

# Aspire Healthcare Limited

# Rocklyn

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

About the service: Rocklyn is a residential care home that can provide personal care to up to 11 people. Care is mainly provided to people with learning disabilities. There were seven people using the service when we visited.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: Rocklyn was a relaxed place to live. People looked very comfortable and at home in their surroundings. They could come and go from the home whenever they wanted. People told us they felt safe and well cared for. Staff were friendly. Most had worked at the service for a long time. People and staff knew each other very well and they looked at ease in each other's company. People were included in planning their care and set goals that they wanted to work towards.

Staff were well trained and knowledgeable about their roles and the care people needed. Relatives told us staff did a good job. One relative told us about the ways their family member's life had improved since they started living at the home. They told us they had more confidence and were much more active than they had been before. People took part in lots of activities in the local town.

Systems and processes were in place and well monitored so the home was safe and run well. Medicines were well managed. We saw improvements had been carried out to the building since our last inspection and that refurbishment plans were still being carried out to further improve the accommodation.

People's rights were upheld. People were given choice and their decisions were respected. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible;

Some information had not been written in a way that people using the service could understand. We have set a recommendation that the provider reviews records and written communication with people so that they are easier to understand.

The service was well run. The registered manager knew people well. Staff told us the registered manager was fair, and good at listening to people and staff's thoughts about how to make the service better. The registered manager carried out lots of checks to make sure that the service was delivering a good service.

Rating at last inspection: Good (Rating provided in August 2016)

Why we inspected: This was a planned inspection. It was scheduled based on the previous rating.

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Rocklyn

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Rocklyn is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we used information about the service to plan. We reviewed notifications. These are sent us to us about certain incidents that have occurred within the service that the provider must tell us about.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are an independent organisation who listen to people's views about local service to those who commission, deliver and regulate health and care services to improve.

We assessed the information we had asked the provider to send us including what the service does well and any improvements they plan to make.

During the inspection, we spoke with five people who used the service. We also spoke with the registered manager and both the care workers on duty at the time of our inspection. After the inspection we telephoned two people's relatives to ask their views on the care provided.

We reviewed a range of records including two people's care records, recruitment records for two staff, and staff training and supervision records. We looked at records relating to the management of the service and the provider's policies and procedures.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met. At the last inspection some aspects of the safety of the home required improvement. At this inspection we found these areas had been addressed and the service was safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection we saw some decoration, fixtures and fittings in the home had not been well maintained. After that inspection the provider told us they would implement a refurbishment plan. At this inspection we saw improvements had been made. Communal areas and bedrooms had been redecorated. Equipment had been replaced. Some work, such as replacing carpets was ongoing but had been scheduled.
- Regular checks were carried out to make sure premises and equipment were safe.
- Risks had been assessed. Staff had information about how to reduce known risks.
- The registered manager reviewed any accidents or incidents to look for trends. Where possible they took action to reduce the chances of the accident or incident happening again.
- Emergency plans had been strengthened since our last inspection. Details about people's needs, and the support they needed in the case of evacuation were stored alongside emergency contacts.

Systems and processes

- People and relatives told us the home was safe. Their comments included; "Yes, it's a safe place to live" and "[Person's name] trusts the staff."
- Effective systems were in place to safeguard people from harm. Staff understood what constituted abuse and the steps they should take if they had any concerns about people's safety or wellbeing.
- The registered manager told us there had been no safeguarding incidents within the last year. Historic records showed prompt referrals to the local authority safeguarding team had been made where required.

Using medicines safely

- Medicines were well managed. People were given their medicines by trained staff. They were stored securely.
- One person looked after their own medicines. Plans were in place so that this was done safely.
- Medicines records were well completed and showed people had received their medicines as prescribed.

Staffing levels

- There continued to be enough staff to meet people's needs. People and relatives told us staff were always available when needed. Staff spent time talking with people and taking part in activities. One staff member said, "It's a nice little amount of people to staff. We can give them that extra time."
- Staff had been recruited safely to make sure there were no known reasons why they should not care for people.

## Preventing and controlling infection

- The home was clean. Staff followed a cleaning schedule and wore appropriate protective clothing when carrying out certain tasks to minimise infection control risks. A cat lived at the home. People followed a cleaning rota to ensure the litter tray was clean and free from bad smells.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this. At our last inspection we rated this key question as good. At this inspection the service continued to be effective.

Staff skills, knowledge and experience

- Staff had the skills and experience to support people. They received a programme of training, delivered mainly through E-learning. Staff's understanding and skills were checked through knowledge and practical tests. One relative said, "The staff have been there years. They know people inside and out. They seem to know what they are doing."
- New staff completed induction training and learned from experienced staff before they delivered care. The induction process included completing the Care Certificate, a set of required standards for care staff.
- Staff told us they felt supported and that their views were listened to.

Assessing people's needs and choices; delivering care in line with standards and guidance

- People's needs had been assessed using guidance and tools. Care plans had been written to describe to staff what they needed to do to meet people's assessed needs.
- Care plans were detailed. They had been kept up to date when people's needs had changed.

Supporting people to live healthier lives, access healthcare services and support; Consistent, effective, timely care within and across organisations

- The service worked well with other organisations so people received the care they needed. Staff closely monitored people's health. They had contacted doctors and emergency healthcare support where people became unwell and made referrals to healthcare professionals to help people live healthy lives.
- Some people told us they liked to go to their healthcare appointments by themselves, but that staff would always come with them if they wanted them to.
- Information was shared well across the service. Staff made detailed notes about the care they provided. Important information or any changes were shared between staff at meetings held at the start and end of staff shifts.

Supporting people to eat and drink enough with choice in a balanced diet

- People had access to a choice of food and drink whenever they wanted it. People helped themselves to snacks from the kitchen throughout the day. They told us there was always plenty of food available.
- People told us the food was usually very good. One person said, "I'm quite fussy. But there is always a choice so I can have something I like."

- Staff were aware of people's nutritional needs and prepared suitable types of food.
- People decided what they would like to see on menus and were supported to prepare some meals.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Rocklyn continued to follow the MCA. People made their own choices and their decisions were respected. Staff understood the MCA, and told us what they would do if they had any concerns about people's capacity.
- People could come and go from the home as they wished. People left the home by themselves to go to groups or into the local town centre.

#### Adapting design and decoration to meet people's needs

- People were involved in decisions about home. They had decided how they wanted their bedrooms to be decorated, and as a group picked the colour schemes for communal areas.
- There was no lift in the home so people's mobility needs were regularly checked to make sure they could access their bedrooms safely. If people started to find using the stairs difficult there were empty bedrooms on the ground floor which could be used.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care. At our last inspection we rated this key question as good and at this inspection found the service was still caring.

Ensuring people are well treated and supported

- People told us the staff were friendly and caring. One person said, "They are all kind."
- Relatives confirmed that staff treated people well. One relative said, "The staff are spot on. They go out of their way, not just in the way they do their job, but as a friend. They are a friend to [person's name] and a friend to us."
- Staff knew people well. The staff team was small and consistent. Staff had worked with some people for many years. We saw they knew about people's lives, needs and preferences. People and staff looked relaxed in each other's company, sharing jokes, making plans and talking about their day.
- Staff told us they enjoyed their jobs and were proud of the positive impact they had on people's lives. One staff member said, "I love it here. I love the residents. I get quite attached."

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

- People told us they were listened to. One person said, "The staff are good. They listen to us all. They help us with things."
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand so they could make decisions about their care.
- Information was available to people about how they could access an advocate if they wanted one. Advocates are independent and can help people to make complex decisions.

Respecting and promoting people's privacy, dignity and independence

- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- People were supported to maintain and develop relationships. Staff helped people to find activities and groups where they could meet friends. Family members told us they always felt welcomed when they visited the home, and described how staff always offered them a drink. Family and friends were invited to birthday celebrations, events and meals so people and their relatives could be a big part of each other's lives.
- People's dignity was upheld. People had a key to their room and told us staff knocked on their door before they entered.
- Staff supported people to be independent. People's physical needs did not stop people from doing things for themselves. The provider had bought equipment which meant people could pour a kettle without needing to pick it up. Which meant everyone in the home could make themselves a hot drink without needing help from staff.
- Staff helped people to feel more confident doing things for themselves. Staff helped to plan a bus route and travelled with the person so they knew where they needed to go to visit a friend in hospital. Once they

had done it a couple of times with staff, they felt able to make the journey alone.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were not always met. At our last inspection we rated this key question as good and at this inspection found the service had deteriorated and improvements were required.

Personalised care; How people's needs are met

- Information was not always provided in ways which people understood. The provider was still working towards meeting the Accessible Information Standard, a legal requirement to meet individual's communication needs.
- Some people could not understand the written word. Records about people's care were written in small text, and used complicated language. They had not used pictures to help people to understand. A survey asking people about their views on the service had also been written in this way.

We recommend that the provider reviews all documentation to ensure they meet the Accessible Information Standard.

- Staff understood people's communication needs. They talked with people in a way which they understood.
- Care was personalised. People worked with staff to decide what support they needed and how it would be delivered.
- People had set goals about what they would like to achieve and how they would work towards meeting them. One person was trying to eat healthier and exercise, another person wanted to go on holiday and had planned how to save up for it.
- Care plans took account of people's likes, dislikes and preferences.
- People's voices were not recorded when care was reviewed. Staff regularly reviewed the care people received and their progress towards goals. They told us that people were included in this process. However, people's thoughts and feedback had not always been noted. The registered manager told us they would look into this so records showed people's views.
- A relative told us, "I'm over the moon for [person's name]. Before they went to Rocklyn you'd be struggling to get them to leave the house. Now [person's name] goes to the pictures and into town by themselves. The staff have been awesome. I think it's because [person's name] trusts staff so much that they have been able to do so much more."
- People were supported to take part in activities in the local area. Staff encouraged people to go to lots of one off and regular social events such as drama groups, college courses and craft workshops. Activities, such as board games, films and arts and crafts were on offer in the home and day trips to local museums had been planned.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint.

- Information about the complaints policy had been discussed in 'residents' meetings.
- No complaints had been received in the year before our visits, but a complaints procedure was in place.

#### End of life care and support

- No one using the service was receiving end of life care. People had been asked about their end of life wishes. The registered manager told us they were committed to helping people to stay at Rocklyn at the end of their lives if that is what they wanted. They told us they would work with healthcare professionals to make sure people could receive the care they needed whenever possible.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. At our last inspection we rated this key question as good and at this inspection the service continued to be well-led.

### Leadership and management

- People, relatives and staff were positive about the way the service was run and the attitudes of the registered manager and staff. One relative said, "It's 100% spot on. I couldn't improve it."
- The registered manager had a good presence in the home. They knew people, their needs and their relatives well.
- During our inspection the registered manager was open to our feedback and findings.

Managers and staff are clear about their roles, risks and regulatory requirements;

- The registered manager and staff understood their roles. There was a clear structure in place. Staff told us they could contact the registered manager or provider if they ever needed support.
- Regulatory requirements had been met. The provider had notified CQC about events they needed to.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Continuous learning and improving care

- A schedule of checks were carried out to make sure the service was safe, working well and meeting people's needs. The registered manager's quality checks included highlighting where improvement actions were needed and monitoring them until they were in place. The quality checks the provider carried out were much briefer so we could not tell which specific records had been reviewed.
- The provider was continuously aiming to improve. The provider shared information about what was working well at their other services. The registered manager subscribed to care magazines and emails which shared good practice. They reviewed all of the information available to them, such as accidents and incidents records to introduce new ways of running the service and caring for people.
- The registered manager was open with people. They discussed what was and was not working well during regular meetings with people. They were aware of the duty of candour, which sets out how providers should explain and apologise to when things have gone wrong with their care.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- The registered manager and staff talked with people about their experience of the service on a daily basis, Changes were made based on people's feedback such as menu options and choice of activities. People

were invited to regular meeting so they could make group decisions about what they wanted from the service.

- Views were sought from people who used the service, relatives and staff through questionnaires.
- Staff told us they felt listened to. They attended regular staff meetings and told us they could speak to the registered manager whenever they needed to.
- The service had good links with the local community. One person had volunteered for a local charity and people attended local groups.
- Staff worked well with health and social care professionals involved in people's care.