

**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

Date of Inspection: 25 October 2013

Date of Publication:  
November 2013

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

<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✗ Action needed
<b>Staffing</b>	✗ Action needed
<b>Records</b>	✗ Action needed

## 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

## 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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

- Safeguarding people who use services from abuse
- Management of medicines
- Staffing
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 25 October 2013, observed how people were being cared for and talked with staff. We reviewed information given to us by the provider.

We completed the visit jointly with colleagues from the local authority safeguarding team and commissioning team.

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### What people told us and what we found

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We received information of concern regarding staffing levels and the management of medicines. We were also due to complete a follow up inspection to check progress on compliance actions issued at the last inspection on 23 July 2013. We decided to complete an inspection with colleagues from the local authority safeguarding and commissioning teams to look at the concerns and combine this with following up the compliance actions.

There had been improvements in the arrangements for managing people's personal allowance and recording expenditure. Receipts were maintained, which helped to evidence expenditure when staff went to the shops for people. This helped to protect people from the risk of financial abuse.

There were shortfalls in the management of medicines including how they were stored and processes for returning them to the pharmacy. We could not be sure that all the people who used the service had received their medicines as prescribed, as there were some gaps in recording.

We found there was insufficient numbers of staff at specific times to support the needs of people who used the service.

We found there had been improvements in the way personal allowance was recorded and a specific behaviour management plan had been completed since the last inspection. However, we found other records such as staff rotas, personal care entries and medication records had not been completed accurately or consistently.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 12 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

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### Our judgement

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### Reasons for our judgement

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At a previous inspection on 23 July 2013 we issued a compliance action as we were concerned one person who used the service was not in receipt of their personal allowance. The service had not informed the local authority about this so it could be addressed. This meant that the service had not safeguarded the person from potential financial abuse. We were also concerned that people's personal allowance had not been recorded appropriately, which made it difficult to audit this part of their finances.

During this inspection we checked the records relating to receipt of personal allowance of people who used the service. We found there had been improvements in this area. The records detailed how much personal allowance had been given to people and this was signed and dated. The personal allowance was paid in six weekly amounts to people. When people who used the service could sign receipt of their monies themselves, this had been encouraged.

On occasions staff went to the shops for people who used the service. We found there was a system of recording money given to staff by people, receipts of purchases were held in the book and a record was made of the change that was brought back to them. People spoken with told us they received their personal allowance.

Since the last inspection the local authority care management team had been involved with the person who had not received their personal allowance. A review had been completed and the situation had been addressed.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was monitoring personal allowance and was aware that any further issues should be addressed straight away.

A safeguarding investigation regarding the management of finances for one specific

person was still on-going at the time of the inspection and the outcome was not known.

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

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## Our judgement

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The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.

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.

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## Reasons for our judgement

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Prior to the inspection we received information of concern about the management of medicines. We checked where medicines were stored, looked at the medication administration records (MARs) for 11 people who used the service and checked controlled drugs.

We found appropriate arrangements were not always in place in relation to obtaining medicine. One person's prescription had not been collected in time for them to receive an increased dose of their medicines. This meant the person had not received their medicines as prescribed.

We found there were not always appropriate arrangements in place in relation to the recording of medicine. For example, not all medicines were signed as received into the home and there were some gaps in recording the administration of medicines. This made it difficult to audit if people had received their medicines.

We found stock control had not been managed effectively. One person had three years supply of ampoules for a specific monthly injection administered by the district nurse. This was a significant overstock and staff told us the person was no longer receiving this injection.

We found medicines were stored in a designated room but not always kept safely. Medicines in daily use were held in a locked trolley and although the door to the room was lockable, the trolley was not secured to the wall. We found medicines in cupboards that were not lockable. We also found some medicines on shelves, on top of cupboards and some loose tablets on the counter top. We found Temazepam tablets were not stored in the controlled drugs (CD) cupboard as required by medicines regulations. Temazepam tablets must be stored in the CD cupboard and for good practice it should be recorded in the CD book.

We found medicines had not been returned to the pharmacy when no longer in use. There

were significant stocks of these medicines in various cupboards in the medicines room. The provider/manager told us they were unaware these medicines were still on the premises and they thought they had been returned.

Medicines were not always disposed of appropriately. We found one person was prescribed Paracetamol tablets, which were dispensed in a monthly monitored dosage system. The MAR stated the medicine had not been required each day but we could not find the tablets in the returns box. The provider/manager told us they may have been flushed down the toilet. This is an unacceptable means of disposing of medicines and unused medicines should be returned to the pharmacy. This was mentioned to the provider/manager in feedback to address with staff.

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

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## Our judgement

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The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

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.

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## Reasons for our judgement

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Prior to the inspection concerns had been raised that there were gaps in the staffing rota leading to insufficient staff in the evenings. During the inspection we looked at staff rotas, spoke with members of care staff and also with people who used the service. We spoke with the provider/manager about the dependency needs of people who used the service. We found there were not enough qualified, skilled and experienced staff to meet people's needs.

People who used the service told us they were happy with the care they received. Those people we spoke with were quite independent and only relied on staff support in a minimal way. They said staff supported them well and treated them kindly.

We found there were 25 people resident in the home at the time of the inspection. This was an increase in six people since the inspection in July 2013 but staffing levels had not been increased in line with this. The provider/manager told us 18 people were independent regarding personal care tasks and needed minimal support relating to their sight impairment. Five people required moderate levels of support and two people were being cared for in bed and needed full support. The rota for October 2013 indicated two care staff on duty for the 8am to 3pm shift and two from 3pm to 10pm. The provider/manager stated they completed care tasks when required and worked from 8am to 5pm during the week. There were two care staff at night.

The provider/manager told us they employed an additional care worker from 11am to 6.30pm everyday but this was not recorded on the staff rota. We spoke to this member of staff and they confirmed they had started employment at the home working 11am to 6.30pm at the beginning of October 2013.

Staff confirmed the majority of people who used the service had minimal needs however, there were two people who required full support and some tasks would need two members of staff. Between the hours of 6.30pm and 10pm, if the people with more complex needs required support, there was no staff to supervise other people who used the service. The provider/manager said this would be addressed quickly.

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

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## Our judgement

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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 moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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## Reasons for our judgement

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At the previous inspection on 23 July 2013 we issued a compliance action as we were concerned specific records were not up to date and accurate. These included a behaviour management plan for one person and records relating to the management of people's personal allowance. There were also concerns with some records relating to the signing in of medicines into the home and staff rotas.

During this inspection we found improvements had been made regarding some of these records but on-going concerns with other recording.

A behaviour management plan had been produced for one specific person who used the service. This gave staff guidance in how to manage the person's behaviour. There was a record maintained of how much personal allowance was paid to people, which was signed by two staff or one member of staff and the person who received the money. When staff made purchases for people there was a record of monies given to staff, a receipt of the purchase and change returned to the person. This helped to ensure there was an audit trail of how people's personal allowance was managed.

Despite these improvements in specific records we found some staff records and other records relevant to the management of the services were not accurate and fit for purpose. Staff rotas were not up to date and accurate. We looked at the staff rota for October 2013. We found one member of staff had ceased to work at the home on 10 October 13 but their name and shift pattern still appeared on the rota. One member of staff had started to work at the service at the beginning of October 2013 and another in September 2013 but their names and shift pattern did not appear on the rota.

On the day of the inspection, we arrived when night staff were still on duty and the rota did not reflect who was actually working the night duty. We found other instances when the staff rota was incorrect. The provider/manager told us staff had swapped their shifts with each other but this had not been updated on the staff rota. An inaccurate rota meant it was difficult to audit which staff had been on duty on set days and nights.

We found some people's personal records including medical records were not accurate and fit for purpose. We looked at a selection of daily diary notes which were recorded to reflect the care received by people each day and found these were inconsistent. One person who was cared for in bed had a food and fluid monitoring chart. Some staff recorded an amount of fluid such as 'sips', 30mls or 'half a fortisip', which helped to identify the amount of fluid intake. However, this was not consistent and some staff just recorded, 'water' or 'juice drink', which gave no indication of the amount. Other daily records for the person showed their pain was monitored, they were checked two hourly and there was a record of professional visitors.

We looked at the daily care records of two people who were more independent. In one of the records from 16 October 2013 to 24 October 2013 there was an entry written by night staff at the end of each shift but no entries of care received during the day. This was the same for the second person's notes apart from one entry by day staff on 19 October 2013. These records did not provide a picture of the care provided to people who used the service.

We found some signatures in the controlled drugs (CD) book did not match who was on duty. For example a member of staff had signed the CD book at 8pm but they were not on duty until the night shift started at 10pm. On another occasion the member of staff signed the CD book at 8pm but according to the staff rota they were not on duty that day. This led us to believe the recording had been completed retrospectively. We found other discrepancies with signatures in the CD book.

We found some gaps in the medication administration records (MARs). This meant the MARs were not an accurate reflection of the medicines people had received.

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	<p><b>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Management of medicines</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>The registered provider had not protected people against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were not in place for the obtaining, recording, safe keeping and disposal of medicines used for the purpose of the regulated activity. Regulation 13</p>
Accommodation for persons who require nursing or personal care	<p><b>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Staffing</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>The registered provider had not taken appropriate action to ensure there was sufficient numbers of suitably qualified, experienced and skilled staff on duty at all times to safeguard the health, safety and welfare of people. Regulation 22</p>

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 12 December 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

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

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. 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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