed off their feet but I never have to wait too long." And another person commented "There seems to be more staff around these days, they are busy though."

Staff told us they had a daily handover where the leader of the shift passed on relevant information about people's needs and planned event/appointments for the day. Staff were then allocated responsibilities for the shift; this helped make sure that people's needs were met. During our visit we noted that although staff were busy they had time to spend with people and that call bells were responded to swiftly.

We looked at how risks were assessed and managed. Where risk assessments were routine for example for weight loss, pressure sores, moving and handling and mobility these were completed fully and detailed how risk could be minimized. However where the risk was more complex risk assessments were not as detailed. For example one risk assessment that related to a specific seating arrangement did not explore other options or the rationale for using this piece of equipment other than 'to keep this person safe.' The risk assessment did not include the potential to restrict the person's movement or who had been consulted about whether or not this was in the person's best interest.

There were risk assessments in place relating to the safety of the environment and equipment used in the home. For example hoisting equipment and the vertical passenger lift. We saw records confirming equipment was serviced and maintained regularly. The service had in place emergency contingency plans. There was a fire risk assessment in place for the service and personal emergency evacuation plans (PEEPs) for individuals

We walked around the building and saw grab and handrails to support people and chairs located so people could move around independently but with places to stop and rest. Communal areas and corridors although homely, were free from trip hazards.

The home was clean. We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place.

We checked the systems for the storage, administration and record keeping with regard to medicines. Medicines were located in a locked clinical room in a lockable trolley secured to the wall. There was also a lockable medication fridge. The member of staff explained that medicines were supplied in a monitored dosage system with pre-printed medication administration records (MAR). Medicine boxes were colour coded to indicate morning, lunchtime or evening doses. We completed a random check of stock against MAR charts and found them to be correct. We saw controlled drugs were stored in a suitable locked cabinet and we checked stock against the controlled drugs register. The stock tallied with the record.

We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered.

Good

Is the service safe?

Staff were not permitted to administer medicines until they had completed medication training. The training included a written exam and observation of competency which meant people at the service could be assured they received the medicines they were prescribed safely.

Is the service effective?

Our findings

The service was effective. We asked the acting manager about staff training arrangements. They told us newly appointed staff were allocated a mentor and completed a twelve week induction which included mandatory health and safety training such as moving and handling, first aid and safeguarding adults. Staff were encouraged to complete National Vocational Training (NVQ) and the provider's training team offered access to specialist training such as end of life care, dementia awareness and mental capacity act training. The manager showed us a training matrix which recorded the training staff had completed and a system which alerted them when staff were due for updates. Staff we spoke with told us there were good opportunities to attend training and it was relevant to their role.

Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. This meant that staff were well supported and any training or performance issues identified.

We reviewed three people's care plans and saw a pre admission assessment which detailed personal information about the person's needs. The care plans contained information about people's choices and preferences for example one person preferred to eat their meal in their room rather than the communal dining room.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is appropriate and needed. The manager told us they had a good working relationship with the local authority DoLs team and Community Mental Health Team. The acting manager told us that the home was not a specialist service for people living with dementia, however, at the time of the inspection they had made three DoLs applications; one had been granted, one rejected and one awaiting a decision. We reviewed the approved deprivation and saw the appropriate processes had taken place and reviews were scheduled. We saw as part of the care planning process people had their mental capacity assessed with reference made to legal guidance.

The manager told us all staff had received training with regard to Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. When we spoke with staff they demonstrated a good understanding of the issues with particular regard to day to day care practice ensuring people's liberty was not restricted.

We observed the lunchtime experience and saw that people were given time to enjoy their meal and it was a social and relaxed occasion. There was a choice available to people and people told us that staff asked them what they would like to eat. Those people who needed it were given discrete assistance with eating their meal and we saw people using adapted cutlery and plate guards in order that they could be independent when eating their meals. One person preferred to eat in less populated areas and this was respected.

We spoke to the chef who told us all food was fresh and locally sourced. They baked every day to ensure fresh cakes and high calorie smoothies were available to supplement people's diet where they were at risk of weight loss. They told us they had a good relationship with people and they knew people's preferences. Whilst we were at the home we noted that people had access to juice and water and that people were offered tea and coffee at regular intervals and we heard staff encouraging people to drink sufficient fluids.

During this inspection the care records we looked at included those of people who had nutritional risks associated with their health and well-being. We saw people had a nutritional risk assessment completed. Care plans included how often people needed to be weighed, whether food or fluid charts needed to be completed and any recommendations from the speech and language assessment if this had been completed. We saw plans had been reviewed regularly and amended as required, for instance one person had changed from needing a soft diet to a blended diet and food supplements.

Staff reported good working relationships with local health professionals. We spoke to a visiting district nurse who said referrals from the service were appropriate and staff followed district nurse advice and completed appropriate records such as food and fluid, continence and re

Is the service effective?

positioning records which helps to ensure that people receive appropriate treatment. They also commented on how well the home works with the local GP surgery and district nurses in providing end of life care.

People's care plans included information about people's access to chiropody, hearing specialists and opticians. We also saw that where people were at risk of malnutrition appropriate referrals had been made to speech and language therapist and dieticians.

People told us the access they had to their doctor was good. One person said "There are no problems seeing the doctor. If I want to see the doctor staff make an arrangement for him to visit me here."

The home was an adapted manor house with a purpose built extension. As such some parts of the home were less accessible than others. The manager explained consideration was given to this during the preadmission assessment to ensure people's mobility meant they were able to access their bedrooms. There were two lounges and a dining room. The manager told us these were due for redecoration shortly as they were looking a bit tired. The manager was also mindful of the impact highly patterned carpets had on people living with dementia and how research suggests it can affect orientation and special awareness which the manager told us was another reason for the refurbishment. We noted handrails to assist people to walk independently and appropriately fitted grab rails in toilet and bathrooms. There was ramped access to the garden areas which had seating areas for people to rest and enjoy the garden.

Is the service caring?

Our findings

The service was caring. People we spoke with were complimentary about the care they received. One person said “The staff are marvellous, you want for nothing here.” And another person said “The staff are so kind, they come when I ring the buzzer, and they are so patient.”

We spent time in the lounge areas of the home. Staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. For example we heard staff referring to family and known interests. We saw that staff acted in a kind and respectful way and people looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere. We saw that staff crouched down to talk to people at eye level and they spoke at a pace that was comfortable for the person.

We saw that staff treated people with respect. We also observed care been taken to ensure peoples dignity was maintained for example covering people's knees with a blanket. We saw staff knocked on bedroom doors and awaited for a response before they entered.

People we spoke with told us that they were asked about their preferences; One person

told us they preferred to spend most of their day in their bedroom. They added that staff frequently came to check they were alright and if they needed anything.

On a number of occasions we saw that staff explained to people what was about to happen and checked that people were in agreement with this. We looked at three care plans, which provided sufficient information about people's wishes and preferences, so that they were cared for in the way they had chosen. One person had signed their care plan and one care plan had recorded clear instructions which had been agreed by the person which promoted their continued independence. We did feel that people would benefit from more detailed social histories, particularly as the service was considering offering a service to people living with dementia in the future. This information would assist staff in understanding people’s lives and ensuring their wishes and preferences are met.

Staff told us they had received training with regard to providing end of life care. The visiting district nurse was particularly complimentary about how the staff provided support at this time. Staff told us end of life care is the “Most important thing you can do for someone and their families; it’s important to get it right.”

During the day we saw visitors coming and going; they were offered a warm welcome by staff. We spoke to two visitors who said they were very happy with the care their relatives received. One visitor said “we don’t have to worry, (name) is so happy here and we know they are looked after so well.”

Is the service responsive?

Our findings

This service was responsive. One person told us "I can go to bed and get up when I want, its home from home." Another person told us the staff were very helpful; "They will get me whatever I ask for. I am looked after very well."

The manager explained that they completed pre admission assessments of people's needs. They said they involved other people in the process such as relatives and health and social care professionals, to ensure as much information was gathered as possible in order to determine whether they would be able to meet those needs. They went on to tell us that prior to admission wherever possible the person would have an opportunity to visit the home before they were admitted either for an overnight stay or a meal. This provided an opportunity for the person to decide if they wanted to live there and for everyone to meet each other.

The manager explained that the provider had reviewed the format for care plans. They said some people's plans had been re written using the new format and some had not. We looked at three care plans and saw that they contained an assessment completed on admission which detailed people's needs and further care plans covering areas such as personal care, mobility, nutrition, daily and social preferences and health conditions. We saw that people had detailed care plans with corresponding risk assessments in place. We could see that people's care had been reviewed and their plans amended. For instance we saw that one person had lost weight and had been referred to the dietician and now required their food and fluid intake to be monitored. We saw the corresponding records for this. This meant that the person's changing needs had been being monitored. However, we also saw one care plan which contained contradictory information; in one section the plan said the person slept well and in another part it said the person had disturbed sleep. The manager acknowledged that some plans had yet to be revised and acknowledged the contradiction may impact on the person receiving the most appropriate care. However, our discussions with staff indicated that staff knew people well and this would reduce the risk of providing inappropriate care.

Staff spoke knowledgably about individuals and demonstrated they knew people and their needs well. They told us they had a handover meeting at every shift change where any changes to people's needs were made known so they were able to provide appropriate care.

We spoke to people about any activities on offer. People said there was always something to do and trips out were arranged. They spoke of 'Friday Fiddle' where food, music and entertainment was chosen and usually followed a theme. A Mexican evening was given as an example. We spoke to the activities organiser who explained they asked people about their hobbies and interests and arranged either group or individual activities accordingly. They told us they completed an evaluation form after each activity to assess whether people had enjoyed it and to look at what might have worked differently.

Information about how to make a complaint was available People we spoke with knew how they could make a complaint if they were unhappy and said that they had confidence that any complaints would be responded to. The home had received two complaints since the previous inspection; the records indicated the service's complaints procedure had been followed and the complainants had been satisfied with the outcome.

We recommend that all care plans are reviewed and moved on to the new system.

Is the service well-led?

Our findings

This service was well-led.

Staff spoke highly of the manager. They said they were supportive and clear about their expectations in delivering high quality care. They said she offered an open door and was fair and honest with them. One member of staff said "I like coming to work now we have the manager in place. It is a much happier place."

The manager led daily handover and told us they completed a daily walk around the home to speak to people and carry out checks on the environment. They also worked alongside staff in order to monitor care practice and get to know people's needs. We observed the manager and regional managers spend time in the communal areas of the home. We observed that people were familiar with them and manager referred to people by name.

The regional manager explained the registered manager's position had been advertised and the provider was waiting for the closing date for applications. They went on to say following the closing date, a short list would be made for prospective applicants to attend for interview. In the meantime the acting manager was being supported to fulfil their role by regional managers attending the home every week and being available via telephone and email. They told us during the transitional period between an acting manager and appointing a new manager they visited the home more frequently. They said they were confident the acting manager was maintaining the home in providing good quality care and had promoted the vision and culture the provider expected.

The manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with senior managers and talking to people who received a service and their relatives. Audits ranged from regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, firefighting and detection equipment; care plan and medicines audits which helped determine where the service could improve and develop.

Monthly audits and monitoring was undertaken by regional managers were in place which facilitated managers and staff to learn from events such as accidents and incidents, complaints, concerns, whistleblowing. This reduced the risks to people and helped the service to continuously improve.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The service had carried out an annual satisfaction survey. Results had been collated and analysed and action plans put in place in response to these which were agreed and actioned. This year new carpets and the outside of the property painting were included in the action plan. More specialist training for staff was also planned.

Staff meetings had been held at regular intervals, which had given staff the opportunity to

share their views and to receive information about the service. Staff told us that they felt

able to voice their opinions, share their views and felt there was a two way communication

process with managers and we saw this reflected in the meeting minutes we looked at.