Aspire Healthcare Limited

Rocklyn

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 5 July 2016. We last inspected Rocklyn on 12 November 2015 when we found the provider was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to good governance. We wrote to the provider and asked them to send us a report confirming the actions they were going to take to meet their legal requirements.

In March 2016 the provider sent us a detailed report and examples of the work they were undertaking to meet their legal responsibilities. This inspection was to check that the provider was carrying out its legal responsibilities and that work had been completed as declared.

Rocklyn provides residential care for up to 11 people who have learning disabilities and at the time of our inspection there were eight people living there. All of the people living at the home were able to communicate with us, although two were not present during the inspection.

Rocklyn was originally two terraced properties which have been combined into one building spread over three floors.

The service had a new manager in post who had worked with the provider organisation for eight years and having been promoted to manager at Rocklyn, took up the post on 1 February 2016. They had applied to become the registered manager and their application was being processed. 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 service was generally well maintained and was undergoing further work to improve a recent leak. The provider had agreed to complete some outstanding work at the service, including a new sink and a drafty window in two people's bedrooms.

Safe management of medicines was followed and people told us they received the correct medicine from staff.

People told us they felt safe. Staff had received suitable training and knew how to report any concerns regarding the people in their care to the appropriate authorities.

Emergency procedures were in place, although we noted that the provider's contingency plan needed more detail specific to the service and the registered manager was in the process of updating the document.

Accidents and incidents were reported and monitored by the manager and provider. This meant that any trends forming would be easily identified and actions taken to stop any reoccurrence.

The provider followed safe recruitment practices and employed enough suitably trained staff to support people. The provider had an on-going programme of support and training for staff with a full induction programme when new staff joined the organisation. Staff told us they felt supported by the new manager.

A variety of food and refreshments were available for people and they told us they were happy with what was on offer.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found the provider had met their legal obligations.

People had a good rapport with staff and we saw this during our inspection. Staff spoke with people in a caring and kind manner and treated them with respect and dignity.

Care records were tailored around each individual person and were reviewed regularly with people, families and healthcare professionals fully involved.

We saw that people had choice in what they did. People were able to decorate their own personal space how they liked and in a way which suited them.

We found quality checks had been carried out by the manager and the provider and where issues had been identified; actions were either taking place or had already occurred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The majority of the service was safe.

The premises were generally well maintained and the manager and provider had agreed to repair a faulty window and install a sink in one person's room.

Risks to people were identified and managed appropriately and all accidents and incidents were recorded and monitored.

Correct medicines management procedures were followed.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns.

Is the service effective?

Good

The service was effective.

There were induction and training opportunities for staff and staff were supported by their line manager.

People were fully involved in their meal time experience and received enough food and drink.

The manager and staff complied with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were relaxed in the presence of staff and thought the staff team cared about them.

People were treated as individuals and respected. People's dignity was maintained.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that were centred around individuals and reviewed regularly.

People had activities to participate in and told us they were able to make choices about their care and what they did.

People and their relatives knew how to complain, although no complaints had been made.

Is the service well-led?

Good

The service was well led.

The was a manager in place who had applied, and had their application accepted to register with the Commission.

Audits were in place to monitor the quality of the service provided to people.

The manager had notified us of incidents which had occurred at the service.

Staff felt supported and were positive about the working relationship they were building with the new manager.

Rocklyn

Detailed findings

Background to this inspection

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

This inspection took place on 5 July 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider about incidents or serious injuries. We contacted the local authority commissioners for the service, the local Healthwatch and the local authority safeguarding team to obtain their views to support the inspection process.

We spoke with the six people who used the service and one of their relatives. We also spoke with the manager, the nominated individual and two members of care staff. We observed how staff interacted with people. The provider was represented by an appropriate person nominated by the organisation to carry out this role on their behalf (nominated individual).

We looked at care and medicines records for four people who lived at the service. We looked at recruitment records for two staff employed at the service. We looked at duty rotas; handover notes; health and safety records and information; maintenance documents; meeting records and complaints records. We also looked at a range of other information relating to the governance and management of the service.

After the inspection we asked the provider to send us a copy of their medicines policy and statement of purpose, which they did.

Requires Improvement

Is the service safe?

Our findings

People at the service told us they liked living there and thought they were protected by the staff who supported them. One person told us, "When I go out, I am able to walk with them [staff] and they help me. I won't fall then." Another person said, "Oh yes, I am safe here. I have lived here a long time."

The relative we spoke with confirmed that their family member was safe and well supported by staff. They said, "I have no worries about them living there."

We spent some time walking around the service and looking in all of the rooms to ensure that on-going maintenance was continuing to be carried out. One person showed us the work which the provider had carried out in the laundry area and in toilet facilities in the property. They explained that new carpets had been laid and new blinds installed. We found that generally the service was in good order, although we were not provided with a written plan of refurbishment from the provider, the manager had their own written plan and told us that they wanted to decorate rooms on an on-going basis and were liaising with the provider to ensure that this occurred. We noted that work was taking place to complete the repairs to the front of the building, including a recent leak.

One person told us that they would like a sink in their bedroom. When the nominated individual visited we spoke with them about this and they agreed to have the work completed. We later spoke with the manager who confirmed that they would request that this work be done immediately.

One person told us that they had a draft coming in from one of their windows. We asked if they had told the manager and they said, "No." We spoke with the manager about this and they were unaware of the issue, but immediately entered the information about the issue onto their maintenance system so that it could be addressed. This meant that the manager reacted swiftly to any issues that were raised by people who lived at the service.

Equipment checks had been carried out, for example, we saw a copy of the five year electrical check, which had a satisfactory report attached. The provider had also ensured that emergency procedures were in place, including a suitable risk assessment and fire safety drills and monitoring of equipment.

People's personal evacuation procedures were held within their records and after discussion with the manager, he agreed that a copy was to be put in the emergency 'fire file' which holds fire safety information and was more easily accessible to staff and would be available in a timely fashion should the need arise. We were able to confirm that before we left the service, copies had been placed in the 'fire file' which mean that if an emergency situation occurred, for example a fire, staff would be able to provide the emergency services with the information they would require to safely evacuate everyone from the building.

We noted that the provider's emergency contingency plan which was in place, needed to have more detail added to make it specific to the service. The manager told us he was in the process of updating this. An emergency contingency plan details what staff would do in the event of a serious issue arising, for example,

flooding. It would also contain information about where people would be relocated in the event that this occurred.

Staff had completed a range of risk assessments, including those in connection with falls and using stairs within the service. One person who was at particular risk of falls had a number of safety measures put in place to ensure they remained safe, including monitors which would notify staff if they left their room during the night which they had agreed to. These safety measures ensured the person remained as safe as possible and were reviewed regularly to confirm they remained effective.

We saw records of accident and incident reporting, including the completion of body maps where one person had fallen. This information was then transferred on to the provider's IT system, which showed trends and was easily monitored by senior staff. We saw where accidents or incidents had occurred, staff had taken appropriate action. For example, there had been a recent accident with one of the people who lived at the service which occurred away from the service in which a third party was at fault. The manager had acted appropriately and ensured that the person had the correct level of support and additional assistance they needed, including the use of a solicitor and a physiotherapist. The accident had been reported to the correct authorities, including as a notification to the Commission and the person was recovering well. We noted that not all accident reports had recorded the result of the accident or incident in full and when we mentioned this to the manager he said that this should have occurred and would make sure that all staff were aware for the future. Although accidents and incidents had been dealt with appropriately, this lack of detail meant that staff could not easily confirm the outcome of particular accidents or incidents, for example, if someone went to hospital and what the outcome was.

People we spoke with told us that they received their medicines on time and as prescribed. Staff we spoke with told us that they had received training on handling and administering medicines. We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis. 'As required' medicines are medicines used by people when the need arises; for example tablets for pain relief used for headaches. We saw that the provider had an 'as required' protocols in place to support people when they required these types of medicines. We noted that staff did not record the reasons why people had not required these 'as required' medicines on their medicines administration record, however when we spoke to the manager about this, they said that the paperwork would be updated immediately to include this information as per the company policy.

The service was clean and tidy, with people supported to maintain cleanliness in their own living spaces. We saw daily and weekly schedules of cleaning in place for the kitchen and other areas of the service. The service had one member of staff who was employed part time as a domestic and part of their role was to clean both personal and communal areas.

We asked staff about safeguarding procedures. One care staff member told us, "If we saw anything that was out of the ordinary" [they would report to the manager or other appropriate authority]. We saw there was a safeguarding policy available for staff to follow which detailed the action to take if abuse was suspected and all staff had received appropriate training. The manager was aware of the local authority procedures that staff would follow regarding safeguarding concerns. That meant people were better protected because staff were trained and understood their responsibilities; and there were systems and procedures in place to guide them.

We saw the provider had a whistleblowing policy in place to support staff to raise concerns about the delivery of care. All staff told us they could speak to the manager if they were worried about anything. Staff said they had never had to raise any whistleblowing issues at the service. That demonstrated staff had the knowledge and understanding to take action if they were concerned about the safety of people who lived at the service.

Staff personnel files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made and notes from an interview process. We saw references had been taken up, with one from the staff member's previous employer, and Disclosure and Barring Service (DBS) checks had been made. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

People told us they thought there was enough staff to meet their needs and we saw this through our own observations. We looked at staffing rotas and saw suitable levels of staff were available to support people at the service.

Good

Is the service effective?

Our findings

People thought they received effective care. Comments included; "I have a key worker to help me", "My keyworker checks everything is okay", "If something is wrong, the staff would know what to do" and "They [staff] ask if it's alright with me and see if I want to talk about anything or change anything."

People thought that staff undertook various training in order to support them and staff showed confidence while providing support to people who lived at the service. For example, one staff member was supporting a person to go out shopping and during the preparation for the trip, ensured that they had all the items they needed while away, including money, telephone and walking/clothing essentials for the person. We noted they were particularly conscious of personal safety, including how they walked with the person and where they stored valuable items, for example, money. One person told us, "They do do training. I have heard them talking about it." Staff confirmed that they had taken various training courses, including and were up to date with all training that was considered mandatory by the provider. One staff member told us, "I would like to do diabetes training and end of life training. I have talked with the manager about this and they are helping me to look into it." Mandatory training provided to staff included, administration of medicines, moving and handling, fire safety and infection control training. The manager told us that they were reviewing training to ensure that all staff continued to gain valuable updates in a range of other non-mandatory training in order to be able to deal with people's changing needs as they became older.

We confirmed that the provider continued to provide staff with a full induction programme including shadowing experienced staff and completing a range of training. Staff told us they had received regular supervision and support sessions with the new manager and we saw that regular appraisal of staff performance was undertaken. Supervision and yearly appraisals are terms used when providing on-going support and professional development to staff within a service. This meant that staff were fully supported and received professional development opportunities.

People were able to decide if they wished to give consent to staff before particular elements of their care was undertaken. We saw this taking place during the site visit. We saw one member of staff asking a person if they could help them with a particular task which needed to be completed. The person declined and the staff member respected this and offered reassurance from a distance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Livery Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met and we found they were. No one in the service had been placed on a DoLS as they were deemed to have capacity.

People told us they enjoyed the food that was prepared for them or that they helped to prepare. All of the people at the service were able to eat their meals unsupported, although support was given in the preparation. The staff we spoke with were aware of people's dietary likes and dislikes as recorded in their care records. People confirmed they did not have to have food they did not like and were able to have another option. Cupboards, fridges and freezers had a range of fresh and packaged foods which indicated that diets were varied and we saw menus which confirmed the types of meals on offer over a period of time. People's food and hydration needs had been assessed and care plans were in place to support any needs identified. For example, where people were at risk of being overweight, plans were in place with outcomes to support those people in achieving and maintaining a healthy weight and we saw that referrals had previously been made to dietitians where the need arose for additional support. Throughout the day we saw people had access to the kitchen areas and were able to make themselves refreshments as they required or with support from staff. We noted that on people's records, their weight was recorded. All of this meant that people received adequate food and refreshments at a time which suited them. Staff supported people to remain as healthy as possible, with any changes in their nutritional needs being monitored and referred to specialist care if required.

A 'hospital passport' was in place. A hospital passport is a document produced by a service to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. This meant that any other health related service could be provided with vital information quickly in order to assist them.

People had been referred to healthcare professionals if a need arose. For example, a GP had been called out to examine one person after concerns arose around their health. Staff had acted quickly in response to the person's health problem which meant that they were able to receive treatment without undue delay. The person had subsequently responded well to treatment, which was in part, due to the quickness of response by staff.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "She [Member of care staff] is doing the run with me on Sunday, that's nice isn't it." This was in connection with a charity run being completed by the person in aid of cancer and they commented on how caring the staff were being for helping them to compete. Staff had supported the person to help them raise money for the charity run, which included personal donations from staff including management at the service and the provider. Another person said, "All of the staff here are nice. I like them all." A third person smiled when asked if the staff were caring and said, "Yes, they are."

People were relaxed in the presence of all the staff they were with. We heard caring, positive and warm conversations taking place and staff were not always aware we were in the vicinity.

People told us that they felt involved with how the service was run and we saw examples that people were comfortable to approach the staff, manager and provider with any issues that they felt needed to be shared or any comments they wished to make. For example, on the day of the inspection, one person approached the nominated individual during their visit to the service and spoke with them about an issue in their bedroom. The nominated individual agreed that this issue would be dealt with for them.

Meetings had been held for people who lived at the service and there was one organised for the near future. The manager confirmed that these would be held more regularly than they had been and said, "It's important for residents to talk in a group like that."

We noted that the provider had purchased new blinds for stair areas to address the risk to the dignity of people using the toilet facilities during the night in particular. People's privacy and dignity was maintained by staff at the home. We saw staff closing bedroom doors when they were about to support people. We heard and saw staff knocking on bedroom doors before they entered and calling through to check if anyone was inside. One member of care staff told us, "I would like to think if I was in the same position staff would treat me well."

The manager explained to us that promoting the independence of people who lived at the service was very important to him. They told us, "I am keen to promote their [people's] independence as much as is possible. It's important that staff don't do everything for them [people], which if I am honest, is difficult for staff sometimes as they really care about them [people]. We are getting there though." Since our last inspection we noted that two people in particular who lived at the service were now being much more active in the community either on their own or with the support of staff, which meant that people's independence was actively encouraged.

People had private accommodation and there were a number of rooms in the service that could be used for people to sit quietly, including two lounge areas. One person enjoyed sitting out in the fresh air and told us, "I like to sit at the front and watch what goes on." This meant that the provider was aware of the importance of privacy and helped people to have access to private space when required.

No one at the service used advocacy services. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. We saw information was available to people.

Good

Is the service responsive?

Our findings

People's care was regularly reviewed involving people, staff, family and professionals. That ensured people were cared for and supported in a way which was personalised to their individual need. We noted when people's needs changed before a review was due, for example when an accident had occurred; their care records also showed this had been reviewed for any possible changes which may have been required. One person told us, "We talk about what I have done and what I want to do."

We saw people's needs had been assessed, including their physical, psychological, social, behavioural and communication needs and these had been care planned and regularly reviewed. People's care records were detailed and clearly showed how staff would support them with their daily needs. We saw that each person's need was mapped out, with outcomes they would like to achieve and each month these were reviewed with the person by their key worker. An 'outcome star' was included in each person's records which acted as a visual record of how they were doing in achieving any outcomes agreed.

When we arrived at the service and before we had entered the premises, we noted one of the people returning from a visit out. The person appeared happy, but displayed unusual behaviour which we brought to the attention of the manager and staff and noted that the staff would not have seen this behaviour because the person normally socialised unsupported. They immediately noted our information and told us what they planned to do. We spoke with the person during the day and they told us they were happy and liked living at the service. They also indicated that nothing was worrying them. After the site inspection, the manager contacted us to inform us they were reviewing the person's care records after having a discussion with them about any concerns or additional support they might currently need.

We saw people making choices during the inspection. One person told staff they wanted a particular item for lunch. We saw another person making themselves a drink in the kitchen a number of times throughout the day. People told us they had choice in how their bedrooms were decorated. One person showed us their personal items and said, "These are all mine, I like them out like that." This referred to their ornaments and pictures which were displayed around the room on cupboards and walls.

We saw people participated in a range of activities, including; swimming, life skills classes, gym, shopping, attending local community venues where a range of activities took place and visiting family and friends. One person enjoyed spending time in charity shops and other curiosity shops where they satisfied one of their hobbies of collecting particular items. That meant people were able to enjoy activities meaningful to them and which helped them to integrate into the local community.

People and their relatives knew how to complain and there were procedures in place and available to use. We noted no complaints had been received since the last inspection and when we asked the manager about the process, they knew how to handle them appropriately. We asked people if they knew how to complain and they confirmed they did. One person told us, "I would just see [manager's name]." Two people at the service spoke openly about what they liked and did not like in front of staff members, and their comments were listened to. This confirmed that staff listened to people and we were confident that if a complaint or

concern was raised, that the matter would be dealt with appropriately, by both the staff and the manager.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a manager in place. They had started work as the manager of Rocklyn in February 2016 after working in a nearby service as a deputy and having worked for the provider in total, for eight years.

They had applied to register with the Commission after being appointed to the post and the application had been accepted and was being processed. They were passionate about supporting the people in the service to achieve as much as possible and remain as independent as they could.

People told us that the manager walked about the service to check all was well and always spoke with them to see they were happy. One person said, "He walks about checking. I think he must be looking to see everything is alright. That's nice, isn't it?" Staff confirmed that the manager completed a walk about every day to check on the building and the people who lived at the service and where issues were noted, this was reported to the provider straight away. Staff also confirmed that a written handover takes place at every shift change and we saw this. This all meant staff were aware of any issues or concerns as soon as possible and the manager took remedial action promptly.

Surveys had been completed by people who lived at the service. These showed that the provider wanted to gain the views of people who lived there. Although we did not see any comments requiring action, people told us that they completed these with staff and it was an opportunity to write what they thought of the service. One person said, "I can say if I don't like something." We noted one comment on a recent survey stated, "Supports great" and "Yes, staff are alright."

We talked with staff members separately and asked about any differences they had noticed since the new manager had started, particularly in relation to the people living there. One staff member said, "Don't get me wrong, I liked the last manager, but I think there have been some good changes. He listens and has helped us sort things out." Another staff member said, "Yes, there has been some positive changes. [Person's name] is going out and about now where they weren't before, which is really good" and "[Person's name] is much better at going out themselves now. They would not go out on their own before." This indicated that the new manager had made a positive start since working at the service for the benefit of the people who lived there and had started to build a good working relationship with the staff team.

Regular staff meetings took place and we saw records of these and staff confirmed this was the case. One meeting had been held which had discussed, medicines management, people's finances and care planning. We noted that these were generally held every two months with a one due in the forthcoming few weeks.

Staff told us of some changes with the working hours at the service and we were made aware that they had spoken with the provider about this. When the provider visited we spoke with them about this change. He told us that he had spoken with staff about this and was happy to discuss further if necessary. The manager was aware of the situation and was supporting staff with the transition.

The manager completed a number of audits at the service, including those in connection with care plans, medicines and health and safety. We were already aware that some of the audits were new to the provider and the manager was completing these, although they told us, "Its early days but I am getting to grip with them." We noted that in the audits, where issues had been noted, actions had been made to rectify these.

The provider had appointed a quality assurance person within the organisation whose role was to complete a range of checks on behalf of the provider to ensure that quality was maintained at each of their services. We saw that two visits had taken place, one in March and one in April 2016. We noted that a number of checks had been completed by the quality assurance person, including those on the premises and on staffing.

Checks on infection control, including cooking of meat, fridge and freezer temperature checks and cleaning schedules of the service; had been completed. The service had a food hygiene rating of five which is the highest achievable from the environmental health department. This meant that checks completed had ensured quality was maintained.

We checked the records of issues raised with the provider after health and safety checks had found issues. For example, with decoration or a piece of equipment not working. We saw that the manager had found these issues and had reported to the provider via their online portal, some of which had been rectified and some of which were due to be.

The provider had published the previous rating inspection on their website and within the service and the manager had sent us notifications of relevant incidents or changes within the service. The manager told us, "If I was in any doubt, I would always seek advice." This meant the provider was complying with the legal requirements of their registration.