

PureCare Care Homes Limited

Rock House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 08 March 2017 and was unannounced.

Rock House is a care home which provides accommodation, care and support for up to 15 people who are experiencing mental health difficulties. At the time of the inspection there were 13 people living at the home. The service is also registered for personal care. They provide outreach domiciliary care to people living in the community.

There was a registered manager employed at the service. 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.

At the last comprehensive inspection, the service was rated Good overall and Requires Improvement in the 'Safe' domain.

We carried out an unannounced comprehensive inspection of this service on 17 September 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 19 of the Health and Social Care Act Regulated Activities Regulations 2014, Fit and proper persons employed. The provider told us they would meet the regulation by January 2016. We undertook this focused inspection to check that they had followed their plan 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 Rock House on our website at www.cqc.org.uk

Why the service is still rated as Requires Improvement in the safe domain.

People told us they felt safe living in the home and staff helped them when they need supported.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

People benefited from living in an environment that was homely and had equipment to meet their needs, which was regularly serviced. Adequate checks had been made to ensure the home was safe including, gas, electricity and water checks. Personal emergency evacuation plans (PEEPs) were not in place to detail how to evacuate each person safely from the home in an emergency.

People received their medicines safely and when they should. There were systems in place to ensure medicines were managed safely.

Risks associated with people's care and support were assessed and staff took steps to keep people safe and healthy whilst enabling their independence as much as possible.

Staff knew how to recognise and respond to abuse. They had received training on how to keep people safe.

Accidents and incidents were recorded and appropriate action taken to reduce the risk of further occurrences.

People had their needs met by sufficient numbers of staff and staff rotas were based on people's needs and health appointments.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Effective recruitment procedures were not always in place.

Repairs to the home were made in a timely manner. Emergency evacuation plans were not in place to detail people's needs during an emergency.

There were sufficient staff on duty to ensure that people received care and support when they needed it. Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

Medicines were appropriately stored and administered. Risk assessments were clear and up to date so staff had clear guidance in order to meet people's needs.

Requires Improvement 

Rock 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 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 Rock House on 8 March 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 17 September 2015 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service Safe? This is because the service was previously not meeting legal requirements. This 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. Prior to the inspection we reviewed other information we held about the service, we looked at the previous inspection report, the provider's action plan following the last inspection and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed three people's records and a variety of documents. These included people's risk assessments, medicine records, five staff recruitment files, staff rotas and training records, accident and incident reports and servicing and maintenance records.

We spoke with four people who were using the service, the registered manager, service manager and two members of staff.

Is the service safe?

Our findings

At our last comprehensive inspection on 17 September 2015 we found that the provider had not ensured that robust recruitment procedures were followed to make sure only suitable staff were employed. We asked the provider to take action to address the issues. The provider sent us an action plan which detailed that they would meet the regulation by January 2016.

People told us they felt safe living at Rock House. Comments included, "I am very happy here"; "I have got nothing bad to say about the home"; "I feel very safe"; "All staff are good, even the new ones" and "I really like it here, staff are really helpful".

Recruitment processes had not improved since the last inspection. The providers 'staff recruitment and selection' policy was not followed. This policy detailed that 'All applicants whether responding internally or externally are sent an application form and a job description. Only applications made using the proper form and received by the advertised deadline are considered' and 'Applicants are short listed by comparing their application form with the person specification for the job'. The policy also stated that 'Gaps in the appointee's employment record are routinely explored'. Application forms had been completed in retrospect. We spoke with the registered manager about the application process. They told us that staff applied for posts by sending a CV through an online employment website and no application was completed prior to employment. The CV was checked for gaps. If they were suitable candidates, then they would be invited to interview and then an application was given to the staff member to complete. However, we found that one staff member's employment history didn't detail why they had left jobs between 2012 and 2016. Another staff file evidenced a gap in employment history between 2008 and 2012 and 2013 to 2014. A third employment file showed that a staff member had a gap in employment from 2009 and 2011. Another staff member's employment history was vague as their CV stated '1993-1996 Various employment' and detailed the names of the employers but not the dates or reasons for leaving. Interview records did not evidence that these gaps for staff had been investigated by the provider and risk assessments had not been completed. People were at risk because the provider had not always followed safe recruitment practice to determine if staff were suitable for their roles. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The examples evidence a continued breach of Regulation 19 (2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People benefited from living in an environment that was clean and well maintained. The home was clean and smelt fresh. People told us they were happy with their rooms and everything was in working order. There were records to show that equipment and the premises received regular servicing including fire equipment, the boiler, the water system, electrical wiring and electrical items. Although fire tests and fire drills had taken place, there were no personal emergency evacuation plans (PEEPs) in place to detail what support people would require from staff in the event of an emergency such as a fire. We spoke with the

registered manager about this who confirmed these were not in place.

The maintenance team were available to respond quickly in the event of an emergency. Since the last inspection the provider had installed CCTV in communal areas of the home, suitable assessments were in place in relation to the use of CCTV in the home. Infection control procedures were robust. There was a detailed cleaning schedule that took place on a daily basis which included washing switches, door handles and other areas in antibacterial cleaner.

People had their needs met by sufficient numbers of staff. People told us they felt there were sufficient numbers of staff on duty. Staffing numbers were calculated based on people's allocated care hours, chosen activities, health appointments and needs. During the inspection, staff were responsive to people and were not rushed in their responses.

People told us they felt safe and would speak with the registered manager or a staff member if they were unhappy. During the inspection, the atmosphere was happy and relaxed. There were good interactions between staff and people. People were relaxed in the company of staff and staff were patient and people were able to make their needs known, either verbally or by using facial expressions, noises or gestures. Staff had received training in safeguarding adults and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the council's safeguarding team.

Accidents and incidents involving people were recorded. The registered manager reviewed each accident and incident report, to ensure that appropriate action had been taken following any accident or incident, to reduce the risk of further occurrences.

Comprehensive risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk assessments were in place to ensure people were safe when accessing the community, using razor blades to shave, cooking, taking prescribed medicines and complying with psychiatric advice from healthcare professionals. Risk assessments gave clear guidance to staff about safe working practices, in areas such as, keeping sharp items such as knives and razor blades in secure areas to prevent misuse. The risk assessments were reviewed regularly and we noted that people had signed these and their care plans to demonstrate consent. Staff were able to provide care which was safe and met each person's needs.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to carry out effective employment checks. Regulation 19 (2)(a)(3)(a)

The enforcement action we took:

We served the provider and registered manager a Warning notice. We told them to comply with the regulation by 15 May 2017.