# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Rocklyn

46-47 Esplanade, Whitley Bay, NE26 2AR

Tel: 01912529036

Date of Inspection: 02 May 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Consent to care and treatment** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Cleanliness and infection control** | ✗ Action needed |
| **Safety, availability and suitability of equipment** | ✗ Action needed |
| **Staffing** | ✓ Met this standard |
| **Complaints** | ✓ Met this standard |
| **Records** | ✗ Action needed |

## Details about this location

| | |
|---|---|
| Registered Provider | Lifestyles Care & Support Limited |
| Registered Manager | Mrs. Julie Anne Henry |
| Overview of the service | Rocklyn is a care home which provides accommodation, care and support to up to 11 people with learning disabilities. The home is a two terraced house conversion located in Whitley Bay. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

### What people told us and what we found

All of the people we spoke with told us they were happy with the care and the support they received. We found that people were asked for their consent before they received any care or treatment and that the provider acted in accordance with their wishes. One person said,"The staff give me my meds (medicine) and they knock on my door before they come in."

We found that people's needs were assessed and their care was planned. People received the care they needed. One person said,"I feel well looked after at the home".

We concluded that people were not protected from the risk of infection because appropriate guidance had not been followed.

People were not protected from safe or unsuitable equipment because electrical equipment within the home had not been appropriately serviced.

There were enough suitably skilled and qualified staff on duty to met people's needs safely and appropriately.

The provider had a complaints policy and procedure in place and we saw that complaints raised had been handled appropriately. One person told us,"Yes, I'm aware how to make a complaint. I'd tell the staff. I'd be happy talking to the staff."

We found that records held in relation to people's care and treatment were not suitably maintained in order to ensure that people's care needs were met and their health and welfare protected.

You can see our judgements on the front page of this report.

## What we have told the provider to do

We have asked the provider to send us a report by 11 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Consent to care and treatment** ✓ Met this standard

**Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

### Reasons for our judgement

People told us their consent was always sought by staff prior to the delivery of care. Their comments included,"The staff give me my meds (medicine) and they knock on my door before they come in." Another person said,"Staff ask me if I would like them to accompany me to my doctor's appointments."

We viewed six people's care records. We noted that each person had signed documents relevant to their care, for example we saw risk assessments related to people travelling on public transport.

Staff explained to us how they made sure people understood their care and treatment. We found they recognised the importance of ensuring people could give their informed consent prior to receiving care. For example, care records showed that one person had given consent for the involvement of the Local Authority Enablement Team regarding them leaving the premises unaccompanied. Another person had signed an agreement that they would use one particular staircase with handrails in case they fell. This demonstrated that the provider sought people's consent to the care that was being delivered.

Staff told us they ensured people made their own choices about their care. For example, one person with an injury told us they preferred a bath. They said staff respected their wishes.

We concluded that people were given choices and asked for their consent before they received any care or treatment. We found the provider acted in accordance with people's wishes.

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

## Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

## Reasons for our judgement

There were ten people in receipt of care and support at the time of our visit. We spoke with four people about their care and support. People told us they were happy with the care they received. One person told us,"It's good, the staff are nice and yes, they explain everything to me." Another person said,"It's a pleasure to live here, I love it."

We noticed that some people needed more support than others because of their physical or mental health needs. We saw that people were encouraged to retain as much control over their lives as possible. For example, two people attended art and drama classes at college and were also members of a local music group. One person was a volunteer at a charity shop and on occasions, stayed overnight with relatives away from the home. One person said, "I choose when I go out, I go to drama and music classes, I am always out."

We asked staff about the care needs of the people they supported. They were able to describe people's needs and the information they provided supported our observations. We saw that people appeared relaxed and comfortable with the care they received. This showed that staff were aware of people's needs and how to promote their well-being.

We found the provider ensured people's healthcare needs were met. For example, we saw documentary evidence that people routinely attended doctors, dentist and chiropodist appointments. When necessary, there was specialist input into people's care. For example, information had been given to the service by a healthcare professional in respect of one person's specific medical condition. This was available to staff and it meant that they could support the person concerned appropriately.

We concluded that people received the care and treatment they needed and it was delivered in a way that was intended to ensure their safety and welfare.

**Cleanliness and infection control** ✖ Action needed

**People should be cared for in a clean environment and protected from the risk of infection**

## Our judgement

The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

We walked around the building and found that the communal areas such as the lounge, corridors, dining rooms and kitchens were clean. We entered several bedrooms and saw that they were also clean. People told us they were happy with cleanliness levels within the home. One person said,"When the cleaner cleans, my room always smells clean and fresh." Another comment made was,"My room is clean and so are the eating areas."

All providers of health and social care have to comply with the Department of Health publication: Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance. We found that criterion one of this code, which requires the service to have systems in place to manage and monitor the prevention and control of infection was not being fully met.

Staff told us, and we saw there were some cleaning and infection control procedures in place, but we found that these were not sufficient.

We saw one member of staff in the kitchen was wearing personal protective equipment (PPE), such as gloves and aprons, however, we saw a cleaner wore gloves but no apron whilst cleaning a dirty toilet. We asked the cleaner about the availability of aprons and were told, "I haven't got an apron, I would wear one if they were available to prevent splashing."

Staff also confirmed that water soluble red laundry bags for segregating soiled linen were not available within the home. They told us, "Red laundry bags, we don't use them." We asked staff how they dealt with soiled linen should the need arise. They told us that this was put in people's laundry baskets and was washed at a later time. This meant that people and staff were exposed to catching an infection and soiled linen was not segregated and immediately isolated to reduce the risk of cross infection.

We saw a soiled bed sheet in one person's room and asked a member of staff what the procedure for removing and cleaning the soiled sheet would be. They said the person

concerned would change their own bedding with support from staff who would be wearing PPE. The staff member said the person who was removing their own soiled bed linen would not be wearing gloves or an apron, but would be prompted to wash their hands afterwards. We noted that this soiled bed sheet remained on the person's bed for two hours, before it was removed by the person themselves and carried around the home un-bagged.

We saw that the washing machine within the home was located in a designated laundry area accessed by walking through the kitchen. This meant that un-bagged linen which might pose an infection risk had to be carried through an area where food was prepared.

We saw that clinical waste bins that were not foot pedal operated in two communal bathrooms. These both contained used, but bagged, incontinence pads. This meant that staff or people had to lift the bin lid manually to deposit and remove the clinical waste and this increased the risk of cross infection.

We saw the outer plastic coating of a wooden sink pedestal surround in one person's bedroom was damaged and the exposed Medium Density Fibreboard (MDF) was stained with black mould. We showed this to the provider who accepted the finding and told us this would be removed immediately as the room was due for refurbishment.

We saw that toilet brushes within communal bathing rooms were stored in containers which were dirty and filled with dirty water.

The provider confirmed that no cleanliness and infection control audits were in place to identify any shortfalls in the cleanliness and infection control procedures within the home.

We concluded that effective systems were not in place to reduce the risk and spread of infection.

**Safety, availability and suitability of equipment** ✖ Action needed

**People should be safe from harm from unsafe or unsuitable equipment**

## Our judgement

The provider was not meeting this standard.

People were not protected from unsafe or unsuitable equipment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

We did not plan to inspect standards of safety, availability and suitability of equipment on the day of our visit. However, we identified concerns which led us to look at this regulation.

We saw that electrical appliances in communal areas within the home had not been tested to ensure they were safe for use. We found that Portable Appliance Testing (PAT) had previously been done, but the date by which it should have been retested was March 2012, over fourteen months ago.

The provider accepted the findings and told us that the PAT testing machine was currently being calibrated and that the electrical appliances would be tested and certificated as soon as it was returned.

We concluded that people were not protected from the risk of harm from unsafe or unsuitable equipment because the provider had not appropriately serviced portable electrical appliances within the home.

**Staffing** ✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

## Reasons for our judgement

Staffing levels were decided by the provider, taking into account the number of people using the service. Staff told us there were enough staff to meet and respond to people's needs and we saw in practice that they were not unduly rushed. One person commented,"The staff are lovely and helpful; the staff take me out for walks."

We looked at the staffing rota which confirmed the number of staff on duty, along with a sample of rotas from the two months prior to our inspection. Records showed that there was always two care staff on duty between the hours of 8am – 6pm. Staffing levels decreased overnight to one sleep-in carer from 6pm – 9am. In addition, the manager worked from Monday to Friday 9am until 5pm. The provider also employed a cleaner and a handyman, who both worked 16 hours per week.

Staff confirmed that any shortfalls in staffing were covered by existing team members and that bank and/or agency staff were not used.

We looked at training records held within the service to evidence that staff were suitably skilled and qualified and we found that they were. Staff we spoke with were knowledgeable about individual's preferences and care needs.

We concluded that there were sufficient numbers of staff on duty with the right experience and knowledge to meet people's needs.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available and comments and complaints people made were responded to appropriately.

## Reasons for our judgement

People told us they felt able to raise concerns about the service but they had no complaints to make. We asked people if they knew how to make a complaint and if they had ever complained. One person told us, "Yes, I'm aware how to make a complaint. I'd tell the staff. I'd be happy talking to the staff." Another person said, "I made a complaint once, I wrote a letter, it was sorted out quick. I was supported in making the complaint and treated well after making it."

We looked a log of complaints kept by the provider. This contained the date of complaint, a summary of the concern or complaint, any resulting investigation and the outcome. This dated back to March 2012 and we saw there had been four documented complaints. We cross referenced the complaints book with people's care records and found documentation related to the complaint; its investigation and the outcome were present.

We looked at the provider's policy and procedure about complaints and saw it was structured, with step by step guidance on how a complaint would be handled and the timescales involved. This showed that there was a system in place to deal with complaints and concerns.

The provider's complaint policy and procedure advised people that they could make a complaint to the Care Quality Commission (CQC) if they were not satisfied with how their complaint had been dealt with by the provider. The provider may find it useful to note that CQC do not deal with complaints on behalf of individuals, but uses the complaint information to inform risk assessments and future inspections of the service.

We spoke to staff who confirmed they had not assisted any person who lived at the home to make a complaint. They could describe the process they would follow if they needed to do so. We considered that staff had read and understood the complaints procedure.

We concluded that people, or those acting on their behalf were supported to make a complaint. We were satisfied that complaints would be responded to appropriately, without the fear that people would be discriminated against for making a complaint.

**Records** ✖ Action needed

**People's personal records, including medical records, should be accurate and kept safe and confidential**

## Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

We had not planned to inspect this essential standard but we identified concerns which led us to look at this regulation.

We looked at copies of staff records including training and other records related to the operation of the service, such as health and safety records. We saw that these were maintained in an appropriate form.

We examined six people's care records. Although a very basic level of dependency had been completed recently for each person, we found that there were no care plans in place for five of these people. Care plans help to ensure that people are protected from the risks of receiving inappropriate or unsafe care or treatment. Staff confirmed that one person had a specific medical condition and we found that there was no associated care plan or risk assessment in place for this person.

Staff and the provider were unable to locate the absent care plans during our visit, although the provider confirmed that they had been originally produced. Consequently, staff did not have written information available to them, to refer to and to update when they delivered care.

We concluded that people were not protected from the risks of unsafe or inappropriate care and treatment because appropriate records were not maintained.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | **Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Cleanliness and infection control** |
| | **How the regulation was not being met:**<br><br>People were not protected from the risk of infection because appropriate guidance had not been followed. Regulation 12(1)(a)(b),(2)(a) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | **Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Safety, availability and suitability of equipment** |
| | **How the regulation was not being met:**<br><br>People were not protected from the risk of harm from unsafe or unsuitable equipment. Regulation 16(1)(a) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | **Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Records** |
| | **How the regulation was not being met:**<br><br>People were not protected from the risks of unsafe of inappropriate care and treatment because accurate and appropriate records were not maintained. Regulation 20(1)(a) |

## This section is primarily information for the provider

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 11 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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