

# Aspire Healthcare Limited

## Rocklyn

### Inspection report

46-47 Esplanade  
Whitley Bay  
Tyne and Wear  
NE26 2AR  
Tel: 0191 2529036  
Website: [www.aspirecg.co.uk](http://www.aspirecg.co.uk)  
Email: [info@aspirehealthcare.co.uk](mailto:info@aspirehealthcare.co.uk)

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#### Ratings

Is the service safe?

**Requires improvement**



Is the service well-led?

**Requires improvement**



#### Overall summary

This unannounced inspection took place on 12 November. We last inspected Rocklyn on 23 July 2015 when we found the provider was not meeting Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to premises, infection control and governance.

We issued the provider and the registered manager with warning notices in relation to regulation 12 and issued a warning notice to the provider for the breach of regulation 17.

We undertook this focused inspection to check that they had complied with the warning notices in the timescales given and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rocklyn on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rocklyn provides residential care for up to 11 people who have learning difficulties and at the time of our inspection there were eight people living at the service. All of the people were able to communicate with us.

The service had a registered manager in post. 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.

We found there were continuing breaches of regulations in relation to the quality monitoring of the service. The provider was now meeting the regulations with regard to premises and infection control, although an infection control audit was still not in place.

# Summary of findings

Work had been undertaken to repair and refurbish the property. However, risks relating to the communal step in the shower cubicle on the ground floor required further review in relation to some people who preferred this facility.

Other risks had now been assessed and suitable guidance and plans were in place.

Staff were aware of safeguarding procedures and what to do if they suspected abuse may be occurring.

Accidents and incidents were reported and recorded, although we found procedures were not robust and could not fully confirm whether the provider monitored these.

We found shortfall in records where people's needs had changed but medical interventions were not adequately recorded or followed up in writing.

There were enough staff to meet the needs of people living at the service and evening hours had been increased due to people's changing needs. Appropriate recruitment procedures had been followed.

We found the provider had displayed their rating from the previous inspection at the service and the rating was also available on the provider's website.

We found continuing shortfalls in relation to quality monitoring at the service. The provider had not monitored the quality of the service adequately, resulting in ongoing shortfalls in safety checks which we had to point out to them.

Surveys had been carried out by the registered manager and all the people had responded with positive comments.

We found continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

We have judged these latest findings demonstrate ongoing breaches of regulations. These are being followed up and we will report on our action when it is complete.

# 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?

The service was not always safe.

Improvements had been made to the premises to bring them to a suitable standard for people to live in, although concerns remained regarding safe access to the communal shower on the ground floor.

The premises was generally tidy and clean.

People received their medicines safely and in line with safe practices.

Safeguarding policies and procedures were in place and staff knew what to do if they had any concerns.

Staffing levels were sufficient to meet people's needs in a timely manner. Night staff availability had been increased to meet the needs of someone who was unwell.

**Requires improvement**



### Is the service well-led?

The service was not always well led.

The provider and the registered manager had not completed all of the actions that were required from the previous inspection.

Cleaning rotas were in place and they were being used effectively. However there was still no infection control audit in place.

The provider was still not operating effective systems and processes to ensure the safety and welfare of people using the service.

Records were not maintained appropriately for some people living at the service, including daily records and care plans.

**Requires improvement**



# Rocklyn

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Rocklyn on 12 November 2015. This was done to check that improvements to meet legal requirements planned by the provider (after our focussed inspection on 23 July 2015, where we had issued warning notices) had been made. We inspected the service against two of the five questions we ask about services: Is the service safe?; Is the service well led? This is because the service was not meeting three legal requirements in relation to the premises, infection control and governance.

The inspection was undertaken by an inspector and an inspection manager.

We spoke with the area manager, the registered manager and two support staff at the time of the inspection.

We spoke with seven people who lived at the service and who were able to tell us their experiences.

We walked around each floor of the service, all communal areas such as lounges, dining rooms and the kitchens. We viewed people's private space in their bedrooms, with their consent.

We consulted a contracts officer and a safeguarding officer with the local authority.

Prior to carrying out the inspection, we reviewed all the information we held about the service.

We checked two people's medicines records, one person's care plan and other documents relating to the management and day to day operation of the service.

# Is the service safe?

## Our findings

At our last inspection we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to premises and infection control. They had not ensured that people were protected against the risks associated with unsafe or unsuitable premises and did not have effective arrangements in place for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

At this inspection we asked to see the five year electrical installation check for the premises which the registered manager was unable to provide. The area manager asked the registered manager to confirm if it had been completed and they said, “No, no one has been here to do it, not as far as I know.” The area manager contacted the provider who, we were told, had been under the impression that this work had been carried out and arranged by one of his representatives. The area manager confirmed at the end of the inspection that she had made arrangements for the work to be completed on the following Sunday and Monday. Following the inspection, the area manager sent us a copy of the certificate of work to show the checks had been completed and no issues were present.

We found the provider had addressed the majority of our previous concerns with the premises and the upkeep of the building, including refurbishment work that had been outstanding. A new laundry room had been fitted, including new fixtures and fittings, flooring and suitable ventilation for the tumble dryer. Work to upgrade communal toilets and shower rooms had been mostly completed to a standard which now made them suitable for use by people living at the service.

Although individual risk assessments were in place we still had concerns over the main shower room used by people on the ground floor and others who preferred this facility. The step in shower cubicle base which was 25cms above floor level remained in place and had to be accessed by a makeshift wooden plinth which was now covered in flooring and had no sharp edges. This still posed a risk to some of the people living at the service due to their mobility issues.

Window restrictors had been moved to ensure they were appropriately placed in line with current Health and Safety Executive (HSE) guidelines and we found no fire doors wedged open, which meant staff were complying with current safety measures in place.

Mouldy wallpaper within storage cupboards had been removed and new shelving put in. Flooring had been replaced, including carpeting for bedrooms and communal areas; and laminated flooring for kitchen areas. Loose wiring had been actioned and was not an issue now. Toilet roll and paper towel holders were now securely in place and an unused shower had been cleared of clutter.

The cleanliness of the premises had improved and we found no areas of mildew, grease or grime and clutter had been removed from other parts of the premises, including from the unused bedrooms and storage areas within the service.

The outside yard of the premises had been cleared and we were told that the cracked garden furniture had been disposed of. Lighting within the service was now adequate and there were no bulbs broken or areas with no lighting.

We noted that a top floor room, known as the ‘craft room’ was still in need of refurbishment, although the room had been mostly cleared of items that we had previously found in there during our last inspection. Staff told us that this room was no longer used at all and it was now secure.

Individual risk assessments, which related mainly to people’s use of the premises and equipment were now in place and sufficiently detailed.

People told us they felt safe and secure at the service and liked living there, although two people told us of areas within the premises that could be better. One person told us they would like to have a sink in their room and said, “I have always wanted one.” Another person told us, “I wonder why they don’t let [person’s name] use the upstairs room.” This was in relation to the ‘craft room’ on the top floor. Another person said, “I have lived here a long time now, it’s my home.”

Staff had received training in safeguarding procedures and knew their responsibilities to report any concerns.

People were given their medicines appropriately and they were safely managed. Medicines were available to people who lived at the service who told us they had no problems with their medicines. One person told us, “That is where my

## Is the service safe?

medicines are kept [pointed to storage facility], staff will come to my room and help me with them.” We did see that some handwritten entries on one person’s medicines administration record had not been countersigned in line with best practice guidelines.

One person, who was already frail, had become unwell with an infection and had fallen three times in the past few days. We were satisfied that these incidents had been unavoidable and that suitable first aid procedures had been followed, although the accident records were inconsistent in their detail. Action had been taken to urgently review this person’s safety and wellbeing with specialist NHS staff due to visit the person later that day.

We looked at staffing rotas and saw that there were suitable numbers of staff available to support people in the service. There had been no additional staff appointments since our last inspection and the staffing team remained unchanged. Appropriate recruitment procedures had been followed. During the inspection we were told that the overnight staffing arrangements were going to temporarily change to a ‘waking night’ rather than a ‘sleep in’. Waking nights are when staff remain awake and continue with staffing duties, while ‘sleep in’ means staff are asleep during night time hours and will only respond to people requesting support or in an emergency. The change had been brought about due to concerns over one person’s health and to ensure that staff were available to keep them safe.

# Is the service well-led?

## Our findings

At our last inspection we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to assessing and monitoring the quality of service provision and good governance. We found they did not have robust systems in place to monitor the quality of the service provided.

At this inspection we found that the provider had not taken sufficient action to address these shortfalls.

The registered manager completed a number of audits and checks of the home, including medicines arrangements, health and safety and finance which she then entered on to the provider's electronic monitoring system. We requested to see infection control audits and information about who the infection control lead for was at the service. The registered manager showed us, what they called the infection control audit, on the provider's IT system. This consisted of numbers of incidents recorded where an infection had occurred or where there had been an outbreak of infection. The area manager confirmed that the nominated individual who represents the provider was still the infection control lead.

We discussed the continuing need for a robust infection control audit tool and the area manager told us that a meeting with the provider was going to include looking at various tools which they could use. A few days after the inspection, the area manager sent us a copy of an audit tool which the provider had drafted and intended to use within all of the providers locations. This was based on the principles of the department of health guidance.

The area manager told us that the quality assurance lead for the organisation had recently resigned and that a meeting was scheduled to decide who, in the management team, was going to focus on quality, including audits and checks that needed to be completed.

There was no evidence of any audits or visits undertaken by the provider's representatives, and no records had been completed by the area manager. The registered manager confirmed that provider audits were not in place. This situation was unchanged from the last inspection despite the enforcement activity we had taken against the provider.

Accidents and incidents were recorded but entries were inconsistent and lacking in specific detail. For example, entries relating to what GPs had been told were not adequately detailed; times of the actual incident were not always recorded, and in one instance there was no detail of exactly how someone had been recovered from the floor. There were no countersignatures or entries to these incidents by the registered manager and no instruction re lessons learned.

Information about accidents was completed by the registered manager on the provider's electronic monitoring system. From this information it was not clear that accidents or incidents had been thoroughly investigated or analysed by the registered manager or the provider in order to prevent similar accidents occurring in the future.

We found other shortfalls in people's daily records and care plans. For example, one person was prescribed a cream for sore skin. However, there was no recorded follow up to this or the outcome. The registered manager explained how this person could be resistive to staff intervention, however, none of this important detail was recorded.

Short term (emergency) care plans had not been put in place for medical problems such as chest infections or sore skin.

The registered manager and the area manager could not provide us with any details of future refurbishment and maintenance plans particularly in relation to the ground floor step in the shower cubicle.

Without our prompting the provider was unaware that the five year electrical check had not been completed and the registered manager had not followed this up, despite it being required as part of our enforcement action.

These findings were a continued breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection there was a registered manager in place. The registered manager was present and assisted with the inspection. She had worked at the service since the provider registered in April 2014 and for seven years with the previous provider. People at the service commented that they liked the registered manager and one said, "Yes, she's nice."

## Is the service well-led?

Satisfaction surveys had been completed by the registered manager in August 2015 and although no analysis had been completed, all of the people who had filled them in were very complimentary about the registered manager, staff and the service they received.

We found the provider had displayed their rating from the previous inspection at the service and the rating was also displayed on their website.

Despite enforcement, the provider and registered manager failed to ensure that the governance of the service, which underpinned all of the fundamental standards, was robust and effective enough to ensure that people received high quality, safe care. The area manager agreed with our finding, which we fed back at the end of our inspection.



This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Effective quality assurance systems and processes had not been established to assess, monitor and improve quality and safety; assess, monitor and mitigate risk.  Regulations 17 (1) (2) (a) (b) (e) (f)

### The enforcement action we took:

We are currently considering our regulatory response to the continued breaches within this report and will report on them when the action is complete.