Rockliffe Court Limited

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Inspection report

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Date of inspection visit: 16 and 19 October 2015
Date of publication: 04/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Rockliffe Court is situated in a residential area not far from the city centre of Hull. The service has shared and single bedrooms over two floors. There are various communal areas, a dining area and a large garden. The building is accessible to people with mobility difficulties. Car parking is provided to the rear of the building.

The last inspection was completed on 7 January 2014 and the service was compliant in all areas assessed. This inspection took place on 16 and 19 October and was unannounced.

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of adults by ensuring if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered provider had not fully understood their responsibilities in

Summary of findings

relation to DoLS; they had failed to identify who met the criteria for DoLS and to submit applications to the local authority as required. This meant that people who used the service may be unlawfully restricted. These issues meant that the registered provider was not meeting the requirements of the law regarding the need to obtain lawful consent for the people who used the service. We discussed our concerns with the registered manager and registered provider who confirmed they would address this issue without delay.

Meetings were held for people who used the service and relatives which were used as a forum for people to raise concerns, ask questions or make suggestions about the overall running of the service. When suggestions were made for example the addition of more meaningful activities; the registered manager took action without delay.

Medicines were ordered, stored and administered safely. People received their medicines as prescribed from staff who had completed relevant safe handling of medication training.

Staff understood the need to respect people's privacy and maintain their dignity. During the inspection we observed numerous positive interactions between the people who used the service and the staff who supported them.

People were treated with kindness and compassion. It was evident staff were aware of people's life histories and knew how care and support was to be provided in line with their preferences.

A quality assurance system was in place that consisted of audits, checks and service user feedback. When shortfalls were identified action was taken to improve the level of service.

Staff were recruited safely. Checks were undertaken to ensure prospective staff were suitable to work with vulnerable people. We saw that there was a very low turnover of staff at the service.

We found safeguarding systems were in place at the service. Staff had completed relevant training and knew what action to take if they had any concerns. This helped to ensure the people who used the service were safeguarded from the risk of harm and abuse.

People's nutritional needs were met. Staff monitored people's food and fluid intake and took action when concerns were identified. Referrals to healthcare professionals were made in a timely way when people's needs changed or developed. We saw that people were provided with a freshly prepared, varied and balanced diet of their choosing.

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?

Good

The service was safe. People were protected from abuse and avoidable harm by staff who had received training in this area. Staff were recruited safely and deployed in suitable numbers to meet the needs of the people who used the service.

Risk assessments had been developed to minimise known risks to the people who used the service.

People received their medicines as prescribed. Medicines were ordered, stored and administered safely.

Is the service effective?

Requires improvement

The service was not always effective. The service was not always effective and required improvements to be made in implementing the requirements of the Mental Capacity Act 2005 to ensure people's rights were promoted and upheld and to ensure people were not being deprived of their liberty unlawfully.

Staff received consistent support during one to one meetings and annual appraisals.

People received a healthy and balanced diet. When nutritional concerns were highlighted, healthcare professionals such as dieticians were contacted for their support.

Is the service caring?

Good

The service was caring. People were supported by staff who were kind, caring and attentive to their needs.

Staff respected people's privacy and supported them to ensure their dignity and independence was maintained.

Is the service responsive?

Good

The service was responsive. People's assessed needs were planned for and met. People's care was reviewed on an on-going basis to ensure they received the most appropriate care to meet their needs.

People were encouraged to maintain relationships with their families and friends. Staff encouraged people to participate in activities in the service and the community.

There was a complaints policy and procedure in place which provided guidance to people who wanted to complain or raise a concern.

Is the service well-led?

Good

The service was well led. Quality assurance systems had been developed to ensure shortfalls were highlighted which enabled action to be taken.

Summary of findings

At the time of the inspection there was a registered manager in post who understood their responsibilities to report notifiable incidents as required.

Staff we spoke with told us the registered manager and registered provider were approachable and supportive.

Rockliffe Court limited

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 registered 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 16 and 19 October 2015 and was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection we spoke with the local authority commissioning and safeguarding teams to obtain their views of the service. We also looked at the information we held about the service.

During the inspection we spoke with five people who used the service, eight relatives, two visiting professionals, the registered manager, the registered provider, five care workers, the cook, a kitchen assistant and a member of domestic staff.

We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We saw positive interactions between people who used the service and staff throughout the inspection process. It was evident people were supported by staff who knew the needs and preferences for how care and support was to be delivered. People appeared calm and content in their surroundings.

We looked at six care files which belonged to people who used the service including medication administration records [MARs] and risk assessments. We assessed how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We reviewed a range of documentation relating to the management and running of the service. Including audits, policies and procedures, maintenance records, meeting minutes, staff files including recruitment information, training records and staff rotas. We also took a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person who used the service said, "Yes I am very safe. I get looked after very well." A second person told us, "We are safe as houses in here." When we asked two other people if they felt safe they both said, "Yes."

Relatives we spoke with confirmed they family members were safe within the service. Comments included, "I have no concerns, Mum is very safe here", "If there is ever a problem I am told straight away so I'm confident Mum is safe in their hands", "Oh yes, they keep her safe."

People told us they were supported by suitable numbers of staff. One person said, "There is always a lot of staff about, I have my favourites but there is always someone to talk to." Another person commented, "Lots of staff" and "The answer my buzzer quickly when I need them."

People who used the service were safe and protected from abuse and avoidable harm from staff who had been trained to recognise the signs abuse may have occurred. During discussions staff told us the action they would take if they suspected abuse had taken place and described the things that may indicate someone had been abused. One member of staff said, "I would report it to the manager's straight away." Another member of staff told us, "I can tell my manager, the safeguarding team or contact you guys [the Care Quality Commission] if I witness anything." We were also told, "If someone becomes more withdrawn, quieter than they would normally be or not wanting to interact could be signs of something not being right."

Investigations into falls, accidents and incidents took place and we saw action was taken to prevent their future reoccurrence. The administrative senior told us, "We review the incidents and make referrals when we need to" and "We use lasers [instead of falls mats] that alert staff when people have walked passed so they know when they have got up in the night and might need assistance." The registered manager said, "When we know people are at risk we put risk assessments in place to try and protect people." We saw risks assessments had been developed in a number of areas including, falls, going into the community, vulnerability, bathing, nutrition and mental health."

We saw evidence to confirm staff were recruited safely. Before prospective staff were offered a role within the service suitable checks were carried out to ensure they were suitable to work with vulnerable people. This included a successful interview and the return of suitable references and a clear disclosure and barring service [DBS] check. The registered manager told us, "We don't have a very high turnover of staff; some of them have worked here for years. I think that helps to make the residents feel comfortable and trust them because they all know each other so well."

Suitable numbers of staff were deployed to meet the assessed needs of the people who used the service. The registered provider told us, "We use a dependency tool to calculate the number of staff we need. We review people's needs every week when the care plans are checked and we increase things when we need to." We saw that the people who used the service were supported by three care staff and a senior care worker. Ancillary staff were also employed including a cook, a kitchen assistant, a domestic and activities co-ordinator. The registered manager was supernumerary. Staff we spoke with were positive about the staffing levels; comments included, "I don't have any problems with how many of us there are, now we have the activities co-ordinator more gets done with the residents which is brilliant", "Some days are busier than others but I think we do a good job and spend enough time with everyone" and "I think there is enough [staff]."

During the inspection we observed two mediation rounds; we saw that people received their medication safely. We noted that staff took the time to explain to people what medication they were administering and the reason it had been prescribed. A senior care worker explained the system used to ensure the safe ordering, storing, administration, and disposal of medicines. They told us the service utilised a monitored dosage system [MDS] to reduce administration errors and that people's photographs were present in the medication administration records [MARs] which helped staff identify people.

We saw that medicines were stored in a suitable medication trolley which was secured to the wall as per best practice guidance. A senior care worker said, "We have lots of places I can secure the meds [medicines] trolley in case I get disrupted during the round." We saw room temperatures were recorded to ensure medicines were stored in line with the manufacturer's recommendations.

Good

Is the service safe?

The registered provider's supplying pharmacy had recently audited the medication practices within the service and we saw that their recommendations had been implemented without delay.

Personal emergency evacuations plans (PEEPs) were in place for each person who used the service which provided information for staff and emergency services of the support people would need in an emergency situation. We saw procedures were in place to deal with foreseeable emergencies including the loss of electricity and gas or in the event of a fire or flood. The registered manager explained, "We have plans in place for emergencies and staff know they can contact me at any time if they need to." This helped to provide assurance people would receive the care and support they required, during and after an emergency.

Requires improvement

Is the service effective?

Our findings

People who used the service told us they were supported by competent and capable staff. Comments included, "They [the staff] are well trained", "The staff are really good" and "The staff are great, they are brilliant at their jobs, I don't know what I would do without them." A relative we spoke with said, "I think the staff are marvellous, they have skills you can't teach." Another relative commented, "The staff are brilliant, they use all the equipment [hoists] and do it without a problem."

People told us staff gained their consent before care and treatment was provided. We saw evidence that when people lacked the capacity to make certain decisions themselves best interest meetings were held appropriately. The registered manager explained, "We have meetings when we need to, we make sure professionals and families are involved" and went on to say, "We have used advocates [independent mental capacity advocates] in the past but haven't needed to for a while." During the inspection we noted staff took the time to explain what care and support they wanted to provide and waited for people to provide their consent before it was delivered. We saw that people or their representative had provided written consent to the planning and delivery of the care and treatment, sharing medical information with relevant professionals and to have the photo taken for use within the service.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards [DoLS]. This is legislation that protects people who are not able to consent to care and support and ensures that they are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS but had only made one DoLS application. A number of people had been assessed as lacking the capacity to make their own decisions by the registered provider, which meant that potentially people living at the service were being deprived of their liberty unlawfully, as they were unable to consent to their care and treatment and were unable to leave the building independently.

We found the application of the Mental Capacity Act 2005 [MCA] in regard to DoLS authorisations required improvement. When we spoke to the registered manager about this they acknowledged that applications need to be submitted for a number of people who used the service and confirmed these had not been completed and they would ensure the applications would be made promptly.

We saw that staff were supported during one to one meetings with their line manager and at annual appraisals. A member of staff we spoke with said, "We have supervision either every month or every other month but we can speak to the managers anytime we want." Another member of staff told, "We have development reviews twice a year where we look at what training we need and if there any concerns and want to do to develop our knowledge."

Staff had completed a range of training to enable them to carry out their roles effectively. The staff training records we saw included; MCA, DoLS, safeguarding vulnerable adults, moving and transferring, fire, food hygiene, challenging behaviour , infection control and first aid. Specific training required to meet the individual needs of the people who used the service had also been undertaken for example, dementia awareness, mental health and epilepsy. The registered manager told us they had recently changed to an on-line training provider which staff could access at any time to complete training or refresher courses. They said, "The staff get more out of this type of training instead of being in a training session all day" and "The staff are tested after the course so we know they have understood it."

People were supported to eat a balanced and nutritious diet. The cook told us, "We make everything fresh on site, that way I know what has gone in to every meal" and "We use fresh vegetables and fresh fruit, I really don't like the frozen meals other homes use." People chose their preferred option from a daily menu that was part of a four week cycle and further alternatives were provided if required.

We observed people eating lunch at shared tables that had been laid to look appealing and welcoming. The atmosphere over lunch was relaxed with people talking amongst themselves and laughing and joking with staff. People were supported to eat their meals when this was required, the assistance offered by staff was well paced and helped the staff member used their knowledge of the person and their recent activities to ensure they were involved in the discussions with the other people at the table.

Requires improvement

Is the service effective?

We saw that people's food and fluid intake was recorded when required. Advice and guidance had been received from relevant professionals such as the dietician and the speech and language therapy team when people with specific dietary requirements such as high calorie or food or a particular texture which reduced the risk of choking. The cook confirmed they were kept up to date with people's dietary requirements and any allergies they had.

A range of healthcare professionals were involved with the holistic care and treatment of the people who used the service. We saw that opticians, occupational therapists, GPs, specialist nurses, the falls team and emergency care practitioners had been contacted for their advice and guidance as required. When people's needs had changed we saw referrals were made in a timely way which helped to provide assurance people continually received the most effective care and treatment to meet their needs.

Good

Is the service caring?

Our findings

People who used the service told us they were cared for by kind, supportive and attentive staff. Comments included, "They are [the staff] so kind, they are always there when I need someone to talk to", "I'd give them five out of five", "The staff are lovely, [Name of member of staff] and [Name of member of staff] I class as my very good friends" and "They are the kindest people you will ever be lucky enough to meet."

Relatives confirmed their family members were supported by caring. One relative told us, "[Name of member of staff] brought my Mum to a family wedding; she supported her all day which meant we could all enjoy ourselves. So many people commented how great she was, she is a credit to the home, such a wonderful person."

A member of staff explained, "We are all like one big family in here, that's how we [the staff] look at it everyone is treated as if they are family. My grandad lives here, and if I think it's good enough for him there is not much else I can say is there."

Throughout the inspection we observed staff treating people with kindness and compassion, interactions were positive and uplifting for the people who used the service. We saw one person becoming agitated and distressed; a member of staff used their knowledge of the person's family to engage them in conversation and talked about when they would next see them. This visibly altered the person's mood and relaxed them.

During our observations it was apparent staff were aware of people's likes and dislikes, levels of independence and preferences for how care and support was to be provided. The registered manager told us, "We have cared for some of the people for over 25 years; having continuity in their life and getting to know the staff so well helps us to provide a really high level of care."

The registered provider informed us that they encouraged people who used the service, their relatives or representatives to be involved with making decisions about their care. The registered manager told us, "We spent a lot of time discussing why one person needed a particular kind of medicine but their family still had a lot concerns. We all met with the person's GP so the family understood why they needed the medicine and agreed to have regular tests and reviews and they were very happy with that."

There was a relaxed atmosphere in the service and we saw numerous relatives coming and visiting their family members. The registered manager confirmed there were no restrictions on visiting times. They said, "No we don't have any restrictions at all. Families often ask us what our visiting times are, but we always say they can come anytime, its' their [the people who used the service] home so their families can come whenever they want." A visiting relative told us, "We come and visit whenever we can and are always made to feel welcome."

People were treated with dignity and respect at all times. We noted staff asking people discreetly if they need support with personal care tasks and providing support sensitively and patiently. During discussions staff told us how they would promote people's dignity and treat people with respect. One member of staff said, "I just treat everyone in here like they are part of my family and don't think I can go far wrong doing that." A second member of staff said they would, "Always call people by their preferred name, close doors and cover people when I'm providing personal care." Another member of staff said, "I knock on people's doors and wait for them to say I can go in and I'll leave people in their room if they want their privacy."

We saw that effective systems were in place to ensure people's confidential records were held securely. The administrative senior told us, "We have an IT system that holds all the records and we have printed copies that are held in the manager's office which is always locked if we are not in here." The registered provider said, "Staff come for the files to review them and complete the notes then they come back in here to be locked away again." This helped to provide assurance that sensitive information was treated confidentially and respected by staff.

Good

Is the service responsive?

Our findings

People who used the service told us they knew how to complain or raise any concerns they had. Comments included, "I would tell the manager if I was unhappy about anything", "I have no reason to complain and never have but I would speak to the staff if I ever needed to raise anything" and "I would just say if I wasn't happy, the girls would sort it out, they are great."

People also told us they participated in a range of activities inside and outside of the home. One person said, "We have an activities co-ordinator now so there is usually something going on" and "I went to fair [Hull fair] with them and other people the other day, I took lots of photos, it was fun." Another person told us, "I go all over Hull; I come and go as I please." We were also told, "I play darts and dominoes; I'm getting my own dart board soon."

Relatives we spoke with confirmed they were involved in the decisions and meetings regarding their family members. One relative said, "I am invited to meetings for my mum and my brother, I come to everyone I can" and "I get calls regularly and am involved with important decisions." Another relative said, "They [the registered provider] keep me up to date with everything and I come to the reviews."

The registered manager told us they completed an assessment of people's need before a place was offered within the service. They told us, "We have told people we can't meet their needs if we feel they would upset the balance in the home. We have to know we are going to be able to do a good job and deliver good care or we have to say we can't accommodate them." The initial assessment was then used to develop a number of personalised care plans, amongst others we saw mobility, falls, eye care, personal care, denture care, skin care, medication, cultural needs, stimulation and night routines The care plans reflected people's preferences for how care and treatment was to be delivered, their level of independence and abilities.

One page profiles had been developed for each person who used the service, they included information about the best ways to support people, what people admired about them and important things in their lives. People's life history was recorded and contained details of where people were born, where they grew up, the schools they attended, where they worked and their family lives. People's goals and aspirations were also recorded. This helped to ensure staff knew the people they cared for and could support them effectively.

We saw evidence to confirm reviews of people's care and treatment were held on a six monthly basis. The administrative senior confirmed, "We invite people and their families to discuss their care whenever they want. We usually meet every six months or sooner if there have been any changes." The registered manager said, "We meet with one family every month, it was what they wanted so that is what we do."

People who used the service were encouraged to maintain contact with important people in their lives. The registered provider told us, "We call people's families and make sure people stay in touch and know what's happening in the lives. One person's family moved to South Africa and I have called them there to make sure they maintained contact." We saw that people were supported to follow their interest and to participate in meaningful activities. One person enjoyed gardening and the registered provider had ensured they were actively involved in this, which we saw they clearly enjoyed. The activities co-ordinator told us, "Not everyone likes the group things we do so I try and spend time with them on a one to one basis." Photo collages were displayed within the service and showed people enjoyed a range of activities. The registered manager told us, "We take people for meals out, we go to Hornsea Freeport, we celebrate people's birthdays, we have barbecues' in the summer, an Elton John impersonator comes which everyone loves, we have country and western nights; we try and keep people active and engaged."

A number of reasonable adjustments had been made within the service to help people to maintain their independence. These included, two passenger lifts, a ramped rear entrance, hand rails, raised toilet seats, specialised baths, relevant signage and a self-service trolley which people could use to make their own drinks.

The registered provider had a complaints policy in place that contained information in relation to acknowledgment and response times, internal investigations and how the complainant could take further action if they felt the response they received was unsatisfactory. A relative we spoke with said, "We come to lots of meetings and reviews and we see the managers when we come so if we wanted to raise anything we could."

Good

Is the service responsive?

We asked the registered manager if they had an 'easy read' version of the complaints policy which would have made it more accessible to some of the people who used the service. They told us they did not but thought it was a good idea; when we returned for the second day of the inspection we noted an 'easy read' version had been produced and was displayed on the 'service user communication' board.

Good

Is the service well-led?

Our findings

People who used the service told us they knew the manager and thought they were approachable. One person said, "I have lived in Rockliffe House and Rockliffe Court for 27 years. I know the manager and could discuss anything I wanted to with her. Another person told us, "I see the manager most days, not usually on the weekend but there is always a senior on if what I need to ask can't wait." The registered manager stated, "I am always available no matter when it is; the staff can call me anytime."

Relatives we spoke with told us they knew the manager and thought the service was 'well led'." Comments included, "Yes we know the manager, she is always available to talk to if we want her", "The manager is really good, she knows what she is doing and I always get a call if anything has happened" and "I think this is a wonderful home and it is a home, not like some of the awful new buildings where no one knows anyone else. From the first moment we came in here it felt right."

There was an open culture within the service where people's comments and suggestions were listened to. The registered manager told us, "They [the people who used the service and staff] can come and speak with me at any time about anything. We had looked after some people for some many years and we have had staff that have been with us as long, we are like one big family, I get to know about what's happening in people's lives and we support them whenever we can." A member of staff confirmed, "I can speak to the managers about anything, they are really supportive and understanding."

We saw evidence that quality assurance questionnaires were completed by people who used the service, relatives, staff and professionals who worked with the service. Feedback was reviewed and used to develop and improve the service as required. The administrative senior explained, "Last year's feedback showed that people and their families wanted more activities so we created an activities co-ordinators role and have tailored activities to what people told us they wanted." This helped to ensure people who used the service were listened to and were actively involved in developing the service to meet their needs.

The registered provider had a clear vision and set of values contained in their mission statement which was displayed prominently in the service. It stated, 'Our objective is to provide a high standard of care for all service users; embrace fundamental principles of good practice that can be seen and evaluated through the control of quality practices of the home." A senior member of staff said, "Things change all the time; we do some things differently now but we want to stay like an old fashioned home. One that feels like it's their [the people who used the service] home; where they get treated like they are family."

We reviewed the minutes of meetings that took place within the service. The administrative senior told us, "We used to have big [staff] meetings but they [staff] didn't find them very useful so we now have smaller meetings for specific staff which are shorter and focused on their role." We saw that senior team, staff, management and kitchen meetings were held on a monthly basis and used to discuss any issues, changes or improvements that were required. A member of staff told us, "The meetings are really good; we talk about everything that is going on and any changes to people and how we need to support them."

Performance monitoring audits were conducted on a three month rolling programme. We saw that the audits focused on specific areas of the service and care delivery for example, care planning, cleanliness and infection control, medication, accident and incident monitoring and the environment. The registered provider explained, "We have a 12 month plan where we focus on what we want to complete audits on. We look at feedback from the staff then focus on those areas and make improvements from our findings."

The registered manager understood their responsibilities to report accidents, incidents and other notifiable events that occurred within the service. The Care Quality Commission and the local authority safeguarding team had received notifications as required. We saw that the registered manager was supported by the registered provider and the service's administrative senior to ensure all incidents were reported without delay.