

Aspire Healthcare Limited

Rocklyn

Inspection report

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Ratings

Is the service safe?

Inadequate



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 23 July 2015. We last inspected Rocklyn on 14 and 20 January 2015 when we found the provider was not meeting Regulations 10, 13 and 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which correspond to Regulations 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and relate to governance, premises and management of medicines. Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 which relates to notifications of incidents was not being met when we last inspected.

Following our inspection in January 2015, the provider sent us an action plan to show us how they would address our concerns.

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 Rocklyn on our website at 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 living at the service 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 maintenance and cleanliness of the

Summary of findings

premises, and the quality monitoring of the service. The provider was now meeting the regulations with regard to reportable incidents involving the police. The provider has taken action to improve the safe management of medicines and we were satisfied that appropriate measures were now in place.

Work had been undertaken to repair and refurbish some areas of the property, specifically in relation to windows, roofing, some carpeting and general decoration. However, other areas, such as the communal showers, laundry, kitchen and bathrooms were in a poor and unsatisfactory condition.

Risks to people living at the service had not all been assessed, including while work was on-going in the service. Although the staff were aware of fire and emergency procedures we were concerned about storage in certain areas of the service and reported our findings to the fire authority.

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, including actions taken after incidents occurred and whether the provider monitored these.

There were enough staff to meet the needs of people living at the service and appropriate recruitment procedures had been followed.

We found the provider had not displayed their rating from the previous inspection at the service or on their website. We advised the registered manager about this new requirement.

We found continuing shortfalls in relation to quality monitoring at the service. It was not apparent that the provider monitored the quality of the service through their own monitoring visits or via the systems they had in place. During our inspection we found it difficult to gain access to the provider's electronic monitoring systems due to reported internet failure.

In relation to cleanliness, we found there were still no regular infection control audits being carried out. Various risk assessments had not been undertaken, including Legionella.

At the last inspection we were told by the registered manager that surveys were soon to be sent out by the provider, however at this visit we found that no surveys had been undertaken. The provider told us that it was the registered manager who would lead on this piece of work.

We found breaches of Regulation 12, Safe care and treatment and Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have judged these latest findings demonstrate on-going breaches of regulations. You can see what action we told the provider to take, including enforcement action we have taken, at the back of the full version of this report.

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 safe.

Whilst some improvements had been made to the premises, we found that overall areas were not in a fit condition for people to use and the actions that the provider had said they would take had not been completed.

We found areas around the premises that were dirty and untidy and not all risks that people were exposed to had been monitored or assessed.

Improvements had been made in the management of medicines and we found that safe practices were now being followed.

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.

Inadequate



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.

Whilst new cleaning rotas were in place, they were not being adhered to. There was no infection control audit in place.

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

People spoke highly of the registered manager and the staff team and told us they were happy living at the service.

Requires improvement



Rocklyn

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Rocklyn on 23 July 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 14 and 20 January 2015 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 four legal requirements in relation to the premises, management of medicines, governance and notifications.

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

We spoke with the registered manager and three support staff at the time of the inspection and on the 28 July 2015 we met with the provider's representatives at their head office.

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 local authority contracts officer, a safeguarding officer and the local fire authority.

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

We checked four people's medicines records, three people's care plans and other documents relating to the management and day to day operation of the service.

We took photographic evidence where we identified shortfalls which indicated that the premises and facilities were not fit for purpose or safe for use by the people living at the service.

Is the service safe?

Our findings

At our last inspection we found that the provider was in breach of regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to Regulations 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to premises. We found they had not ensured that people were protected against the risks associated with unsafe or unsuitable premises. At this inspection the registered manager told us that not all the work on the premises had been completed since our last inspection. We did see that windows had been replaced, the roof had been repaired, some carpets had been replaced and some redecoration in places. However, a number of issues had not been addressed or actions instigated to achieve compliance. In addition, we identified further shortfalls in relation to the safety of people living at the home.

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."

We found the majority of communal spaces were still in need of refurbishment as were a number of bedrooms.

In the backyard of the property were two items of garden furniture which were cracked and unsuitable for people to use. The front garden of the property was unkempt and in need of tidying up. The laundry room remained in a poorly maintained condition with badly worn and damaged units, flooring in an unacceptable state of repair and with unsecured and accessible wires. This area, to which people living at the service had access, was not fit for purpose and was in need of full refurbishment. The flooring in the kitchen area was unfinished with visible tears and splits underneath the fridge and freezer units. The registered manager told us staff were unable to move the fridge and freezer as the flooring ripped further when they tried. There were not enough cupboards to house all of the food and kitchen items, so these were stored in inappropriate areas, such as the laundry and a poorly maintained kitchen cupboard.

Carpeting had been removed from the hallway but not yet replaced and we found that one person had already tripped in this area. New carpeting had been laid in corridors and stairways. However, in places this was 'bubbling' and lifting creating significant trip hazards for staff and people using the service. We spoke with the registered manager about this and she told us she would put a request in to have the carpet fitter's return and relay the new carpet. She was unable to confirm when the hall carpet and other areas awaiting new flooring would be complete. We noted that one person's ensuite area had flooring that was incomplete with gaps around their sink and other bedrooms where the carpets were not laid properly.

We found communal bathrooms, shower rooms and toilets were all in need of attention and refurbishment. While no-one complained, the inadequacy of these areas placed people at risk and meant they had to use facilities which were unpleasant and not fit for purpose. We found cracks in bath and shower panels, damaged and ill fitted flooring and loose wires. In some of the rooms the equipment was not fixed securely to the wall, for example toilet roll holders. The wall decoration in all of these rooms was in need of updating, for example one toilet had bare walls in one section and stained paintwork in another. An 'out of use' shower room was not secure and had become an untidy and unsafe storage area for various pieces of equipment and rubbish.

The communal ground floor shower room posed the greatest risk with a step in shower cubicle which was 25 cms above floor level. This had to be accessed by a makeshift wooden plinth which was heavily stained and had sharp edges.

One person showed us the enclosed area they used to access their bedroom where the ceiling bulb had been out of use for a number of days. They told us it was difficult to access their bedroom because they could not see where the key went in the door.

New windows with restrictors had been fitted throughout the building apart from one communal toilet area. We found the opening gap in one bedroom window was in excess of 300mm which is over the 100mm or less recommended by the Health and Safety Executive. This posed an accident risk which the registered manager was unaware of.

Is the service safe?

We found fire safety issues. The internal door to the kitchen was wedged open with the handle of a plastic brush. When closed, this door would not close fully into its rebate. This posed a possible fire containment risk.

Two under stairs cupboards were filled with out of use and flammable items, including bed linen, clothes, Christmas decorations and boxes. One of the cupboards housed the electrical circuits and both posed a fire risk. We have relayed our observations to the fire authority.

We asked to see the five year electrical installation check for the premises which the registered manager was unable to provide. The provider's representative told us that these checks had not been completed and were due to start within a few weeks. At the last inspection we found that portable appliance testing (PAT) was last completed in May 2013. At this inspection, although test stickers remained out of date, the provider's representative produced a PAT testing report dated January 2015.

A tumble dryer was in use which had no means of ventilation, which meant it vented directly into the laundry and adjoining kitchen areas. As a result, thick layers of dust had accumulated on surrounding walls and unit tops. The registered manager said she had not realised that a means of ventilation was required for the tumble dryer. Sealant around the hand wash sink was dirty and cracked and could not be cleaned appropriately. Pots and pans were stored in unclean cupboards within the laundry area.

Surfaces within the kitchen could not be cleaned properly because of damage to the work tops or shelving.

The walls of a top floor, reportedly out of use, craft room were mouldy and cracked. In this area we found rotting food wrapped in tin foil within an unused fridge and dirty dishes on a work bench. A soiled duvet and pillow which had been seen at the last inspection were still on the floor in this room.

Wall mounted paper towel dispensers and toilet roll holders were empty and only loose paper towels and toilet rolls were available which posed a cross infection risk. We found a toilet seat and other areas in the communal toilets and bathing areas where the protective sealants were worn. Walls and floors in toilet areas were unclean with urine stains. This all meant there was an increased risk of infection to people living at the service.

Some risk assessments were in place in relation to medicines, road safety and the risk of scalding. However, not all risks had been assessed. For example, contractor's had been in the premises to undertake refurbishment work, portable electrical heaters were in people's bedrooms, staff were seen smoking in the external grounds and people at the service had to negotiate steep staircases. None of these areas had been risk assessed. Although we later established there was no standing water on site, the provider's representative confirmed that no Legionella risk assessment had been carried out. Also, that no water run checks on dead leg areas where sinks or shower facilities were out of use had been completed. This meant that people were not always protected from the risk of unnecessary harm. We have contacted the local environmental health department to pass on our concerns.

These findings were a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the provider was also in breach of regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to Regulations 12 (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to medicines. We found that people were not always protected with safe management of medicines procedures. At this inspection we found that improvements had been made in the management of medicines.

People were given their medicines appropriately and they were now safely managed. Medicines were available to people who lived at the service who told us they had no problems with their medicines and staff looked after that part of their care well. One person told us, "Staff make sure I get my medicines. They come and get it out of the cupboard and make sure I take it." The registered manager had a copy of the National Institute for Health and Care excellence (NICE) guidelines 'managing medicines in care homes for staff reference should they need to seek further advice or information.

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

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unchanged. Appropriate recruitment procedures had been followed, including completed application forms with full employment history and experience information, reference checks and Disclosure and Barring Service checks (DBS).

We spoke with staff about any concerns they might have about the people within the service and it was clear through those discussions that they knew what safeguarding procedures were in place and what they had to do if abuse was suspected.

Accidents and incidents were recorded although we found that details of follow up information and any remedial action had not been added to the individual accident reports. Information and actions taken about accidents

was completed by the registered manager on the provider's electronic monitoring system. The accident book showed one person had sustained two falls recently due to loose floor boards. However, we could not see the outcome and analysis of these related incidents as access to the provider's electronic system was not possible due to reported internet failure.

We were able to feed back all of our findings to the provider's representative and show them the photographic evidence of what we had found in relation to the premises and facilities. They acknowledged that conditions for people at the service were unacceptable and gave assurances that prompt remedial action would be taken.

Is the service well-led?

Our findings

At our last inspection we found that the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and relates to assessing and monitoring the quality of service provision. 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 this.

At our last inspection we also found the provider was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 which relates to the notification of other incidents and includes incidents reported to or investigated by the police. At this inspection we found that the provider had sent in notifications retrospectively and had completed further forms appropriately and sent them to us. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales.

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. The people who lived at the service liked the registered manager and one person told us, "She helps us with all sorts of things." And "Yes, I like her, she's nice."

We found the provider had not displayed their rating from the previous inspection at the service or on their website. We advised the registered manager about this new requirement which is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 said that there was no infection control audit and the provider's representative told us that the

nominated individual was the infection control lead. We questioned why there was no infection control audit in place and were told that the provider needed to 'revamp' the process.

We found that audits were not robust and had failed to identify the issues that we found at this inspection. Where shortfalls had been highlighted by the registered manager she had not always taken appropriate action or the provider had not responded to concerns raised. For example, the clutter we found in out of use bedrooms, the unclean state of various communal rooms and the disrepair of the building.

We found no evidence of any audits or visits undertaken by the provider's representatives, including any completed by the area manager who told us they did not make records of their input to the service.

Accidents and incidents were recorded but recent issues had not been investigated or analysed by the registered manager or the provider in order to prevent similar accidents occurring in the future.

During the inspection we were not able to gain full access to the provider's electronic monitoring systems and the registered manager could only provide us with very limited information. For example, she had no detail of the proposed refurbishment plan for the property. She told us, "I have never had one." As a result we arranged to meet with the provider's representatives at their head office. They were able to give us some of the information we required such as the statement of purpose, gas safety checks, PAT testing records and a copy of the health and safety manual. They acknowledged that our inspection had prompted them to investigate the arrangement of testing of electrical installation at the service which could not be confirmed. This meant the provider had not been aware of what work was required or, when it was due for completion. The provider had not ensured their registered manager had copies of or access to relevant information which should have been available to them.

The registered manager and staff did not have access to a camera or a photocopier at the service. We found that some records did not include a photograph of the person and there were no photographs of recent activities that people had participated in. People's records were mostly hand written and when we asked for a current list of staff and people using the service, the registered manager had

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to manually write down this information. This lack of office equipment meant that the staff were not able to easily record key information quickly and in an appropriate format.

At the previous inspection we were told by the registered manager that satisfaction surveys were going to be completed by the provider in the near future. During this inspection we found that no surveys had been carried out. When we visited the provider's head office we were told that surveys should be completed annually and that staff at the service should take the lead.

We asked the registered manager who had chosen the colour scheme for the recent redecoration work. She told us that there had been no choices offered to people using the service and the decorators had arrived with cream and brown colours for the walls and paintwork. This meant that people were not consulted about their views and preferences about which colours should be used within their home and individual bedrooms.

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

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care and treatment were not being provided in a safe way for service users in that the premises were not safe or fit for purpose, risks had not been assessed and infection control arrangements had not been maintained.

Regulation 12 (1) (2) (a) (b) (d) (h) (i)

The enforcement action we took:

We have taken enforcement action against the provider and the registered manager and issued a warning notice to both.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Effective quality assurance systems and processes had not been established to assess, monitor and improve quality and safety; assess, monitor and mitigate risk; or to seek and act on feedback and evaluate and improve practice.

Regulations 17 (1) (2) (a) (b) (e) (f)

The enforcement action we took:

We have taken enforcement action against the provider and issued a warning notice.