

## Rockdale Housing Association

# Rockdale House

### Inspection report

Rockdale Lodge  
Rockdale Road  
Sevenoaks  
Kent  
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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 ●

# Summary of findings

## Overall summary

This inspection took place on 18 September 2018 and was unannounced.

Rockdale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rockdale House is registered to provide support with personal care and accommodation for up to 50 people. There were 46 older people using the service at the time of the inspection.

At our last inspection we rated the service as Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People living at Rockdale House were happy. One person told us, "They are kind and caring and they look after me well. They show they care by remembering how you like things and doing things for you gently and calmly."

There continued to be enough staff who had the skills and knowledge they needed to support people living in the service. Staff were appropriately supervised. Safe recruitment practices were followed to help ensure potential staff were of good character. Staff received regular support which included individual supervisions and team meetings.

People continued to be protected from abuse. Risks were appropriately assessed and mitigated to ensure people were safe. Staff understood how to identify and report concerns. Medicines were managed safely and people received their medicines when they needed them.

People were treated with dignity and respect by staff who were compassionate and caring. People could make decisions about how their care was provided, and were involved in reviews of their care along with people who were important to them. Staff treated people's private information confidentially.

People were happy with their care and support. People received care that was personalised to their individual preferences. Staff knew people's needs and personal histories well. People knew how to complain and felt confident to do so if needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had choices of food at each meal time. People were supported and encouraged to have a varied and healthy diet which met their needs.

The provider and registered manager had good oversight of the service. Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service.

The service was clean and the environment was clean and welcoming.

The registered manager had informed CQC of significant events at that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall. The rating can be found on their website.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Rockdale 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 took place on 18 September 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of being a family carer to an older person.

Before the inspection we looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection we spent time with people who live at the service. We spoke with the registered manager, deputy manager, two senior carer workers, and two care workers. We looked at seven people's care plans and the associated risk assessments and guidance. We looked at a range of other records including six staff recruitment files, the staff induction records, staff rotas, medicines records and quality assurance surveys and audits.

## Is the service safe?

### Our findings

The service continued to provide safe care. People told us that they felt safe at Rockdale House. One person told us "I do feel very extremely safe and I have no concerns." Another person told us "I'm safe and sound as is everything that belongs to me."

People continued to be protected from harm or abuse. Since our last inspection all staff had received refresher training in safeguarding adults, and were able to tell us how they would identify and report concerns. The registered manager knew to inform the Care Quality Commission and local authority of any concerns. Staff were aware of the whistleblowing policy and told us they felt confident in raising any concerns they had and felt that these would be taken seriously by the management team.

There were enough staff on duty who knew people well, could meet their needs and support them to do things for themselves. The registered manager used a dependency tool to decide how many staff were needed at different times of the day and records showed a consistent number of staff were on duty each day to meet people's needs. One person told us "day or night there are enough staff."

Safe recruitment processes were followed to ensure staff were suitable to work in this type of service and were of good character. Pre-employment checks included disclosure and barring check, eligibility to work in the UK and references from previous employers.

Risks to people continued to be identified and assessed. There was guidance in people's care plans for staff to follow to mitigate risks to people. There was an electronic care planning system which prompted staff to take regular action to reduce risk.

The service was clean and people were protected from the risk of infection. Staff received training on infection control, and had access to personal protective equipment such as gloves, aprons and hand gel when supporting people.

People's medicines were managed safely and effective systems were in place to order, store, administer, record and dispose of medicines. Staff continued to receive training, including refresher training in medicines administration. Medicines were given at the correct times and there was a system in place to ensure people had access to emergency medicines when they needed it. One person told us "They bring it at meal times and I know what they are for. I have them on time every time and they are nice when they give them to me." A relative told us "This seems very well managed and it is done very discreetly."

The service had learnt when things had gone wrong and made improvements following this. For example, an air conditioning unit was being fitted in the medication room to ensure that the temperature remained within the guidelines.

Staff had completed fire training and told us they felt confident about the evacuation procedure. People had personal emergency evacuation plans (PEEPs) in place these had been regularly reviewed.

## Is the service effective?

### Our findings

The service continued to be effective. People told us that they had confidence in the staff. One person told us "They are very good and make me feel safe. I am happy they are so good here. They are confident in what they do." A relative told us "They are confident in what they do and know just the right way to talk with people. They are very calm and have a lot of patience."

The service was in a purpose-built building, the corridors were wide and there were lifts to all floors that were big enough for wheelchairs to access. People using the service had access to outside space that was level and had seating.

People's needs were assessed and their care was planned to make sure their needs were being met. The assessment took into account the person's needs, and included the consideration of their strengths and weaknesses. People's preferred language and religious and spiritual beliefs were recorded.

Staff had the skills, experience and knowledge to deliver effective care. Staff who were newly recruited to the service had a comprehensive induction. The provider had a training programme for staff, this included core subjects such as safeguarding and fire safety. Staff's competency to complete tasks was assessed to check that they had the required skills. Staff told us that they were given enough time to complete training.

Staff confirmed they felt supported in their roles. A handover was completed between staff on each shift to make sure that they had up to date information on people and their needs. Staff received one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

We observed people being supported to make choices about all areas of their lives, including where they spent their time and who with. People had developed friendships since they started living at the service and maintaining these was encouraged. People were given choices about what they wanted to do during the day and a variety of activities were available such as exercise classes, computing and trips out.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and found staff were taking steps to ensure people were fully protected by the safeguards contained within the MCA. When talking to staff about their understanding of MCA one staff member told us "Capacity is not always the same, we have to make a decision about capacity in that instant."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us no one using the service at the time of our inspection was subject to a DoLS authorisation. The registered manager was aware of their responsibilities under DoLS and how to make applications to the local authority. We observed people were free to come and go from the service as they pleased.

People told us they liked the food. One person told us "There is a lot to choose from. It is very good quality and well cooked." A relative told us "They do tea parties for birthdays and the food is wonderful." We observed drinks and snacks being made available for people throughout the day. One relative told us "They offer drinks all day long and snacks are always available."

People told us the service supported them to access health care services. One person told us "They call you if she is unwell or needs to see someone like the dentist or a hospital appointment." Another person said, "They discuss any appointments you have with you before and after you go and there is always someone to go with you." We spoke to one healthcare professional who was visiting the service on the day of our inspection. They told us staff were knowledgeable about the people they worked with and were quick to seek support when required.

## Is the service caring?

### Our findings

Everyone we spoke with during our inspection told us staff were kind and caring. One person told us "They are very kind and give me their time and listen to me. I tell them all about my family and they ask me questions too. We chat about our families and experiences in life together." A relative told us "The management are kind and caring and the staff are a team of extended family."

People interacted positively with both staff and the registered manager. A visiting healthcare professional said they had observed how well staff got on with people and that they seemed to have a good rapport with them.

The registered manager told us that people and their relatives were involved in the planning and delivery of the service they received. One person told us "We chatted about what I would like and need before I came in and then when I did arrive we updated that together." A relative told us "We are talked through all her care."

Staff had a good understanding of treating people with dignity and respect. They understood what privacy and dignity meant in relation to supporting people with their care. For example, one staff member told us that some people using the service did not like to have their doors closed, they made sure that dignity continued to be respected by always covering people when they were providing personal care. One person told us "They respect me and my privacy and I respect them. They even ask if they can sit on the bed if I ask them to come over to me for a chat." Another said, "They explain what they are doing and never confuse me with lots of questions and information."

People were encouraged to be as independent as they wanted to be and were supported to do as much for themselves as possible. One person told us "They ask me and don't just do things. This makes me feel like I still have my independence." One staff member told us "we promote independence as it helps with self-esteem and that makes people feel better."

People were treated as individuals and their choices and lifestyles were respected. They were referred to by their preferred names and we observed that people were comfortable when engaging with other people who used the service.

We observed that people's relatives felt free to visit people when they wanted to. One relative told us "It has a lovely welcoming feel." The service was able to offer accommodation to people who were visiting friends and relatives living at the service. This allowed them to spend more time with their loved one.

People's personal information was kept private. Computer records were password protected so that they could only be accessed by authorised members of staff. Written records which contained private information were stored securely when not in use.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. One person told us "I like to read my paper and it is delivered to my room every day. I go to the shops daily and on my own, I just tell them when I leave and where I am going and when I will be back, usually for lunch. I pop to the library. They have a library visiting here too."

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information in a way they can understand, and the communication support they need. The provider had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments referred to people's communication needs.

People living at Rockdale House remained independent and could manage some of their care themselves. The service recognised who they could provide care to, and literature produced by the service also made this clear. Where people had needs that could not be met by the service they worked with relatives and professionals to identify suitable alternatives.

The support people received was based around their needs and choices and recognised their independence. Care plans were personalised to the individual and included guidance for staff on how they wanted to be supported. For example, supporting people to go to church. One person told us "I have a church service here once a week and they chat with me about organising this." Another person told us "I go to church with my friend."

Systems were in place for people who were receiving short term respite care. The registered manager told us and records confirmed a short-term care plan would be created on the day of the persons admission by a member of the management team. The short-term care plan covered the essential information staff needed to know regarding how to meet the person's needs.

People continued to participate in a range of activities to meet their needs and interests. People and their relatives spoke highly of the activities which were on offer. One person told us "The flower arranging is nice and you get to keep what you make in your room. I am learning to use the computer more and play games on it and research everything."

Peoples days at the service were flexible to meet their needs and wishes. For example, people chose each day where they would like to eat their meals and staff asked people what they would like to do each day.

At the time of the inspection no one was receiving end of life care, however people had plans in place which detailed their preference for care at the end of their life. The home was prepared to support people's wishes in any way they could. The registered manager told us that they thought it was important to talk about this and get the person's wishes.

The provider continued to have a complaints policy and procedure in place which detailed how people could make a complaint and the action that would be taken in the event of a complaint or concerns being raised. Information about how to make a complaint was available to people and their representatives. Records showed the process had been followed when complaints had been made; these had been fully investigated and responded to.

People told us they were confident that any complaints they raised would be listened to and addressed. One person told us "I would ask for the manager to come up." A relative told us "Never had to complain but I'm confident in management and feel I would be able to do so discreetly and effectively with their support."

## Is the service well-led?

### Our findings

The service continued to be well-led. People told us they thought the service was well managed. One person told us, "I feel like they support me with everything." A relative told us "It is so well managed and the staff really seem to love being here too."

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. People knew the registered manager by name and were observed to interact and engage with them. One person told us "You can speak with her at any time." Relatives knew who the management team were and were confident in approaching them with any problems. One relative told us "she is good. She is proactive and approachable and just gets on."

The registered manager operated an open and transparent culture. Staff told us the management team were approachable and supportive and always available to give them advice and guidance. Staff told us "The manager is lovely. Supportive and will listen. The home is well led."

There were appropriate audits in place to check the quality of service being provided. The registered manager monitored staff practice to check people received care and support to the standard the provider required. This included working alongside staff and observing their practice. Any shortfalls identified were addressed immediately and discussed at staff supervision meetings and recorded.

The registered manager and deputy manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents had been reported correctly.

The provider's vision and set of values for the service continued to be met by the management team and staff. People were given the opportunity to provide feedback about the service, through regular face to face contact with the management team and board members. Quality assurance questionnaires had been completed and suggestions had been considered.

The service continued to work in partnership with other agencies. They had worked with community nursing teams to ensure people received the care and support that they needed. The community nursing team confirmed that the registered manager asked for advice and guidance when it was needed and acted upon it.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgement. The provider had displayed their rating in the entrance to the service and on their website. The registered manager understood their responsibilities under the duty of candour.