

# Gold Hill Housing Association Limited

# Rock House Residential

# Care Home

## Inspection report

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Date of inspection visit:  
11 March 2019  
12 March 2019

Date of publication:  
10 April 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Rock House Residential Care Home provides personal care for up to 38 older people, who may also live with dementia or mental health issues. At the time of the inspection 34 people were living there.

People's experience of using this service:

- People and their relatives spoke positively about the service. Improvements had been made in some areas since our last inspection, for example a television had been placed in reception and a new family room had been adapted from a bedroom. However, we found several breaches of regulations.
- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was breached because medicines were not always correctly recorded or administered. The medicines fridge and trolley temperature checks had gaps in the records. Records related to people's challenging behaviour was not clear in how staff should have supported the person.
- Records related to incidents involving people's behaviour had not been reviewed to identify themes. This may have helped people identify useful strategies and help relieve people's distress.
- We found information related to people's nutritional and hydration needs were not always available. We observed one person struggling to eat with little help, and information about people's dietary needs was not always understood by staff.
- People were not always treated with dignity and respect. Records about people and the way staff spoke with them was not always respectful. People were not allowed to leave the dining room at meal times until they had received their medicines. As a result, we found the service had breached Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This also meant people were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; the policies and systems in the service did not support this practice.
- The registered manager had breached Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. because they had not sent to CQC the required notifications. Furthermore, the registered manager and the provider had not identified the areas requiring improvement that we had found. This meant they had not achieved a clear overview of the service, which was required to ensure they assessed, monitored and improved the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Activities were available to people, however at the time of the inspection they were not always person centred. We have made a recommendation about training staff in this area.
- Staff had received training in how to identify and report concerns of abuse. Information was readily available to guide staff on how to report concerns to the local authority safeguarding team.
- Safeguarding concerns were dealt with appropriately by the senior staff.
- Checks were made on the utilities and equipment to ensure they were safe to use.
- The premises were kept clean and hygienic, people were protected from infections that could affect both staff and people using services through regular cleaning.
- People spoke positively about the staff describing them as "Caring and Professional".
- Records showed where people required support from external medical professionals this was sourced.

- Staff received support to carry out their role through training, supervision and staff meetings.
- Both staff and people living in the home were treated as equals, there was anti discriminatory policy in place which was adhered to by staff.

Rating at last inspection:

At our last inspection the service was rated Good. (Report published 31 March 2016)

Why we inspected: We inspected the service as part of our scheduled inspection plan.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

Please see the 'action we have told the provider to take' section towards the end of the report

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Rock House Residential Care Home

## **Detailed findings**

### Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team included one bank inspector, one adult social care inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For example, a family carer of people with dementia

Service and service type:

- Rock House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- Rock House Residential Care Home accommodates 38 people in one adapted building. The building has two floors with a lift between the ground and first floor. People have their own bedrooms with shared bathrooms, some bedrooms have washing facilities within. Gardens have been recently renovated with easy wheelchair access.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- We did not give the service notice of our inspection.

What we did:

- Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and reviewed the Provider Information Return (PIR). The PIR 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.
- During the inspection we spoke with nine members of staff including the registered manager; the deputy manager, the assistant manager, the activity organiser/ kitchen assistant, two activity organisers, a senior care assistant, a part-time chef and a care assistant. We observed staff interacting with people and supporting them. We spoke with seven people and two family members. We spoke with one visiting health professional.
- Some people were unable to tell us about their experiences of living at Rock House because of communication difficulties. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We looked at records relating to the management of the service including 10 people's support plans and associated records. We reviewed the medicines administration records for people and inspected four staff files including recruitment records. We reviewed minutes of meetings and a selection of quality assurance audits and health and safety records. Following the inspection, we spoke on the telephone with the registered manager about accidents and incidents, safeguarding and Duty of Candour. Duty of Candour (Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) states that a registered person must act in an open and transparent way with people about the care and treatment they receive in the carrying on of a regulated activity. We reviewed minutes of meetings and a selection of quality assurance audits and health and safety records.

# Is the service safe?

## Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely:

- During our previous inspection in February 2016 we made a recommendation about our findings in relation to medicines. This was because the systems and processes for managing medicines in the service were not robust, for example, we found discrepancies between the recorded amount of medicines in stock and the actual amount. During this inspection we found the situation had not improved.
- It was not always possible to know what the medicines stock balance should have been as incoming medicines had not been carried forward. It was not always possible to know how many as required (PRN) medicines had been administered as dosage amounts had not always been recorded.

When medicines were administered the related records were not always completed accurately. For example, there were gaps on the Medicine Administration Record (MAR). This meant it was not clear if medicines had been administered or not. Where medicines had not been administered there was not always a recorded reason for this. Hand written medicines on the MARs did not always have two signatures. This meant these entries on the MAR chart had no additional signature to show the written information had been checked and was accurate.

- Medicines administered to people after the prescribed time had not been recorded as such. Therefore, it was not possible to identify from the MAR what time medicines had been given and when the next dose should have been provided (to allow sufficient time between doses). There were no records to evidence consultation with medical professionals (GP or Pharmacist) or if Best Interest decisions had been undertaken regarding the appropriateness of administering medicines after the prescribed time.
- Dedicated medicines fridge and trolley temperature checks had gaps in the records. Medicines (eye drops) required to be stored in the fridge were found in the medicines trolley.
- One staff member tipped tablets out of their original/dispensed bottle onto a used plastic wallet to count the amount in stock. This exposed the tablets to risk of contamination by the plastic wallet.
- Any person subsequently touching the plastic wallet was also at risk of exposure to any medicines residue. We discussed this with the deputy manager who was also the lead for medicines management, they stated they had never heard of a medicines counter and said they usually counted tablets in a gloved hand. They told us they would invest in a medicines counter.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they felt safe living in the service. Comments included "Staff treat me very, very well" and "Yes, I'm very well looked after and I'm safe".
- Staff had received training in how to identify and report concerns of abuse. Information was readily

available to guide staff on how to report concerns to the local authority safeguarding team.

- Records indicated when safeguarding concerns had been identified appropriate action had been taken.

#### Assessing risk, safety monitoring and management

- Risks in relation to the care provided to people and the environment had been assessed.
- Guidance was available to staff on how to minimise the risks. For example, how to support people when out in the community.
- Some people's behaviour placed themselves or others at risk of harm.
- Some care plans and risk assessments made statements such as "May display behaviours that challenge due to frustration with her verbal communication." However, they did not always describe the behaviour, the triggers, and did not offer any guidance to staff on how to support the person. There were no clear strategies for interventions by staff. Without this it was not possible to know if the actions taken by staff were always the least restrictive and safe.
- During lunchtime we observed one staff member try to support a person whose behaviour was challenging. The staff member struggled to carry on supporting people with their meals as well as support the person, who by the nature of their behaviour required individual attention. There was insufficient staffing to allow this to happen. Without clear documentation and guidelines for staff on how to cope with such situations, we could not be certain their actions were the least restrictive or safe. This placed people and staff at risk of harm.
- Records were in place to record when incidents of challenging behaviour had taken place. Their purpose was to establish if there were any patterns or identifiable triggers. We noted the records showed there were, however, this had not been recognised by senior staff. We could not be certain the information recorded was audited regularly.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire risk assessments and equipment were in place and regularly tested to ensure they were fit for purpose should they be required.
- Checks to utilities such as gas and electricity were regularly undertaken to establish their safety.

#### Staffing and recruitment:

- The provider had a recruitment procedure in place which included carrying out various checks on candidates prior to their employment. Including application form, proof of ID and Disclosure and Barring Service (DBS) checks. These helped to identify if candidates had committed criminal offences in the past. Recruitment documents did not always identify or record the reasons for gaps in candidate's employment histories. Without this knowledge the provider could not be assured of their safety to work with people. One staff member's records lacked proof of identity documents. These were provided to the registered manager after the inspection. We spoke with the registered manager who told us they would ensure gaps in employment histories would be explored with new staff in the future.

#### Preventing and controlling infection:

- The premises were kept clean and hygienic, people were protected from infections that could affect both staff and people using services through regular cleaning. There were no unpleasant odours noted during the two days of the inspection visit. Carpets were regularly cleaned and shampooed. Peoples bedrooms looked personalised, clean and well maintained.
- Cleaning rotas were in place covering daily and weekly cleaning tasks. Staff were aware of their responsibilities in relation to health and safety and infection control. Equipment was clean and in working order



Learning lessons when things go wrong:

- Accidents and incidents were recorded, investigated and appropriate actions taken. Where possible information was shared with staff during staff meetings.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- We observed lunchtime over two days. We had concerns about the effectiveness of the staff during this time. Two staff were observed sitting between two people who they supported alternately. This did not provide either person individualised meal time support. As a result, the speed of the assistance was dictated by having to wait until the staff member was ready. One of the staff members had a third person with challenging behaviour to also support.
- One person was observed to struggle to eat their meal. They had been given a standard metal spoon to eat with, but their coordination and motor skills did not allow them to get any food off the spoon into their mouth. After about twenty minutes of struggling a staff member swapped the spoon for an adapted one, which although easier still left them struggling. Eventually they were assisted to finish their meal. Everyone else had either eaten or had been assisted to eat their main meal and dessert. It was likely that the person's food was cold by this time. There was no offer of reheating or replacing the meal with a warm one. Although people should be encouraged to remain as independent as possible, this situation caused the person to be agitated as they had been left to struggle for so long. Staff went on to assist them with their dessert.
- Another person was seen to only eat a small portion of their meal, when staff asked if they had enjoyed the food they said "No." Staff were not observed to offer an alternative. The person accepted when offered a yoghurt which they ate but was not offered anything further.
- Information available to kitchen staff regarding people's food allergies and dietary requirements were displayed in the kitchen. However, we noted one person's care plan stated they had diabetes, yet this information was not included in the displayed information in the kitchen.
- The chef showed us a list of people on a soft diet. They told us these people received a pureed diet as "soft meant pureed." This is not correct as there is a difference in food texture between a pureed and a soft diet. Records showed the kitchen staff had not received training in the preparation of food for people on special diets or in diabetes.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records showed where people required support from external professionals this was sourced. Guidance received from professionals was documented and applied to the care provided. The GP worked closely with the service to ensure people's health was maintained. One health professional told us the staff were responsive to people's needs and contacted them for assistance appropriately.

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

- Since our last inspection in February 2016 some improvements had been made to some parts of the

service. Extensive work had been completed in the garden with an improved pathway making access easier for people who used wheelchairs or who had reduced mobility. Seating areas had been installed a sensory patch and raised beds for people to grow their own flowers.

- One bedroom had been converted into a family room. This allowed families to meet and spend time in private.
- In one bathroom we were shown a bath that had different coloured lights. These illuminated the water. This meant the bathing time was also provided a sensory or relaxation time for people.
- The PIR stated "The Manager has arranged profiling beds in all bedrooms with pressure relieving mattresses which also assists care staff to give residents personal care without putting pressure on their backs when bending over the bed."
- Signage around the home was bright and clear and directed people to toilets.
- The registered manager told us they were about to change the carpet in the lounge. This was because it had a fleur de ley design on it. People with sensory or cognitive impairments mistakenly thought the pattern on the carpet were objects on the floor, which they tried to pick up. This put them at risk of falls. As a result, the carpet was going to be replaced.

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

- Records showed people had access to health care professionals when needed. For example, we read documents related to speech and language therapist assessments. Where people required support from the mental health team this was documented.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people's liberty had been deprived a DoLS application had been made and in some instances authorised. For example, one person had a sensor mat in their room to monitor their movements. A best interest meeting was held, and a decision made to use the sensor mat. A DoLS application had been granted by the local authority. This meant the provider had complied with The Act.
- Where possible people's consent was obtained prior to care being carried out. We observed staff caring for people in this way. One person told us "I feel safe, they [staff] are polite and ask before doing things".

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

- People's needs had been assessed and care plans and risk assessments were in place to guide staff. Care plans reflected people's physical and psychological needs. We discussed with senior staff how these records could be improved by regularly reviewing the content and ensuring it was relevant and up to date.

Staff support: induction, training, skills and experience:

- New staff received an induction and completed the care certificate when they were employed. The care certificate is an identified set of standards that health and care professionals adhere to in their daily working life.
- Ongoing training was provided to staff to ensure their skills and knowledge was kept up to date. Records

demonstrated staff received regular supervision. This was an opportunity to receive feedback on their performance and to discuss their personal development.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence:

- People described staff as "Caring". One person told us "They [staff] are kind, loving and caring, even when the residents have a problem." Staff were described as "Wonderful" and "Professional".
- We observed positive interaction between staff and people. However, we had concerns regarding some of the language that was used in records related to people. This was particularly noticeable for two people who had challenging behaviour. Their behaviour chart included comments such as "She has been told lots of times she isn't nice." Other recorded comments stated the behaviour wasn't nice, and included "She was told this isn't nice but she keeps on doing it." "I told her you have hurt [staff member]." Two of the three staff who made these comments had received training in dementia care.
- For another person records related to incidents of challenging behaviour stated, "When I [staff member] tried to explain to her she was rude..." Another staff member had recorded how they had sustained scratch marks on their arms caused by a person who lived in the service, which they had shown to other staff. We found their comments unprofessional and the tone lacked respect for the dignity of the people they were supporting. The comments also reflected the actions the staff took during and after the incidents were not appropriate to meet the needs of the individuals concerned. We discussed our findings with the registered manager who was unaware of the comments we read.
- During lunchtime on the first day of our inspection we observed a person who was sat alone at a table in the dining room. They requested to leave the table and go into the lounge. They were told repeatedly they could not and delaying tactics were used by staff to encourage the person to complete their meal at the table. This had the desired effect, but the person became more and more agitated. They repeatedly banged the table and requested to leave. We asked the staff member why they weren't allowed to leave the table, we were told because the cleaning staff were in the lounge, and there were risks of falls due to tripping on the vacuum cleaner leads. Eventually the staff member supported the person to leave the dining room. It was not clear why the staff member could not have supported the person to leave earlier which would have reduced their level of anxiety and made lunchtime more pleasurable for them and other people.
- Following this incident another person who had finished their lunch asked permission on two occasions to leave the dining room. They were told they could not because they hadn't had their lunch time medicines. They had to wait until the staff member arrived with their medicines. The person had completed their lunch but along with the other people in the dining room had to wait until the medicines trolley arrived and their medicines were administered.
- We also observed the administering of eye drops to a person in the dining room whilst seated at the dining table as 17 other people were eating their main meal.
- This was institutionalised behaviour, where people had to fit in with the requirements of the service rather

than the other way around. We discussed our findings with the registered manager. They told us this had happened because they were short of staff on that day.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People were supported to express their views and where possible were involved in making decisions about their care. One person told us of their interest in music and how staff played classical music for them to listen to.
- People's preferences were included in the care plans. Records showed what people liked to eat and drink. Meetings were held where people could voice their opinions, and where appropriate their family members could too.

# Is the service responsive?

## Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The service had acknowledged there was need to improve on the quantity and the quality of the activities on offer to people. As a result, they had five activity organisers working in the service. Most of them were new and required training. Their role was to offer stimulation and activities to people appropriate to their needs.
  - There were two activity sessions scheduled each day (including weekends) and a church service was provided by the local Baptist church, held in the home once a week (on a weekday) and every other Saturday and Sunday.
  - On the first day of the inspection we spent two hours in the lounge. For most people there was a lack of interaction from staff during this time. For one person the only interaction was when a staff member supported them with a drink and a biscuit. When we spoke with the registered manager they told us this had happened because they were short of staff on that day.
  - On the second day we observed bingo was being held in the lounge. 25 people were sat in the lounge and of those, six were involved in the game of bingo. Of those six only one person could play without support and of the remaining five only two appeared interested and the other three appeared either disinterested or unaware of what was happening. It was apparent there was a lack of interest in the activity.
  - On two occasions we walked through the small lounge where four or five people were sitting watching TV. The volume on the TV had been switched off. This meant people couldn't hear the programme they were trying to watch.
  - There was a mixed response from people about how their preferences and interest were supported. One person told us "I don't feel stimulated or engaged. I read a lot, it's not my hobby." Another said, "We occasionally go over to the church or a service is held here in the lounge, I think there is several denominations here."
  - During the afternoon on the second day we saw one activity organiser working with people using reminiscence therapy through music. Each person had a headset and music player with their own personalised play list. This assisted them to reminisce about times in their life that were important or pleasurable. This therapy relieved stress and helped people to relate to others in a more meaningful way.
  - We were told other activities had included contact from organisations in the local community such as the local schools visiting at Christmas, Easter and the harvest festival. There was a planned tea dance at the local Royal Air Force (RAF) camp. Animal therapy visits and a country and western evening had been suggested as possible future events. The registered manager was aware there was work to be done in this area and was hopeful the new staff would be able to provide a better choice of activities to ensure people were protected from the risk of social isolation.
- We recommend that the service finds out more about training for staff, based on current best practice, in relation to activities for people living with or without dementia in residential care.

- The service was striving to meet the requirements of the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service provided large signage, symbols and pictures to assist people to communicate.

Improving care quality in response to complaints or concerns:

- We reviewed the last three complaints that had been made to the service. Each had been dealt with appropriately and in line with the providers policy. The complainants were satisfied with the outcome of the investigation and the actions taken. Staff told us they knew how to deal with complaints.

End of life care and support

- The PIR stated "We provide end-of-life care and ensure any special requests or refusal of treatments are taken into account." The registered manager was aware of any advanced decisions that had been made by people. Care plans reflected people's wishes in "My Wishes for the Future, End of Life and Palliative Care" section of the care plan. This assisted staff to respect people's wishes both at the time of death and afterwards.



## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- We did not find the service was promoting a person-centred approach to some of the care being provided. This was highlighted during meal times in the dining room and whilst people were sat in the large lounge area.
- Because of the high numbers of people in the lounge, which was very spacious, it was easy for people to become anonymised. Chairs were positioned around the edge of the room, which was not conducive to interactions between people. There were some small clusters of people which did facilitate communication.
- Regimes were in place that did not promote personalised care, for example people not being able to eat their meals where they had chosen. Other examples were people not being able to leave the dining room until the medicines had been administered and activities that were not appropriate to people's needs.
- Throughout the inspection we found the registered manager and staff were honest and open with us. However, although the registered manager understood the need for a transparent approach, they were not clear on all the requirements necessary to comply with the duty of candour. They agreed they would research this and ensure staff were familiar with the requirements of the regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The registered manager and staff were clear about their roles. However, not all legal requirements were being met by the registered manager. We were made aware of five safeguarding concerns that had been raised in 2018. Although these had been dealt with appropriately by the provider, they had failed in their legal duty to inform the Commission. They had also failed to inform us of an accident a person had which resulted in an injury. We discussed this with the registered manager, it was clear they had not fully understood what the requirement was. They had notified us of other events that had happened in the service.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following the inspection, the registered manager sent us a notification regarding the injured person.

- During our previous inspection in February 2016 we had some concerns about the medicines management. We made a recommendation in the inspection report. During this inspection we found this area had not improved and further concerns were highlighted. Senior staff had identified problems with medicines

management and these had been addressed individually with staff members in supervision, however the problems continued. They discussed with us how they would need to take tougher action to ensure staff were compliant with safe practices when administering medicines.

- Senior staff were not aware of the pressure on staff or people living in the service at lunch time. They had not noted the comments in people's records that were not supportive or respectful. Reviews had not been completed of behaviour charts to identify how staff could support people more effectively.
- Although audits were completed throughout the service, they had not identified or addressed the issues we found. The registered manager and senior staff needed to have a clear oversight of the service to assess, monitor and improve the quality and safety of the service. This was not always happening. Although senior staff were disappointed with our findings, they were responsible for ensuring the day to day care of people was being carried out in way that met with their expectations.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider sought feedback from people who lived in the service, their relatives and professionals. Comments were positive and action had been taken following suggestions made about the service, for example, introduction of the family room. Comments from people and their families included "Exceptional and caring staff" and "Staff friendly and polite." One professional commented on the lack of staff checking visitor's identification. We noted on the two days we were visiting the service, our identification was checked by staff. This demonstrated improvements because of feedback.

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

- Staff received training in equality and diversity. They told us the service did not discriminate against staff or people living in the service. The PIR stated "At this time we do not have residents with LGBT (Lesbian; Gay; Bisexual; Transgender) requirements, but where a new resident would have a protected characteristic of this nature then we would ensure that the care plan reflected any such requirements."
- From our observations we could see there were no discriminatory practices that were obvious. Staff cared about the welfare of people regardless of their protected characteristics. Staff spoke positively about working in the service. Their comments included "Rock House has given me the best time of my whole working life."
- A staff member told us their need to pray during the day had been facilitated by the registered manager and the staff team. They told us how they were anxious prior to coming to work in the service because they wore a hijab. A hijab is a head scarf worn by Muslim women. It covers the head and neck, but leaves the face uncovered. They told us the staff team had been supportive and they had felt accepted by the staff and people in the service.

Working in partnership with others:

- The service had a strong link with a local church who provided worship within the service on a regular basis.
- The PIR stated "When we have a resident who is at end of life the GP and the district nurses are involved. End of life medication is also administered by district nurses which enables the resident to remain comfortable and pain free."
- Records provided evidence of joint working with the mental health team, speech and language therapist, and dietitians. This ensured people's health was maintained and where possible improved upon.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager failed to notify the commission of specific incidents that had occurred in the service. Regulation 18 Registration Regulations 2009 (1) (2) (a) (ii) (b) (e) Notifications of other incidents
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People's dignity was not always maintained. People were not always treated with respect.  Regulation 10(1) (2) (a) (b) HSCA RA Regulations 2014 Dignity and respect
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to provide care in a safe way. Regulation 12 (1) (2) (a) (b) (d) (e) (f) (g) (h) HSCA RA Regulations 2014 Safe care and treatment
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed assess, monitor and improve the quality and safety of the service

provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

Regulation 17 (1) (2) (a) (b) (c) (d) (i) (ii) (e) (f)  
HSCA RA Regulations 2014 Good governance.