

Our Rock Limited

Our Rock Ltd

Inspection report

Unit 2
8 Kellner Road
London
SE28 0AX

Tel: 07450547344
Website: www.ourrocklimited.co.uk

Date of inspection visit:
27 October 2022

Date of publication:
01 September 2023

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Our Rock Ltd is registered as a domiciliary care agency. The service was registered for the regulated activity of personal care. At the time of inspection, we found the provider was delivering personal care to one person under age 18 years. We had concerns as to the accommodation arrangements for this person and where a provider provides care to under 18 age group in a care home, they should apply to be registered with Ofsted. Providers cannot be dual registered for care home services with CQC and Ofsted.

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

Right support: The provider did not always work in line with the MCA. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. There was insufficient evidence about how medicines were being managed safely, how people were protected from the risk of abuse, how risks of infections were safely managed and how accident and incidents were reported, recorded and managed effectively.

Right Care: There was insufficient evidence about how people's privacy and dignity was promoted and how people were being supported with activities of interest.

Right Culture: The service did not have an effective quality assurance and governance processes in place. The provider was not clear about the roles and responsibilities of the service. The service did not have were processes in place to gather feedback from people and their relatives. There was insufficient evidence to show managers supported staff to perform their roles effectively.

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

Rating at last inspection and update- This service was registered with us on 28 November 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to need for consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for safe.

Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for effective.

Details are in our Effective findings below.

Inspected but not rated

Is the service caring?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for caring.

Details are in our Caring findings below

Inspected but not rated

Is the service responsive?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for responsive.

Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for well-led.

Details are in our Well-Led findings below.

Inspected but not rated

Our Rock Ltd

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Our Rock Ltd is a domiciliary care agency. It is registered to provide personal care to people living in their own houses and flats.

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 not a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 27 October 2022 and ended on 21 December 2022. We visited the location's office on 27 October 2022.

What we did before the inspection

We reviewed information we had received about the service since registering with us. We contacted health

and social care professionals and other agencies including Ofsted to gather their views about the service. 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 used all this information to plan our inspection.

During the inspection

We visited the office location on 27 October 2022. We spoke with a relative and a health and social care professional to gather their views about the service. We spoke with the manager and another service manager working for the same organisation. We did not speak to any care workers as we were not provided with their contact details. We reviewed care and risk management plans and staff records. We looked at other records related to the running of the service including policies and procedures.

We requested the provider to send us a list of documents to inform our judgement, but they were unable to provide us with the full information we requested.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been inspected but not rated due to the lack of evidence available. We will assess the whole key question at the next inspection of the service.

Using medicines safely

- We did not have sufficient evidence to confirm people were supported with their medicines safely. The manager told us they did not support people with their medicines under the regulated activity of personal care and therefore did not have any medicines administration records (MARs) or staff medicines training records to evidence this.
- A person's care plan showed healthcare professionals had prescribed them medicines and daily care notes confirmed staff were supporting them to take their medicines.
- However, the service was unable to provide us with evidence to demonstrate how medicines were safely managed and the level of support staff provided.

Systems and processes to safeguard people from the risk of abuse

- We did not have sufficient evidence to confirm how the service protected people from the risk of abuse. Staff had completed safeguarding training. However, we could not confirm with staff their understanding, responsibilities, and actions they would take to protect people in their care from abuse.
- There were safeguarding and whistleblowing policies and procedures in place which provided staff guidance on actions they should take where they had concerns of abuse and neglect. A relative and a health and social care professional informed us they did not have any concerns of abuse at this time.
- The manager knew of their responsibility to respond to safeguarding concerns and to report any allegations of abuse to the local safeguarding team and CQC. At the time of our inspection there were no open allegations of abuse the local safeguarding team were investigating.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and with risk management plans in place.
- Risk to people were assessed in areas including personal care, continence, mobility, medicines, nutrition and mental health.
- The risk assessments included guidance on how staff could prevent or mitigate these risks.
- Daily records showed that staff supported people in line with the management plans in place.

Staffing and recruitment

- There were enough staff to support people's needs. The manager informed us they had two care workers responsible for the regulated activity of personal care. A staffing rota showed, the service deployed enough staff to support people's needs.
- The service recruited staff safely. Newly employed staff completed pre-employment checks before they

began working at the service. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care services.

Preventing and controlling infection

- We did not have sufficient evidence to confirm effective infection, prevention and control measures were in place to keep people safe. A relative told us, they had no concerns about the service.
- The provider had an infection control policy and procedures in place which provided guidance to staff on how to minimise and prevent the spread of infections.
- Staff had received training on infection prevention and control and understood the importance of good hand hygiene.

Learning lessons when things go wrong

- We did not have sufficient evidence to confirm the systems in place to report and record accidents and incidents were effective.
- The service had accidents and incidents policies and procedures in place. The manager told us there had not been any accident or incidents since the service registered with CQC. Therefore, we are unable to confirm the effectiveness of the provider's systems to manage, identify trends and patterns and how lessons would be learnt from accidents and incidents to improve on the quality of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. This key question has been inspected but not rated due to the lack of evidence available. We will assess the whole key question at the next inspection of the service.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of MCA. Health and social care professionals informed us that there was a DoLS order in place due to two members of staff continuously monitoring a person.
- The provider's registration with the Commission for the regulated activity of personal care does not correspond with the legal authorisations the person had in place as DoLS was only applicable to those living in a care home.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The manager told us the service carried out an initial assessment. However, they were unable to show us any records of this initial assessment to demonstrate appropriate plans were in place to ensure the service could meet the individual's needs.

Staff support: induction, training, skills and experience

- We did not have sufficient evidence about the level of support staff received through induction, training

and supervision. Staff had received training in areas such as the Care Act, safeguarding adults and children.

- Staff had received one supervision session from their manager. However, managers did not conduct supervision consistently over a period. Therefore, we did not have sufficient evidence about the effectiveness of the support staff received.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough for their health and well-being. A relative confirmed that staff provided people with healthy meals, and this had helped their loved one with their weight management.

- Care records contained information about people's nutritional preferences and included guidance on how staff should promote choice.

- People were engaged in choosing their meal and staff supported them to make healthy meal choices to help maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health and social care professionals. Staff registered people with a GP and supported them to attend health appointments.

- Other professionals involved in people's care included a paediatric nurse and a social worker. A health and social care professional we spoke with informed us they did not have any concerns about the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been inspected but not rated due to the lack of evidence available. We will assess the whole key question at the next inspection of the service.

Respecting and promoting people's privacy, dignity and independence

- We did not have sufficient evidence about promoting privacy and dignity.
- Relatives and health and social care professionals told us they did not have a concern about the care and support provided. A relative confirmed staff treated their loved one with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- A relative confirmed the service consulted them about the care and support their loved one received. They said if their loved one was not happy, they would have mentioned it to them.
- Care plans instructed staff to promote choice. The manager informed us staff respected people's choices.
- Daily notes showed staff involved people in making day to day decisions about the care and support in place.
- Staff promoted people's independence. Care plans showed staff encouraged people to do things for themselves where they could.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been inspected but not rated due to the lack of evidence available. We will assess the whole key question at the next inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We did not have sufficient evidence about the care and support meeting a person's needs. This is because the provider's registration with the commission was not consistent with the type of service being provided. A relative informed us, their loved one was "settled in this placement."
- A care plan was in place which provided staff guidance on the support to provide. The manager informed us they had regular staff who knew the level of support to provide.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We did not have sufficient evidence about people's communication needs being met. Care records included some information on people's communication needs.
- However, the manager was not aware of their responsibilities under AIS and did not know of easy read formats. Despite this, they told us they would use diverse ways to communicate such as body language and voice messages if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was insufficient evidence about the support people received with activities. There was no activity plan in place. Staff supported people with activities on ad hoc basis. Activities people participated in included listening to music, watching television, and watering the plants.
- Staff supported people to maintain relationships with those important to them. A relative confirmed they were in regular contact with their loved one.
- Care records showed that service users could contact their relatives without any restrictions.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. A relative we spoke with told us they did not have anything to complain about at this time. A manager confirmed there had not been any complaints since the service commenced.

End of life care and support

- At the time of this inspection, no one using the service was receiving end of life care and support.

Is the service well-led?

Our findings

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.

This is the first inspection of this newly registered service. This key question has been inspected but not rated due to the lack of evidence available. We will assess the whole key question at the next inspection of the service.

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

- At the time of this inspection there was no registered manager in post. The previous registered manager was in post until July 2022. The current manager started working at the service in August 2022 and had since resigned from their post following our inspection. The manager's knowledge, understanding and responsibilities under the Health and Social Care Act was not always up to date.
- There was an organisational structure in place, but this was not always effective. The manager informed us they were not involved in key decisions the provider made about the day-to-day management of the service.
- The quality assurance systems in place were not effective and had not identified the issues we found. The manager informed us they carried out unannounced checks on staff practices; but they did not record these spot checks.
- Records were not always accurate, complete, up to date and presented promptly when required. For example, a person's address in their care plan was different from their address in their tenancy agreement.
- The provider told us they were providing a supported living model of care. However, we were concerned that there was not sufficient choice for people for this to be true. It appeared that the person did not have a choice about who provided their care, and that the care was linked to the housing.
- The provider had not identified that the model of care they were providing constituted a children's home and therefore they should be registered with Ofsted. As part of our response to the findings of this inspection we referred the provider to Ofsted in relation to this matter. In response to communication with Ofsted the provider applied to register with them, recognising that our concerns were legitimate.
- There was insufficient evidence the provider was keeping up to date with nationally recognised guidance relevant to the needs of the people currently receiving care. The manager did not have understanding of their responsibilities under Right Support, Right Care, Right Culture and were not aware of the Quality of Life tool.

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

- At the time of this inspection, the service had not carried out any formal survey to gather feedback from people, their relatives, staff and health and social care professionals.
- At the time of this inspection, the service had not yet held any staff meetings.

All the above issues are a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

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

- We did not have sufficient evidence to demonstrate the service was promoting a positive culture.
- The manager did not know the requirements under the duty of candour that every health and social care professional must be open, honest with people in their care when something goes wrong in their service.

Working in partnership with others

- The service has worked in partnership with health and social care professionals and the local authority that commissioned the service. They did not have any concerns with service at this time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to ensure that the appropriate legal authorisation was in place and was consistent with their registration.</p> <p>Regulation 11.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure appropriate systems were in place to access, monitor and improve on the quality and safety of the service. Records were not accurate, complete and up to date.</p> <p>Regulation 17.</p>