Gold Hill Housing Association Limited

# Rock House Residential Care Home

## Inspection report

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25 February 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Requires Improvement |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This unannounced inspection took place on the 22, 23, 25 February 2016. During our previous inspection in August 2014 we had concerns about the cleanliness of some parts of the home. We also recommended the provider carried out minor enhancements to the building to ensure people's needs were met. During this inspection we found improvements had been made in both areas.

Rock house is a residential care home registered to care for up to 38 older people including people who live with dementia or mental health problems. At the time of our inspection 29 people were living permanently in the home and one person was receiving respite care. The home 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.

During our previous inspection in August 2014 we had concerns about the cleanliness of some parts of the home. During this inspection we found cleaning schedules were in place and the level of cleanliness had improved.

People told us they felt safe living in the home and staff knew how to identify signs of abuse and responded appropriately. On the first day of the inspection we raised some concerns about how people's medicines were recorded. We found on the third day of the inspection improvements had been made. We have made a recommendation about how the home manages medicines.

People told us they felt safe living in the home. They told us their needs were met, and when they needed help from staff their requests were responded to quickly. People's needs were assessed and care plans reflected how staff would meet their needs. Risk assessments were in place to ensure the risk of injury to staff and to people was minimised.

Records were frequently updated in relation to the care provided, and information about people was shared in the changeover meetings which took place each day.

The systems used for recruiting staff included making checks on candidate's backgrounds. This was to ensure they were safe to work with people.

The provider had an assessment tool in place to gauge the staffing levels required to meet the needs of people at any one time. People, staff and relatives told us they thought there were enough staff in place to meet people's needs, and our observations confirmed this.

Staff told us and documentation verified they were being supported by the provider through regular supervision, annual appraisals and training. Staff meetings were held where discussions took place on how

the service could be improved through improved performance by staff and management.

Staff had a basic understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant where people were unable to make decisions for themselves, staff acted in a way that was agreed was in the person's best interest.

People's health was maintained and where professional advice was required to assist people to remain healthy this was sought by staff. For example, dietician and GP.

People told us and we observed staff caring for people in a sensitive and appropriate way. They demonstrated a kind and caring nature and they were knowledgeable about people's needs and how to meet them. Care plans recorded people's choices and preferences and these were respected by staff.

There was a range of activities in the home to minimise the risk of social isolation. People told us they enjoyed the activities on offer.

People told us the service was well managed. Staff commented on how supportive and approachable the management were. Quality assurance checks had been completed and were on going alongside feedback from people which was used to improve the quality of the service to people.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was mostly safe.

Medicine records were not always accurately completed. We saw improvements during the inspection.

People were able to summon help through the use of call bells and staff responded quickly.

Checks were carried out on staff prior to employment to ensure as far as possible they were safe to work with people.

### Is the service effective?

**Good**

Records related to training and supervision indicated that all staff had received the support necessary for their role.

Staff had a basic understanding of the Mental Capacity Act 2005 and how this applied to their role. This ensured people's rights were protected.

People's health including their nutritional needs were monitored and supported by staff and where necessary external professionals. For example GP.

### Is the service caring?

**Good**

The service was caring.

People were treated with respect and dignity by the staff. They told us they were well looked after and the staff were "kind".

Staff knew about people's preferences and choices and the care provided took these into consideration.

### Is the service responsive?

**Good**

The service was responsive.

Activities were available for people to participate in which people told us they enjoyed. This protected people from the risk of social isolation.

Where people raised concerns these were responded to. There had been no complaints since our last inspection.

## Is the service well-led?

Good

The service was well led.

Staff, people and visitors told us the manager listened to their comments and acted upon them.

Quality assurance audits were regularly undertaken and the findings acted upon to improve the quality of the service to people.

# Rock House Residential Care Home

**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 22, 23, 25 February 2016 and was unannounced.

The inspection was carried out by an inspector. Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider completed a Provider Information Return (PIR) and returned this to us prior to the inspection. 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. We spoke with and received information from the local authority about their assessment of the home.

During the inspection we spoke with eight staff including the registered manager, the trainer and care staff. We spoke with five people who lived in the home and two relatives. We carried out observations of care and reviewed documents associated to seven people's care and 11 people's medicines. We reviewed records related to the employment of four staff and audits connected to the running of the home.

Requires Improvement

# Is the service safe?

## Our findings

During our previous inspection in August 2014 we had concerns about the cleanliness of some parts of the home. During this inspection we found cleaning schedules were in place and the level of cleanliness had improved.

People told us told us the home was a safe place to live in. One person told us "I feel safe here because there is always someone around to help me." Another person told us how the staff were attentive and when they wished to leave the home all the risks were assessed and appropriate support was given.

We observed one staff member carrying out the administration of medicines to people. All staff who administered medicines had been trained to do so. We checked the stock and storage of medicines. On the first day of the inspection we found discrepancies between the recorded amount that should have been in stock and the actual amount. This was because when the nominated staff member carried out the medicines audit, they had failed to carry the total of medicines forward onto the new medicine administration recording (Mar) chart. This had also been noted in a medicines audit carried out by a pharmacist on 8 February 2016. It was clear from discussions with the staff member they had not understood the requirement to do so. We also found where medicines had been added to the MAR chart these had been hand written. There were no double signatures to indicate the information had been checked or was correct. One person who was receiving medicines did not have a MAR chart in place.

On the third day of the inspection we found improvements had been made. We checked the amount of medicines available to people against the recorded amounts and found they were correct. Mar charts were in place. However, we found two people's records did not include photographs, which would help staff to identify the correct person was receiving the correct medicines. We also found protocols for the administration of 'as required' medicines were not available. These protocols provided guidance as to when it was appropriate to administer an 'as required' medicine and ensure that people received their medicines in a consistent manner. The protocols described how a person may demonstrate their requirement for the medicine, so that staff knew when it was appropriate to administer it. As the medicines were being administered to some people who may not be able to verbally request them this was important information. We discussed our findings with the registered manager, who planned to source improved medicines training for senior staff.

Our records showed, where concerns of abuse had been raised, the registered manager had responded appropriately. Staff we spoke with knew how to identify signs of abuse and how to respond and report concerns. The local authority's safeguarding procedure was available to staff to guide them in how to report concerns.

People, staff and management told us there were sufficient numbers of staff to meet people's needs. A needs analysis was in place to assess the number of staff required to meet the physical needs of people. Our observations confirmed there appeared to be enough staff to meet people's needs.

Documents related to the employment of staff showed relevant checks were carried out. These checks included evidence of Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service (DBS) helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable groups. References were obtained from previous employers and application forms were completed.

Documents showed risks to people's health and welfare had been assessed and risk assessments had been completed. Care plans informed staff how to reduce the risk of injury to them and to people, for example, how to support people with mobilising. These were reviewed frequently and kept up to date. Staff told us care plans reflected people's changing needs and included information on any special requirements people needed. Staff adhered to speech and language therapy guidance when preparing food and drinks. For some people drinks were thickened and food was pureed to ensure the risk of choking was minimised.

Staff told us they were kept informed of any changes to people's immediate care needs during the changeover meeting where a verbal handover was received, other information was documented in the communication book and the doctor's book. Where changes to people's health had been noted this was documented and read out at each changeover meeting. Each member of staff had to read the communication book when they came on shift, they had to sign to evidence they had read the information documented. This helped to ensure staff received up to date information and care was appropriate and safe.

We recommend that the service consider current guidance on systems and processes for managing medicines in care homes and take action to update their practice accordingly.

Good

# Is the service effective?

## Our findings

People told us they had confidence the staff knew how to care for them and were skilled in their role. One person told us "Staff are very knowledgeable they are very good."

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. The application procedures for this in care homes are 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 were being met. Where restrictions were in place to maintain people's safety appropriate DoLS applications had been sent to the local authority for authorisation. Three DoLS had been authorised. There was a mixed response from staff regarding their knowledge of the Act. Some staff knew more than others. Training records showed 16 out of 29 staff had completed training in MCA and DoLS. We were informed by the home's trainer; this was because they were waiting for a new training package with updated information in it to arrive. They had placed any training on hold until its arrival which was expected in the next few weeks. Following the inspection we were informed by the registered manager that external training had been organised with the local authority to ensure they were up to date with MCA and DoLS.

Care plans and assessments demonstrated people had given consent to care and where they were unable to a representative had consented on their behalf. Where people lacked capacity to make decisions about health needs or treatment, records showed the GP or family member were consulted to ensure their best interest was considered as part of the decision making process. People's mental capacity had been assessed where it was appropriate to do so.

Staff received training to carry out their role. Each new member of staff undertook induction training. The two most recent employees were in the process of completing the new care certificate. The new care certificate is a recognised set of standards that health and social care workers adhere to in their daily work. It applies to all health and social care staff.

We were told by the registered manager that observations of carers whilst they worked were undertaken and spot checks had been carried out. We read documentation to verify this. Training deemed to be mandatory by the provider was carried out with all staff. Additional training was also available to staff which included training in dementia care, bullying and harassment, teamwork, managing conflict and supervision skills. The provider used a range of training materials and resources to engage with staff, mostly this was facilitated by a trainer who worked in the home.
Staff told us they felt they received enough training to carry out their roles. They told us they received

additional support in the form of supervision and appraisals from senior staff. Records verified this. Staff said they found the supervision useful, one staff member told us "We both get a chance to discuss any issues, see what needs improving, we can always improve things." Another told us it was their opportunity to discuss their work and to highlight what support they needed, they said "If you ask for more training you get it."

Staff told us senior staff had observed them caring for people and whilst they carried out the administration of medicines. They told us the feedback they received following the observations were constructive.

People told us the food was good one person said "There is nothing wrong with food, what we get is good." Another person said "The cook makes beautiful food, we get enough to eat and drink, they also give us snacks."

People were supported with their food and fluid intake needs. Where people required support with eating or drinking this was provided by staff. We observed how people were supported with their lunch. Food was prepared in line with people's care plans. Where people required food and fluid to be thickened or pureed this was done to reduce the risk of choking. Where people had difficulties with food and drink, specialist advice was sought from the multidisciplinary team and their advice was being followed. During lunch time, we observed one person who was not awake enough to enjoy their meal. Staff disposed of their lunch and prepared a fresh one, which was kept warm until they were awake enough to be able to eat it safely. One person did not want the food which was offered to them at lunchtime and an alternative was provided. Some people were shown the two options of meals available at lunchtime; this was to enable them to make a choice. Staff recorded people's food and fluid intake and understood the importance of doing so. Care plans reflected people's dietary needs.

Records showed people were supported to maintain good health through regular contact with healthcare professionals. We were told by the registered manager the home had a good relationship with the GP and district nurses and the chiropodist, who visited the home regularly. One person confirmed the district nurses visited them regularly to attend to their nursing care needs. Another person confirmed the GP visited them when requested.

Good

# Is the service caring?

## Our findings

People told us the staff were very caring. One relative told us "Staff are very caring and loving, when you watch them with other people they are very kind." Another person said "Every day they are kind to me."

When we observed staff interacting with people they showed kindness, patience and consideration towards people. Whilst supporting people with food, they allowed people time and told people what they were eating. We saw one person was repeatedly distressed over the three days we were visiting the home. We were told this was caused by their dementia. Each staff member who attended to them managed to gently distract them, encourage them and calm them. They showed respect for the person and empathy.

One person told us about their medical condition. As a result of this condition they were sometimes in a state of undress. As a result it was important to them that staff knocked on their door and waited until they were given the signal to enter. They told us staff respected their wishes. In this way staff helped to preserve the person's privacy and dignity. When we spoke to staff about how they protected people's dignity they told were able to explain to us how they did this. Their responses covered, asking people prior to carrying out care and explaining what they were doing. One staff told us "You have to put yourself in their (people's) shoes, what would you like? How would you want to be treated? If they want to chat in private go to their room."

People told us they felt listened to. They told us staff responded to their requests for help. Documents showed the provider met with the people who lived in the home and their relatives regularly to discuss any changes in the home and to listen to people's views. Where needed actions had been taken to improve the care provided.

We asked staff what was the best thing about working in the home we were told "I love working with people." Other staff said "I like most of all coming in in the morning and seeing residents and having a chat with them. I like to spend time with them especially at Christmas, birthdays and holiday times." A third staff member told us "I like caring, this is what I have always wanted to do and this is my opportunity to do caring."

We spoke with staff about the needs of the people they cared for. On the whole staff were well informed about people's needs, preferences and personal histories. They knew how people liked to be supported and how to manage the risks associated with people's care. The home has had a new call bell system. The average response times to call bells was within seconds. People told us when they pressed their alarm bell it was responded to quickly this included the night time.

Staff told us they encouraged people to be as independent as possible. They gave examples of how they supported people with their independence for example supervising people who wished to walk around the home, even though this posed a risk of falling. People told us they were able to be independent as long as the risks were minimised. They were agreeable for risk assessments to be completed in order to spend time doing what they wished to do.

Some people living in the home had communication difficulties. Care plans addressed how staff could improve the quality of their communication with people. For example, one care plan stated the person wore hearing aids. It prompted staff to inform the person when removing hearing aids. Get their full attention; speak clearly to the person as they were easily distracted. Another person's care plan advised staff to use a whiteboard and to ensure they were face to face with the person when speaking to them. From our observations there was a good rapport between staff and people, who appeared relaxed in the company of staff.

Good

# Is the service responsive?

## Our findings

People told us there were activities on offer that they could join in with. Other people told us they spent time involved in their pastimes, such as reading. Activity organisers worked each day from Monday to Friday; we saw evidence of craft sessions including lanterns made for Chinese new year. One person told us "I did cake decorating yesterday, and did moving and music this morning." Since our last inspection in February 2015 the registered manager had organised for one of the lounges to be redecorated. The lounge had a seaside theme with buckets and spades and a palm tree on the wall. The room also accommodated three canaries and a television. The room was bright and airy with stimulating objects to encourage conversation and reminiscence. People were able to feedback about the activities they had enjoyed at the resident's meeting. These included the pantomime and the Christmas dinner at the pub. People also enjoyed a visit from local children that came to the home to sing.

People and their relatives told us they had been consulted about the care they received. One person told us how they were able to discuss their changing needs with staff. As their health needs changed so did their care needs. They told us staff responded well to this. We saw how they were able to maintain their independence, but staff were on hand when needed.

Another person who had recently moved into the home told us they were very happy living in the home. Their needs were being met and the environment suited their needs and preferences. They explained having their own bathroom was important to them as they would have been unhappy having to share one. They were enjoying the food and the care and they were participating in the activities on offer. Their relative told us how they had been involved in planning the care that was now being delivered. They too were very happy with the way the home had welcomed the person.

Care plans were informative and it was evident they had been updated recently. They were clear, comprehensive and had been reviewed. The records of care included sections on mental capacity, mobility, nutrition, continence, hygiene, psychological needs/sleep and communication amongst others. Staff told us the care plans reflected people's changing needs and included information on any special requirements. Records also documented people's likes and dislikes. Where monitoring was required of what people ate and drank these were recorded in the daily records. The assistant manager monitored these to ensure that a decline in a person's intake did not go unnoticed. Where necessary information would be shared with the GP and referral made to the dietician if appropriate. Staff said they were kept informed of changes in people's needs at change over meetings or through emails. When we met with staff and discussed the people they cared for, they were able to explain to us people's individual needs and how they met those needs. People were treated as individuals and care was personalised to their requirements.

The home kept a complaints log. There had been no formal complaints received since the last inspection. If people raised concerns these were dealt with immediately by the management. One relative told us they had been given a copy of the complaints procedure, and people living in the home told us they knew how to raise concerns. Staff were able to describe to us how they would respond to complaints and how learning would take place to ensure a repetition did not occur.

People and their relatives were also able to feedback concerns or complaints at the relatives meetings. These were regular meetings held to discuss events within the home. We read the minutes from the last meeting held in January 2016. People were asked if they felt safe, liked the food and if their care was appropriate to their needs. People were able to put forward suggestions and to describe what they liked. The registered manager made themselves available to people and their relatives to discuss any improvements required with their care. Relatives and professionals could also telephone the home or email the home with queries or requests.

Good

# Is the service well-led?

## Our findings

People, relatives and staff told us they thought the home was well managed. One person told us this was reflected in the quality of care provided which they thought was good. A staff member stated "Everything is sorted, if something breaks down it is dealt with. If there is conflict between staff it is dealt with, if there is a problem with a resident it is dealt with efficiently." Another staff member said "The home is clean and all residents say they are happy here." In their opinion this reflected good management.

Staff told us they felt supported by the manager. Staff members described the manager as "approachable and supportive." We read an email sent to the registered manager by the provider it stated "You are the best thing that has ever happened to Rock house." We observed the registered manager speaking to staff. There was a relaxed atmosphere and an equal respect for both parties.

Staff were able to feedback to the management on how they felt improvements could be made to the service. We read in the minutes of a senior management meeting how disharmony between staff members had been identified. It was agreed a staff meeting would be held and staff would be encouraged to raise any issues or problems with the aim of listening to them, and where possible responding to improve the situation. We saw in the minutes of the staff meeting this had been carried through. Staff we spoke with told us how important this had been for the team and how they had seen improvements at both staff and management level since the meeting. One staff member told us "We recently had a care meeting, it was really good. We used a different approach, we had a flip chart and we were able to say how we felt about things. It felt really good. Things have improved a lot since then." Another staff member told us that team work and communication has improved as a result of the meeting. The registered manager told us they had learnt from the meeting and as a result their approach to staff had changed, they now sought explanations from staff rather than jumping to conclusions. It was apparent that staff and management had reflected on their practice and improvements had been made to the service.

Staff were aware of the Whistleblowing policy and how to raise concerns. We had been informed by the home about a concern that was raised through the whistleblowing procedure in 2015. We were aware of how this was managed and how the informant's identity was protected. An investigation had been undertaken by the provider. One area that was brought to the attention of the registered manager was how their open door policy for staff impinged on staff's ability to discuss things confidentially with the registered manager. This was because other people could see who was in the office with the registered manager. As a result the glass panels in the registered manager's office door have been obscured. Staff were also requested to ring the registered manager prior to going into their office, in this way the source of information shared with the registered manager could remain confidential if needed.

The home continually sought feedback from people who lived in the home, staff, relatives and professionals. Questionnaires were sent out to people, their relatives and staff. A report was written based on the findings and actions were taken to improve the service.
Audits were also carried out to ensure the environment and the quality of care provided met with the provider's standards. The registered manager and senior staff had carried out observations around the

home and had identified areas that required improvement. Audits had also been carried out by external companies for such things as pressure relieving equipment, pharmacy and fire equipment. Checks had been made to the safety of equipment and servicing of fire equipment took place as required. Where action was required this had mostly taken place, apart from the medicines audit where we found one action had not been completed on the first day of our inspection.

The provider's vision as described on their website states" The home's policy is to appreciate the personal wishes and independence of residents, looking to empower their lifestyles throughout their retirement without falling short of care standards." When we spoke to staff about the aim of Rock House we were told by staff this was "To provide safe and effective care." "To make this place a lovely home, a home from home." The registered manager described their aim as "Keeping everything running to a high standard. To make sure people feel loved and looked after and they feel comfortable. We look after their families too."