

# Rockfield House

January 2024

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# Introduction

## What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

## What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

## Details of the Enter and View Visit:

Name of the service visited: *Rockfield House*

Address: *Rocky Lane, Anfield, Liverpool, Merseyside, L6 4BB*

Website address of *Rockfield House*: <https://mentalhealthcare-uk.com/portfolio-item/rockfield-house/>

Date of the Enter and View Visit: *Wednesday 31<sup>st</sup> January 2024*

Time of the Enter and View Visit: *14:00-16:00*

The names of the members of the Healthwatch Enter and View Team that undertook the visit were:

- *Terence Ferguson: Engagement and Project officer*
- *Alice Lloyd: Engagement & Project Officer (Learning Disability and Neurodivergent focus)*

This was an announced visit.

We would like to thank Rockfield House staff and residents for facilitating the visit and for taking the time to talk to us.

### **Why did we carry out this visit?**

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Rockfield House was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

### **Safeguarding**

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

*There were no safeguarding concerns identified during this enter and view visit.*

# About the Service

## Background

Rockfield House is registered to provide care and accommodation for up to 14 adults with a learning disability, autism, or mental health needs. The deputy manager advised us that the majority of residents have a diagnosis of learning disabilities (LD) but they also support residents with multiple disabilities and other coexisting conditions. There is a dedicated house with 10 residents and a separate annex building with room for 4 residents allowing more independence with we were advised there is a focus on transition into the community. We previously tried to visit Rockfield and were refused entry due to an illness outbreak which is good practice for infection control.

## Discussion with the manager

We spoke to Kamilah Murphy the deputy manager at Rockfield House. The registered manager Louise Murphy was on site but was otherwise engaged. We had a brief introduction with the manager. The registered manager Louise has been in role at Rockfield for 4 years but has over 10 years' experience within social care. The deputy manager Kamilah has had 2 years in the role but has 9 years' experience in the care service.

There are roughly 60 employed staff which includes 14 dedicated 1-1 staff on each day shift. During nighttime the numbers of staff including 1-1 are reduced as there is less need. We were informed that Residents are not limited to the same key worker and staff can be moved around between residents able to tolerate changes of staff.

Rockfield have not used agency staff for the previous 6 months but recently had to use agency staff on 2 occasions to cover sickness. Management advised they use staff from the same agency for consistency and they provide one-page profiles. They understand agency staff can't just walk in and build the same rapport as permanent staff; they try to reduce agency use. They have had excellent agency staff, including one who a resident would request specifically as 1-1 as they got on so well.

Kamilah advised staff have mandatory training which is documented on their records. Enhanced training is provided as well. Examples included training in autism awareness/dysphagia/first aid/fire safety and trauma training. Staff have a group email that includes up to date information around significant issues, including infection updates. If there are 3 or more infections in Rockfield then an infection control incident is raised. The last incident they were given an audit score of 100% from the infection control team.

## Residents

We were informed all prospective residents are assessed by their own needs and those of current residents. An example of this would be some corridors in the building being quite narrow which mean adding a second wheelchair using resident might prove difficult. Kamilah also advised that Rockfield is a loud environment and people who struggle with loud noises would find it a difficult environment. Kamilah advises that previous trauma is important to consider when allocating a placement due to the loud environment. Staff are aware of the effects of past trauma and the effects on individual behaviours and have mandatory trauma training.

Kamilah advises all residents have hospital/care passports containing information; 'things that are important to me', 'who supports me', religion, GP, allergies, communication, dysphagia, diagnosis, managing anxieties, sleeping patterns and more. We were shown a blank copy of a residents' passports which included a "how do they choose section" which details how residents make choices. This could include if they verbalised, or physically selected a picture choice etc. Kamilah advised that Non-verbal residents are placed with permanent staff to help meet their communication needs. Makaton is sometimes used but signs used can be personal to the resident so prior knowledge of the resident is needed. Speech and Language therapists attend the service and provide therapy to residents. Some residents prefer to contact the assistant manager by email while others will speak to them in person.

Visitation at Rockfield house for family and friends varies as some residents do not have local family and other residents are on release from prison. Staff find that most families prefer outside trips with residents or to take them to their own homes for weekend stays. The vicar of the adjoining service is reported by staff to be active in supporting both staff and residents and residents have their own spiritual communication passports which can include no religion.

Staff advised residents have positive behaviour support plans to help in managing challenging behaviours. Staff find this approach helps to reduce the usage of emergency medication to manage challenging behaviours. There is a residents' award given each week to recognise and reinforce positive behaviours. We were advised by Kamilah that residents' complaint information can be picked up from the annexe or can be requested from staff directly and is provided in an easy read format.

## Relationship with local GP/Pharmacy/Dentist/Optician

Kamilah advised that they have an excellent relationship with their chosen GP practice Benham medical on Shiel Road who "support them and it works well" and "Stacy that works there is brilliant". There was also praise for the local community hub, "Norris Green Hub supports us, and it works well". Residents' Annual Health Checks are scheduled annually for April, and these are

communicated to residents with storyboards/picture formats and easy read documents to help communicate what will happen.

Dental services for residents are handled well by Everton Road dental practice and the service is described as "brilliant" and dentists from the practice have attended Rockfield House to support checkups for 3 non-verbal residents who could not travel.

Kamilah advised that Rockfield have not had many issues with hospital discharges. She advised this is because staff are careful not to leave without discharge documents. Residents hospital/care passports are sent alongside when they attend but staff report differing medical sites can be less receptive to them. Some staff ask, "do we require this?" but others are more positive. Staff advise they seem more readily accepted/understood at hospital settings than walk in centres for example. Rockfield staff feel these passports are invaluable in supporting the resident by providing positive behavioural support information and informing about food choice.

Each resident has a personal evacuation plan which includes what to do to support the resident during evacuations. We were informed that the plan is shared with residents and includes an easy read story board that shows pictures of key stages such as the door they will use to evacuate. This is refreshed with residents monthly as staff find evacuation concerns can be common anxiety amongst some residents. There were no open fire doors or trip hazards seen during our visit.

Laundry is washed separately, and residents have their own named baskets to prevent clothes being mixed and lost. Some residents prefer clothes maidens rather than machine driers and this is provided.

Rockfield House has an activities coordinator in post, and we were informed that they plan activities a week in advance. The activities coordinator has informal chats with new residents to assess their likes and dislikes and to prevent it feeling like an interrogation. We were informed that the coordinator notes down anything that informs what they like, whether this be a favourite food or activity. The coordinator sits down with residents to create a timetable and has an alternative back up in place. We were told activities can include healthy eating days, taster days in places, scrabble, cards, crafts, painting pictures and sensory game boards. Rockfield has previously had panto days, and card making days with prizes given.

Staff advised that they have a resident spokesperson and weekly residents meeting chaired by a resident with sitting rules established. Residents can request changes to Rockfield, and an example of a request was a new lamp to brighten up a shared area and this was fulfilled by staff. There is a further group once a month called a diversity group which involves meeting up with other LD communities and staff say it is working well. We did speak with a resident who did not share the view that residents meeting were useful.

## **Meals and Food**

Kamilah advised she had a recent conversation with the chef about the accessibility of the menu and says there are now easy read pictures on the menu (this was on display in the hallway noticeboard). Communication

passports also include how residents choose their food. Menus are planned 3 weeks in advance and change seasonally with more warming foods for winter and lighter foods for summer. There is a vegetarian menu provided for residents. Nuts are not allowed on site due to allergies, but options are in place for residents to have nuts off site, so they don't miss out.



# Observations

Upon arrival at Rockfield House, we were met by the Deputy manager Kamilah Murphy.

## Observations on arrival

Upon arrival to Rockfield House we rang the bell for access as the door was securely locked. Staff checked our identification thoroughly and asked us what organisation we were from and who we were visiting. We were also asked to sign into the visitors' book. The process was excellent and what we saw made us confident that residents were protected from unknown people entering the property unchallenged.

## Observations of the building and facilities

The outside of the building has a carpark with a working automatic car gate and looked in good condition. The front door had specialist locks and a signing in book for guests. There was a suggestion box near the front door but no obvious signage to point it out. There were folders available on the table of previous newsletters. There were multiple cords for blinds hanging down that were not fixed in place. We made staff aware but were advised they did not see them as a concern and had no self-harming residents.

We met with management in a small meeting room with a round table/ high windows for light and a stand with the company values prominently displayed. There was a feedback sheet with easy read options available. The room contains folders with some resident's information, and we were advised the room is kept locked and not often used by residents. A resident tried to gain access whilst we there but was moved on by his 1-1 support without any incident.

## Bedrooms

We did not enter any of the bedrooms at Rockfield House. For residents that required them communication cards were hooked onto door frames. Bedroom doors are numbered but there were no names or pictures to identify the occupants that we saw. There were no notices about knocking/respecting dignity for residents.

## Lounge and sitting area

The Lounge area has a shared table, large heavy safety chairs and a sofa facing a large television protected by a wall mounted barrier. There are windows around the whole room in high and low positions. The room is decorated in grey and white and did feel gloomy (this may have been related to the cloudy weather outside).

## Annexe

There is a large outdoor space leading to the annexe that separates it from the main unit. Residents can dry clothes outside, and it has a natural wind and weather break. The Annexe environment feels much more homely than the main

area and the yard feels inviting and airy. The entrance to the Annexe leads straight into a shared dining and kitchen area. One resident advised this area can feel cluttered when multiple residents and 1-1 staff are present.

### **Utility rooms**

The Laundry room has baskets with each residents' initials clearly identified on to them prevent mix ups of clothes. We were advised that residents choose their own bedding and towel colours. There is a first aid box on the wall and a spare mobile hoist tucked away at the rear. The cleaning room is broken into two parts one for residents and one that is more of a storeroom. We were advised that this is normally kept locked but, on this occasion, had been left unlocked. There is a resident's trolley separate to the cleaner's trolley and they are provided individual cleaning supplies. Some residents are given cleaning spray that is measured per use as they feel they need to use all the spray.

### **Corridors**

The corridors at Rockfield House are narrow meaning people often have to stand to one side to allow others to pass. As this is an older building it is very unlikely that this can be adjusted. There are poems on display, but these are quite high up on the wall and hard to see (staff advised residents often pull things off the wall). There is a noticeboard in the corridor which included an accurate easy read description of the weather for the week. There was a noticeboard with CQC information, leaflets from the Life Rooms service, the most recent newsletter, and an up-to-date easy read menu on display. There was a 'meet the team' board with pictures and job roles of staff, but the pictures are small and without information on staff interests.

### **Kitchen and small kitchen**

We were advised that the main kitchen is in the process of getting refurbished. There were no construction hazards we could see. Residents have access to the kitchen and have a shared food stock in the pantry for cooking. Residents assist staff with the shopping. Residents also have access to a smaller kitchen which is used for teas/coffees/toast etc. The kitchen is bright clean and spacious but there is no easy read signage on the cupboards or individual cupboards for residents. The room has handwashing signs, first aid box and fire extinguisher.

### **Lounge**

The Lounge area has large heavy chairs (safety feature) with a sofa facing the large wall mounted TV (protected by a barrier). The room is grey and white and looks dull. There are windows around the whole room in high and low positions.

### **Shared garden and sensory garden**

Residents have a large open garden space with residents having their own designated shed with another for staff that is kept locked. There is a smoking hut available, a large football goal, and outdoor dining chairs and tables. Residents often help with the garden and have built items such as bird boxes which are on display. There is a further sensory garden that was very popular with one of the residents we spoke to. There are benches, chairs, tables and an outside pond with fish in it. There is an outside pool table, but this is currently being repaired. As it was winter these spaces were not being used as much as usual.

## Activity room

The activity room is a fairly small room with a TV, comfortable seating, a table and a filing cabinet. Staff advised that the room is being reviewed for possible remodelling. The room does look a little dark and gloomy (again it was a miserable day weather wise). Staff advised the room contains arts and crafts equipment, games console, sensory toys, karaoke machine and a bingo set. There were some items left out that were tidied away by staff. We did not see any labelling or easy read pictures on any of the cabinets. Staff advised multiple classes and events take place here for residents.

# Feedback from residents, relatives, and staff.

Healthwatch spoke with two residents and three members of staff.

## Resident B



“Good staff, someone always there if you need to talk”.



## Resident A

1. “Staff are fun”.

2. “Food is nice, could do with more Quorn nuggets, get one bag but it’s gone the same day”.

3. (been here 5 months and) "Feels like part of the furniture".

4. Resident struggles with speaking to doctors independently "Don't know how to explain it them or just say".

5. "Tend to go to the same places (on trips) like Chester and markets, went bowling on the last residents' night out".

6. (Heating in bedroom) "Needs fixing as it's not blowing warm air".

7. "More activities in the garden for residents, only football at the moment". (Garden is) "good for anxiety and puts you in a good mood, would like a proper aviary and bird boxes".

#### Resident B

8. "The yard is quiet (laughs) for about five minutes".

9. (1-1 staff members) "sometimes the same, sometimes they can change".

10. "I've started independence on my own going the local shop" (one of her smart goals). I Would like to live somewhere on my own with support but not all the time"



# Summary and recommendations

## Summary

Overall, we observed at Rockfield House that staff are working hard to provide the best care in a challenging environment. Management has shown excellent practice in many ways such as in their use of communication passports, personalised evacuation plans and the use of trauma informed care in the workplace. Staff that we met clearly care deeply about residents and providing the best care that they can.

The limited number of interactions we saw between 1-1 staff and the residents appeared positive with good back and forth rapport. Staff were knowledgeable about residents' interests and SMART goals enough to discuss them without any paperwork to hand. We also saw staff redirecting a resident who was exhibiting some challenging behaviours, and they diffused the situation without incident. Residents that we spoke to seemed happy with their 1-1 staff, but it did appear that they don't consistently have the same assigned staff members. The management structure being in place for multiple years is a positive in building a cohesive strategy for Rockfield House.

There are many positives to the physical environment at Rockfield House but also some challenges. The gardens and yard spaces are very pleasant environments and clearly well cared for aside from a pool table that was broken. The residents we spoke to were very pleased with them. We did not see any residents' rooms but the residents we spoke to were happy with the decoration within although there was a comment about a faulty heater.

The main building structure itself has narrow corridors in areas that can create tight areas and makes it challenging for wheelchair users. Some of the rooms such as the main sitting room felt dark and gloomy which was not helped by the grey colouring and lack of decorations. There also seemed to be a lack of easy read pictures and pictures in general around the home. Cupboards had no pictures to help show contents, doors had no easy read signage and it contributed to some areas not feeling disability friendly. Staff advised that due to challenging behaviours residents can tear things down from walls but as a visitor some areas lacking decoration did not feel like a homely environment.

The security procedures at Rockfield were in the main excellent with Healthwatch staff challenged upon entry. All residents we saw had their 1-1 staff with them at all times and doors were locked when we left rooms. We saw no fire doors left open or any trip hazards in the building. There was however a case of a cleaning supplies door being left unlocked. We discussed the possibility of hanging blinds cords being a ligature risk, but staff advised they had no residents with self-harming behaviours. The 1-1 support in place can help reduce risks but it is important that all proper procedures are maintained regardless.

## Recommendations

We at Healthwatch Liverpool make the following recommendations for Rockfield House

- Consider using more accessible information and easy read signage around Rockfield to improve accessibility. Ask residents, families, and staff for their opinions on improvements and possibly the diversity group to see if other sites have examples of good practice.
- Consider organising new destinations for trips if possible and asking residents in meetings to discuss possible new destinations and ideas.
- Maintain the strict protocols that are in place and document any lapses even if they are safely mitigated by 1-1 support.
- Outdoor areas seem a major strength at Rockfield House and were praised by residents. Consider more varied activities for the larger gardens as some residents felt that it was used primarily for football.

# Appendix

## Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website [www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk) or contact us using the details at the end of this report.





**healthwatch**

Healthwatch Liverpool **Liverpool**  
151 Dale Street  
Liverpool  
L2 2AH

[www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk)

t: 0300 77 77 007

e: [enquiries@healthwatchliverpool.co.uk](mailto:enquiries@healthwatchliverpool.co.uk)

 [@HW\\_Liverpool](https://twitter.com/@HW_Liverpool)

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