

Independence South West Rockville House

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?	Good	
Is the service well-led?	Good	

Overall summary

The inspection took place on 21 October 2015 and was unannounced. Rockville House provides a respite facility for people who have a physical disability, and accommodation is available for a maximum of three people at any one time. On the day of our visit two people had stayed for respite care. We visited the attached Rockville day centre so we were able to meet people who used Rockville House for respite care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The

registered manager is also the registered provider. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Rockville House only provides respite care, this means people stay for different lengths of time. For example people stayed one or two nights or for longer periods including weekends or for a week's holiday. A relative said; "The care is outstanding."

Summary of findings

We met and spoke to people during our visits. We observed people and staff were relaxed in each other's company and there was a calm atmosphere. Some of the people who stayed for respite care were not able to fully verbalise their views. People responded positively when asked if they liked staying for respite care. All staff agreed that they felt people were safe when they stayed. Staff knew people well and had the knowledge to be able to support people effectively. One relative said; "He is as happy there as he is at home!"

Staff understood their role with regards to ensuring people's human rights and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by staff. Staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge about how to report any concerns and described what action they would take to protect people against harm. Staff felt confident any allegations or concerns would be fully investigated.

People did not all have full capacity to make all decisions for themselves, therefore staff made sure people had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff were trained in the management and administration of medicines

When people were asked about the care and support they received, those able, responded positively while others were not able to respond. A relative said: "The care he gets is fantastic." Care records were comprehensive and personalised to meet each person's needs. Staff understood people's individual complex care needs and responded quickly when people needed support. People

were involved as much as possible with their care and records documented how people liked to be supported. People were offered choice and their preferences were respected.

People's risks were well managed and documented. People were supported to try a range of activities while staying for respite care. Activities were planned with people's interests in mind.

People enjoyed the meals provided and they had access to snacks and drinks at all times. People were involved in planning of menus and preparing meals.

Staff said the registered manager was very supportive and approachable and worked in the home regularly. Staff talked positively about their roles.

People were protected by safe recruitment procedures. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities of their choice. Staff received an induction programme. Staff had completed training and had the right skills and knowledge to meet people's needs.

People had access to healthcare if needed during their stay, for example GP services. Staff acted on the information provided by professionals to ensure people received the care they needed.

There were effective quality assurance systems in place. Any significant events were appropriately recorded, analysed and discussed at staff meetings. Evaluations of incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service. People attended meetings to enable them to raise concerns. Feedback was sought from people who stayed for respite care, relatives, professionals and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. There were sufficient skilled and experienced staff to support people.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practices. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

People were protected by safe and appropriate systems for handling and administering medicines.

Good



Is the service effective?

The service was effective.

Staff had received the training they required and had the skills to carry out their role effectively.

The registered manager understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make choices and the service used a range of communication methods to enable people to express their views.

People were involved in the care they received and were supported to make decisions.

Good



Is the service responsive?

The service was responsive.

People received individual personalised care.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

People received care and support to meet their individual needs.

There was a complaints procedure in place that people could access.

Good



Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Good



Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team. Staff felt comfortable discussing any concerns with the registered manager.

There were systems in place to monitor the safety and quality of the service.

Rockville House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was undertaken by one inspector on the 21 October 2015 and was unannounced. We also spoke to relatives and staff via telephone after the inspection.

The provider completed a Provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with five people who stayed for respite care, the registered manager and six members of staff. We also spoke to three relatives.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs, four records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who stayed at Rockville for respite care said “yes” when asked if they felt safe living there. One person said; “I wouldn’t stay if I didn’t feel safe.” Staff agreed and said they felt people were safe. A relative said; “I know she is safe there.” A survey returned to the home recorded; “I never worry when [...] is in their care.”

We visited the attached Rockville day centre so we were able to meet people who used Rockville House for respite care. Some people used both the day service and the respite service. Staff also worked in both service to provide continuity in the care people received.

Staff told us there were sufficient numbers of staff on duty to keep people safe. Staff said they had time to sit and support people, as well as engage people in activities for example one person said they attended an evening disco with staff support.

Staff confirmed staffing levels were adjusted to keep people safe. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager said if people needed extra staff they were able to provide this for example when people needed two staff due to their physical care needs. This helped to keep people safe.

People were provided with a safe and secure environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested weekly and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. People’s needs were considered in the event of an emergency situation such as a fire because people had personal evacuation plans in place. These plans helped to ensure people’s individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way.

The service had whistle blowing and safeguarding policies and procedures in place. Posters were displayed that provided contact details for reporting any issues of concern. Staff had up to date safeguarding training and were fully aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff said they were aware of

who to contact externally should they feel their concerns had not been dealt with appropriately for example the local authority. However, staff were confident that any reported concerns would be taken seriously and investigated.

People’s finances were kept safe. People who stayed overnight brought money in for their stay. Any money remaining was then sent home with them. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure and people’s money was regularly audited.

Incidents or accidents were recorded. These were analysed when needed to identify trends and discussed amongst the team to enable staff to avoid any repetition and reduce any further risk to people. This showed that learning from such incidents took place and appropriate changes were made. Staff received training and information on how to ensure people were safe and protected.

People identified at being of risk had clear risk assessments in place. For example, people who required a hoist or other lifting equipment to move had this supplied with clear guidelines for staff to follow. Input from an occupational therapist had been recorded to help ensure staff moved people safely.

People’s medicines were managed safely. People brought the required number of medicines in when staying for respite care. All medicines were checked in by two staff. Medicines were managed, stored, given to people as prescribed. Staff were trained and confirmed they understood the importance of the safe administration and management of medicines. Staff were knowledgeable with regards to people’s individual needs related to medicines. People had risk assessments and clear protocols in place for the administration of medicines and emergency medicines.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks [DBS] had been made to help ensure staff were safe to work with vulnerable adults.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available to reduce the risk of cross infection.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. Staff confirmed they received training to support people in the service for example manual handling training.

Staff completed an induction programme that included shadowing experienced staff and staff confirmed they did not work with individuals until they understood people's needs. One staff confirmed they were given sufficient time to read records, shadowed and worked alongside experienced staff to fully understand people's care and physical needs. Training records showed staff had completed training to effectively meet the needs of people, for example learning disability awareness training. Discussions with staff showed they had the right skills and knowledge to meet people's needs. The registered manager confirmed all new and employed staff would complete the Care Certificate (A nationally recognised training course) as part of their training. Ongoing training was planned to support staffs continued learning and was updated when required, for example training booked included autism awareness. Staff said; "They always update our training."

Staff received yearly appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at team meetings and records showed staff discussed topics including how best to meet people's needs effectively.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When the person had been assessed as not having the capacity to make a decision, a best interest decision had been made involving people who know the person

well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

Due to people not living at the service any DoLS and MCA information is passed to the service from either parents or peoples care management team. Records showed when a best interest meeting had been held for one person and this information had been passed to the service. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

People were encouraged to make choices on many areas of their lives. For example people made choices on what food they wanted to cook and eat. People were encouraged to prepare their own snacks and drinks. Staff were familiar with the nutritional requirements of people and had received training on eating and drinking to help people. People who required it had guidelines from the speech and language therapist to help ensure people had the consistency of food required.

People who used the respite service had a contact diary and this was used to communicate with people's carers or family. This helped ensure everyone had up dated information to protect the wellbeing of people who used the service.

People had access to healthcare services when needed. When people either informed staff or staff became aware that people were unwell a GP was contacted. One relatives said; "when [...] became unwell they contact me and we visited."

Care records held information on people's physical health and detailed people's past and current health needs as well as details of health services currently involved with people. Health plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. For example people had a "current treatment and reminder" form in their records. This highlighted any updated or change in treatment of medicines. This helped to ensure people's health was effectively managed.

Is the service caring?

Our findings

People were supported by staff that were caring and staff treated people with patience, kindness and compassion. We observed staff providing care and support to people and staff informed people what they were doing and ensured the person concerned understood and felt cared for. A relative said; "I have always found the staff to be caring." A survey returned recorded; "Thank you for looking after [...] and caring for them so well." Another said; "Very grateful and happy of the respite care given."

People said staff were caring. Staff were observed to interact with people in a caring way throughout our visit to the day centre. If people became anxious, staff responded quickly to reassure people and provided information to help settle them.

People had support from staff who had the knowledge to care for them. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. Staff involved people and knew what people liked and disliked and what they enjoyed doing. People were allocated a key staff member to help develop positive relationships. This worker was responsible in ensuring the person had care records that were updated for staff to access. One person told us how the staff supported them to visit friends at a local club to help maintain these relationships.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were provided with two to one support when needed. For example if a person required two people to assist them moving from their wheelchairs to their bed two staff were in attendance. Service user forums took place to enable people to discuss the service they received. These meetings were chaired by

a person who used the service and minutes of the meeting were translated into a pictures format. This demonstrated the service involved people and provided them with accessible information about the service.

Staff sat and chatted with people throughout our visit. We saw examples throughout our visit when staff responded to people's needs in a discreet manner. For example, one person became anxious. Staff went over to them and supported them by sitting with them and talking and reassuring them. This showed staff were able to recognise people's needs and respond to them in a caring manner.

People's well-being was clearly documented. Care records held information about people's past and current health needs as well as details of any services currently involved with people.

Staff knew the people they cared for well and some staff had worked at the home for many years and also worked in the day service to provide additional support. The staff were able to tell us about individuals likes and dislikes, which matched what people, had recorded in care records. For example, staff knew when people liked to get up and go to bed and respected these wishes and personal choices. One person confirmed they could go to bed when they wished.

People's privacy and dignity was respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, if people liked time on their own this was respected. Staff also said they always knock on bedroom rooms to respect people's privacy. Respecting people's dignity, choice and privacy was part of the services philosophy of care.

Staff spoke to people respectfully and in ways they would like to be spoken to. Staff knew those people who enjoyed joking with staff and were courteous with those who preferred a more formal conversation. One person said they always enjoyed a joke with the staff.

Is the service responsive?

Our findings

People's individual needs were assessed prior to using the respite services. Health and social care professionals, family and friends were involved in this process to ensure the service could respond to people's needs. Staff took time to get to know people so they knew how people liked to be supported. Friends and family were encouraged to be a part of the assessment and the care planning process where appropriate.

People had detailed care plans which contained information about their needs and how they chose and preferred to be supported. For example one person said they liked to have a male carer and this request was adhered to as much as possible. People had guidelines in place to help ensure their individual care and moving and handling needs were met in a way they wanted and needed.

People were encouraged to express their views and be actively involved in making decisions about the care and support they received. Care plans were personalised and reflected people's wishes. For example, care plans held information about how best to support people if they became anxious. People had information recorded about what activities they enjoyed. Staff got to know people through reading their care plans, working alongside experienced staff members and through talking to the person themselves. Staff knew what was important to the people they supported such as their personal care needs and about people that mattered to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care plans recorded people's physical needs, such as their mobility and personal care needs choices. People told us they could have a shower or bath when they chose to. People were involved in their care planning as much as possible. Records recorded any needs in relation to people's physical needs and how staff were to respond to meet those needs. For example there were guidelines when using a hoist to assist people. Staff confirmed plans had been put together with input from other people including family members as most people coming in for respite lived at home with family. Regular reviews were carried out to ensure staff had updated information on people.

Care plans were comprehensive and personalised. All records had been updated and reviewed to ensure staff had the correct information to provide current care needs. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People joined in activities that were individual to their needs. For example the day centre had a wide range of activities and people who stayed in for respite were also involved in activities, for example going to the local pub. People's social history was recorded. This provided staff with guidance as to what people liked and what interested them.

People were supported to visit the local shops, pubs and cafes to ensure they were not socially isolated or restricted due to their individual needs. One person went out during our visit. This person confirmed they were going to a café for coffee. People were encouraged to maintain relationships with those who mattered to them. For example as people lived at home, when they stayed for respite they visited a disco to meet their friends. Staff confirmed relatives were involved in all areas of people's care.

Observation of staff's interactions with people showed they understood people's communication needs and we observed staff communicating with people in a way they understood. Records included information about how people communicated and what they liked and did not like. Staff knew what signs to look for when people were becoming upset and responded by following written guidance to support people for example giving people their own space.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in the entrance to the service. A complaint file showed any complaints made, the action and outcome of the complaint and the response sent to the person concerned. The complaint was shared with staff to help reduce the risk of recurrence.

The registered manager and staff told us they worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the registered manager and were responded to and actioned without delay.

Is the service well-led?

Our findings

People and relatives spoke positively about the registered manager. One person said; “she’s very nice to me.” Relatives said; “Very approachable.” Another said; “Kept well inform by [...] (the registered manager).” Staff commented; “Always makes herself available” and “Amazing manager!” A relatives survey returned to the service said; “we have made some comments-but was able to resolve the issue by meeting with the manager.”

Rockville was well led and managed effectively. The service had clear values including offering privacy, dignity, rights and independence. This helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training and people received a copy of the services core values.

The registered manager took an active role within the running of the service and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure. For example the service had a manager for the day centre and who liaised with the registered manager of the respite service. This helped ensure people received continuity of care. Staff spoke highly of the support they received from the registered manager. During our inspection we spoke with the registered manager, the staff on duty and additional staff via phone calls after the visit. They all demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. One staff said; “We have a great team who support each other.”

Staff told us the registered manager was available and approachable. Staff were able to raise concerns and agreed any concerns raised were dealt with straight away. Staff agreed there was good communication within the team and they worked well together. Staff felt supported. The registered manager had an “open door” policy, was visible and ensured all staff understood people came first. The relaxed leadership style of the management team encouraged feedback, good team working and sustained good practice.

Staff were motivated, hardworking and enthusiastic. Many staff had worked for the company for many years. They shared the philosophy of the management team. Regular

staff meetings were held to allow staff to comment on how the service was run. This enabled open and transparent discussions about the service and updated staff on any new issues, and gave them the opportunity to discuss any areas of concern and look at current practice. Meetings were used to support learning and improve the quality of the service. Staff agreed they were able to contribute and raise any issue. Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

People were involved in the day to day running of their service as much as possible. The service held a “Service user forum.” This enabled people to comment on the service they received. Minutes showed they had discussed issues including, activities. The registered manager said they encouraged the staff to talk to and listen and observe if people had concerns. One staff member said; “we are able to spend time with people and listen to any issues they want to raise.”

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits of care plans helped ensure care plan had updated information and were accurate. Records showed regular checks were undertaken of the environment and staff training to maintain standards. Annual audits related to health and safety, the equipment and the home’s maintenance such as the fire alarms and electrical tests were carried out. The registered manager sought verbal feedback regularly from people, and relatives to enhance their service.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager or the provider. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.