

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

Rockliffe Court limited

331-337 Anlaby Road, Hull, HU3 2SA

Tel: 01482328227

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines

✓ Met this standard

Staffing

✓ Met this standard

Records

✓ Met this standard

Details about this location

Registered Provider	Rockliffe Court Limited
Registered Manager	Mrs. Jean Susan Goodwin
Overview of the service	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 and a large garden. The building is accessible to people with mobility difficulties. There is car parking at the rear of the building.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Rockliffe Court limited had taken action to meet the following essential standards:

- Management of medicines
- Staffing
- Records

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 7 January 2014, talked with staff and talked with commissioners of services.

What people told us and what we found

At the last inspection on 25 October 2013 we issued a warning notice for the management of records and compliance actions for concerns relating to the management of medicines and staffing numbers. During this follow up inspection we found that improvements had been made in all three areas.

We found that medicines were managed appropriately and people received their medicines as prescribed. The treatment room was clean and tidy and medicines were stored safely.

We found there had been an increase in the staffing numbers. This ensured there was sufficient staff on duty at all times to meet the current needs of people who used the service. Staff confirmed the numbers of staff had increased in the evenings which had made a difference to the support they were able to give to people. Comments from staff included, "The extra staff has made a big difference. We have more time in the evenings and don't feel rushed" and "We do have enough staff; a lot of people are independent and don't need a lot of support."

We found records used in the home had improved. These included care records and those used for managing the service. Comments from staff about records included, "Recording has improved; the files are set out much better" and "We have better recording and know more about what is going on. We follow through more and when we do evaluations we go through all the daily reports."

We have asked the local authority to check out something we noted in one of the records.

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

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

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

At the last inspection on 25 October 2013 we issued a compliance action for this outcome area. We were concerned that the management of medicines was not effective. During this follow up inspection we spoke with staff about the improvements made to the management of medicines, looked at several medication administration records (MARs) and checked the treatment room where medicines were stored.

We found improvements had been made with the overall management of medicines. Arrangements were in place in relation to obtaining medicine. These were supplied on a monthly basis and the task of ordering medicines was delegated to one person to avoid confusion.

Medicines were kept safely. Those medicines for everyday use were supplied in monitored dosage systems (MDS) for each person who used the service. Medicines were stored in trollies, which were secured to the wall of the treatment room, or they were stored in locked cupboards. The temperature of the treatment room and the fridge was recorded to ensure medicines were stored at the correct temperature.

We found appropriate arrangements were in place in relation to the recording of medicine. The MARs showed that medicines were recorded when received into the service and when administered to people. On the MARs we checked there were no gaps in recording. This meant that people had received their medicines as prescribed. We checked the controlled drugs book and found that these were recorded accurately and matched the stock held in the service.

We found medicines were disposed of appropriately. The service used a returns book to record when medicines were returned to the pharmacy. Any medicines to be returned were stored securely until collected by pharmacy staff. The cupboards and floors, previously stocked with medicines awaiting return, had been cleared. The treatment room, cupboards and the trollies were clean and tidy.

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

At the last inspection on 25 October 2013 we issued a compliance action for this outcome area. We were concerned that there was insufficient staff in the evenings to meet the needs of people who used the service. During this follow up inspection we spoke with staff about the improvements made to staffing numbers and checked staffing rotas.

We found improvements had been made and there were enough qualified, skilled and experienced staff to meet people's needs. Rotas indicated there was one senior care worker and two care workers on duty throughout the day and two care workers at night. The registered manager worked during the day, five days a week and there was separate administration, catering and domestic staff. This meant that care staff could focus mainly on care tasks.

The two providers both work in the service. One is the registered manager and the other carries out care and management tasks. Both completed on call duties at night. The staff rota indicated which provider was on call so staff knew who to contact.

The people who used the service had low level needs and the registered manager gave assurances that additional staff would be employed should these need change.

In discussions, staff confirmed the rotas were correct and that a clearer staff structure meant they had line management guidance. Staff told us the increase in staffing numbers for the evening shift had made a difference. They were able to describe the different needs of people who used the service and confirmed they had the opportunity to read care plans. Comments included, "The extra staff has made a big difference. We have more time in the evenings and don't feel rushed" and "We do have enough staff; a lot of people are independent and don't need a lot of support."

We saw that staff had access to training, formal supervision and support from management. Comments from staff included, "They (the manager) have gone through my training needs and made a list of the courses I need to do", "I feel we have good support. If there is a problem you can always go to the manager", "I had my supervision meeting yesterday" and "We have a good staff team here and flexible routines. I would feel able to raise concerns and would not tolerate bad practice."

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At the last inspection on 25 October 2013 we issued a warning notice for this outcome area. We were concerned that records were not accurate and up to date. During this follow up inspection we looked at a selection of records relating to people who used the service and those related to the running of the service.

We found improvements had been made in records and people's personal records including medical records were accurate and fit for purpose.

We found records were kept securely and could be located promptly when needed. However, two records we asked to see were not held on the premises. We asked the registered manager to return these records to the service and we re-visited the service two days later to check this had been completed. We have asked the local authority to check out some information in one of these records. The provider may find it useful to note that a small number of people had support in managing their finances but we found care plans did not detail this information. We mentioned this to the registered manager and they assured us care plans for the management of finances would be produced straight away.

New care files had been set up for each person who used the service. These had an index which made specific records easier to find. The individual care files included personal profiles, assessments of need, risk assessments, plans of care, accident records, visits by other health professionals, reviews of the person's care and information about hospital admissions. The care plans contained some preferences regarding how the person wanted their care to be carried out.

We found medication administration records had been accurately completed. We also found that daily recording of the care provided to people had improved. This meant it was possible to have picture of how the person spent their day and what care they had received from staff.

We found staff records and other records relevant to the management of the services were accurate and fit for purpose. There were improvements noted in staff rotas. These identified who was on duty and in what capacity. It was an accurate reflection of the staff

on duty on the day of the inspection.

We checked a selection of staff recruitment documentation and found these contained all the records and checks required. Staff supervision and appraisals had been completed and the registered manager was undergoing a training audit.

The registered manager showed us a performance monitoring file they had produced. This identified the specific responsibilities staff had been delegated in relation to quality audits. It gave staff some ownership of the quality assurance system and enabled management to identify individual staff if the monitoring tasks were not completed.

Records of equipment used in the service were checked. These showed us equipment such as fire safety, the nurse call, moving and handling aids, gas safety and electrical appliances had been serviced and maintained.

The service had a complaints file although there were no open complaints at present.

Staff spoken with told us there had been an improvement in records management. Comments included, "We had a meeting after the last inspection and were told we had to improve and that things had to change; paperwork has definitely improved", "Recording has improved; the files are set out much better" and "We have better recording and know more about what is going on. We follow through more and when we do evaluations we go through all the daily reports."

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. 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. We monitor the implementation of action plans in these reports and, if necessary, take further action. 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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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