

Rockdale Housing Association

Rockdale House

Inspection report

Rockdale Lodge
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rockdale House is a residential care home providing accommodation and personal care to up to 50 people. The service provides support to people aged 65 and over, some of whom were living with a dementia. At the time of our inspection there were 38 people using the service.

People's experience of using this service and what we found:

People told us they felt safe living at the home and were happy with the care provided by staff. Relatives gave positive feedback about the service. A relative told us, "We're absolutely delighted we got her into Rockdale. The staff are always lovely and friendly. She's very happy. She's enjoyed it. [Person] is always vocal about the nice staff. She's treated with respect, e.g. when she asks for female staff. They do all the right things."

People were safe living at the service and were protected from potential abuse. The home environment had improved and there was a calm, relaxed and pleasant atmosphere. People, relatives and staff were positively engaged by the registered manager.

Medicines were managed safely and there was appropriate clinical oversight in place. Risks which were not related to continence care or skin integrity, were well managed and there were detailed assessments for staff to follow to keep people safe.

Staffing levels had been reviewed regularly to make sure people's needs were met. Staff were recruited safely and provided with on-going training and support.

There was an effective quality and assurance systems in place. Checks and audits identified areas for improvement by the registered manager, who was already taking action to change processes.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 October 2018).

Why we inspected

We received concerns in relation to risk management around pressure damage and skin integrity issues. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rockdale House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Is the service well-led?

Good ●

The service was well-led.

Rockdale House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and 2 Experts 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.

Service and service type

Rockdale House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rockdale House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about specific incidents. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority contracts monitoring team, healthcare professionals and safeguarding adults' teams and reviewed the information they provided. We used all this information to plan our inspection.

During the inspection

We spoke to 5 people who used the service, 19 relatives, and 10 members of staff. This included the registered manager, care staff, the head of care, housekeeper and maintenance person. We carried out observations in the communal areas of the home.

We reviewed a range of records. This included 8 people's care and medicine records, and the recruitment records for 4 members of staff. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks people may face were not always fully assessed, reviewed or mitigated.
- Care plans were not all up to date. For example, a person's continence care plan did not mention the use of a catheter and how staff were to support them. There were no details of potential risks to the person, such as signs of blockages, displacement or infection.
- Some risks were identified but important information and guidance was missing. For example, a care plan stated a person required a hoist to transfer but the type and size of sling required was missing. Another said a person experiences depression, but there was no information on how this manifests itself or how to support the person.
- However, people and their relatives were positive about the support they received and how risks were managed. People and their relatives were involved in risk management decisions. A relative told us "[Rockdale has] been the making of her...she's still alive and in good health because of [Rockdale]...she's very safe and secure there...I can see she's at peace, happy and secure."
- People were supported to be independent and encouraged to engage in communal activities as much as possible. However, this meant that people sometimes fell attempting to maintain independence and people and their relatives praised the care homes approach to positive risk taking.

Staffing and recruitment

- Staff were safely recruited and there were enough qualified and competent staff to safely support people. People told us that staff were quick to respond when they pressed their call bell.
- Staff were recruited safely and underwent a thorough induction. Many new care staff came through government sponsorships from other countries and were medically trained in their home country. This meant they provided additional clinical experience and knowledge for the staff team. A relative told us, "Mum is in a safe place which is well staffed.... Staff are very good, appearing to be competent and appropriately skilled."
- However, some people and their relatives commented that there could be more staff specifically at nights and on weekends. A relative told us "There are fewer staff at weekends but I still find Mum receives good care."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff were trained in safeguarding and had access to guidance about how to report any concerns about

abuse. Staff knew what needed to be reported and who to report to and was confident actions would be taken. A person commented, "[I would] report things to senior person if needs be, then they would see to it."

- People felt safe and were comfortable reporting any concerns to staff and management. A relative told us, "Before going (to Rockdale House) [Person] was very withdrawn now she feels safe, she's made friends and she's always chatty and happy, you can tell she's had a good day."

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 MCA 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- When people lacked capacity, decisions were made in peoples best interests, alongside their relatives or advocates, for example the use of bed rails.

Using medicines safely

- Medicines were managed safely.
- Staff that administered medication had specific training and underwent regular and ad hoc competency assessments.
- People told us that they had their medication on time and did not have a problem accessing pain relief etc when required. A relative commented, "I am more than happy with Mum's care... Carers engage well and are responsive to Mum's needs. They are good with medication and medical treatment."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives and professionals were able to visit people and all appropriate risk assessments relating to visiting were in place.

Learning lessons when things go wrong

- Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring. When lessons were learned, these were shared with the team in handovers and staff meetings.
- Incidents, accidents and medication errors were reported, evaluated and appropriate actions were taken. When medication errors happened, there were supervision sessions with staff and further training and competency assessments completed.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Good

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management and staff governance processes were effective. The registered manager and new Head of Care carried out a series of checks and audits, some issues found on inspection had been identified by management or staff. When we found issues not already identified, management were quick to resolve our concerns on-site.
- We found staff practice could be improved with regard to risk management, wound care and pressure ulcer prevention techniques, however, this had been identified and the management were in the process of organising training sessions with healthcare professionals.
- Current checks had identified some issues in recording, and the registered manager was putting measures in place to improve record keeping, such as a new computer system which would hold information all in one place rather than in different systems and paper based.
- The manager was fully aware of their legal responsibilities and had an effective quality and assurance system in place to monitor and improve the quality of care provided. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture which helped to achieve good outcomes for people. A relative told us, "They're not just monitoring her they're trying to improve her too, following medical advice and encouraging self-care...she's had a new lease of life."
- People and their relatives felt like the culture at the service was open and transparent. People commented that there was a "really nice atmosphere" at the service, with friendly staff, good facilities and good activities.
- Staff told us the registered manager had made some very positive changes since she had been in post, and [staff] were positive about future improvements.
- Staff told us the registered manager was approachable and supportive. A staff member said, "Communications are good. We have staff meetings and are encouraged to contribute."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest when something goes wrong.

Apologies were given to people and lessons were learnt. A relative told us "They keep me informed as needed. I have no concerns. I am notified when [loved one] has had falls and a medic is called to check her over."

- Management and staff had attended duty of candour training and could tell us about what it meant for them in their roles. A relative, who did not have any concerns, told us, "I feel that the management would want me to say if there was anything. The people are very, very approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked for their feedback to allow the management team to find ways to improve the level of support provided to people. A relative told us, "I have had little contact with the manager, but I do applaud the way she seeks resident and family views, for example, through group sessions. I think the home is well-led."
- People and their relatives met with staff to discuss their care and support needs and wishes. A person told us, "Care plans are for your own good. They ask me for my opinion on support and things."
- There were regular residents and relatives' meetings and people told us they felt comfortable sharing any ideas or concerns. We witnessed people sharing their thoughts with the registered manager at a residents meeting during the inspection. A person thanked staff for the 'marvellous' activities they provided.
- Different methods were used to keep people and their loved ones up to date, including email, newsletters, texts, phone calls, letters and social media. A relative commented, "[Staff member] emails weekly about news re the home. My [loved one] usually knows what's going on already when I visit. The residents are consulted."

Working in partnership with others

- Staff worked in partnership with others and records showed involvement from other healthcare professionals. Some staff communicated regularly with people's GPs or other healthcare professionals.
- Feedback from visiting health professionals was complimentary about the service. A health professional told us, "[Service] is the best place around. People they support are happy, staff know what they are doing."
- People were seen by different health professionals as and when required, however there was not a system for recording advice and guidance provided, which meant some records of actions, improvements, deteriorations, next steps were not always recorded. This put people at risk. The registered manager and Head of Care began putting processes in place to improve record keeping of professional visits during the inspection.