

Alternative Care Limited

Rosedene

Inspection report

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Tel: 01977733802

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 18 January, 2017 and was unannounced. The home was previously inspected in March 2015 when breaches of legal requirement were identified. The provider sent us an action plan outlining how they would meet these breaches. You can read the report from our last inspection, by selecting the 'all reports' link for 'Rosedene' on our website at www.cqc.org.uk.

Rosedene is a residential care home providing accommodation and personal care and support for up to three people who have a learning disability. People using the service are supported to maintain their independence and live a lifestyle of their choice.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we looked to see if improvements had been embedded in to practice from our last inspection. We found insufficient progress had been made in some areas. We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the procedures in place for managing medicines within the home and found some concerns. The medication policy in place did not give sufficient information to direct staff in how to store and administer medicines safely.

People were supported by sufficient numbers of staff to meet their needs. The provider had a safe recruitment system in place which involved pre-employment checks being made prior to the person commencing employment.

The staff we spoke with were very knowledgeable on safeguarding and knew how to recognise and report abuse if they needed to.

We looked at support plans belonging to three people and found there were no mental capacity assessments. Staff we spoke with told us that people they supported had capacity to make decisions about day to day life but would require further support with more complex decisions. This was not documents in support plans.

People were supported to have a healthy and nutritious diet which supported their needs. People were encouraged to take part in shopping for food items and meal preparation.

People had access to healthcare professionals when required and routine check-ups with doctors, dentists and opticians were also arranged.

Staff completed training relevant to their role and found the training valuable. Staff we spoke with felt supported by their managers and told us they had regular reflective meetings. These were one to one meetings with their line manager to discuss their work and training requirements.

We spoke with people who used the service and they told us they liked the staff team and felt they supported them well. Throughout the inspection we observed staff supporting people who used the service with consideration and respect. Staff knew people well and respected their likes and dislikes. We spoke with staff about maintaining privacy and dignity.

Prior to people receiving support from the service, an assessment was carried out to ensure the service could meet people's needs. This information was then used to write support plans. We looked at support plans and found they gave enough detail about people to be able to support them well.

People were supported to maintain an active life and people were involved in a range of social activities of their choice.

The service had a complaints procedure and people who used the service told us they would speak with staff if they had any concerns. They were confident that their worries would be acted on and resolved.

We found some systems were in place to monitor the quality of service provision. However, these were not effective and did not always identify concerns.

We looked at policies and procedures and found that some of them required updating to guide staff in their working practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

We looked at the procedures in place for managing medicines within the home and found these were not managed safely. For example, there was no stock control, no competency checks to ensure staff were administering medicines safely and no protocols in place for people who required medicines on an 'as and when' required basis.

People were supported by sufficient numbers of staff to meet their needs.

Staff were knowledgeable about how to safeguard people from abuse.

Risks associated with people's care were identified and managed appropriately.

Is the service effective?

Requires Improvement 

The service was not always effective.

We looked at support plans belonging to three people and found there were no mental capacity assessments. Staff we spoke with told us that people they supported had capacity to make decisions about day to day life but would require further support with more complex decisions. This was not documents in support plans.

People were supported to eat and drink sufficient to maintain a balanced diet and snacks were available in-between.

Staff received training relevant to their job and told us this was valuable and worthwhile.

People received support from healthcare professionals when required.

Is the service caring?

Good 

The service was caring.

People who used the service saw the staff as their friends and had built good relationships with them.

We observed staff supporting people who used the service with consideration and respect.

Staff knew people well and respected their likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

We looked at support plans and found they gave enough detail about people to be able to support them well.

People were supported to maintain an active life and people were involved in a range of social activities of their choice.

The service had a complaints procedure and people who used the service told us they would speak with staff if they had any concerns.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Some audits took place to monitor the quality of service provision. However they were not effective. There were some areas that had not been audited and we found concerns, for example medicine management.

We looked at policies and procedures and found that some of them required updating to guide staff in their working practice.

Rosedene

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 the 18 January 2017 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were three people using the service.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority to gain further information about the service. We asked the provider to submit a provider information return (PIR) and this was returned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service and spent time observing staff supporting with people.

We spoke with three support workers, the registered manager and the supported living assistant manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "I feel safe and cared for and safe here."

We looked at the procedures in place for managing medicines within the home and found some concerns. The medication policy in place did not give sufficient information to direct staff in how to store and administer medicines safely. For example there were no protocols to follow for people who required medicines on an 'as and when' required basis. We saw one person who was prescribed this type of medicine, but there were no guidance as to how and when the medicines should be taken or what they were prescribed for.

We saw a tube of cream which had been prescribed to someone, but the label had worn so much that the label could not be read. There was no explanation what the cream was for or where to apply it.

We looked at medicine stocks and found that people had a large amount of stock. There was no system in place to record medicines received or returned from the home and no system for ordering repeat prescriptions. Therefore there was no stock control and it was difficult to see if people were receiving their medicines as prescribed.

We looked at records in relation to medicine management and found each person have a medication administration record (MAR) sheet in place. Staff had signed these when people had been given their medicines. There were no photographs on the MAR sheeted to identify each person. People had a care plan in place to indicate what their needs were in relation to medicines, however, they lacked detail.

Staff we spoke with told us that they had received training in the safe administration of medication. However, staff told us and staff files indicated that no medication competency assessments had been carried out to ensure staff were competent in administering medicines.

This was a breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found people we not protected from the risks of unsafe medication administration.

We spoke with the registered manager about our concerns and were told that they would look in to the concerns. We received an email following our inspection which detailed action taken by the provider. This included an updated policy and procedure, medication audits, a stock rotation protocol, and procedure for medicines prescribed 'as and when' needed. However, these systems and actions required embedding into practice.

We spoke with staff about how safeguarding people from abuse and they knew what to look for and how to report abuse if it happened. They told us that they had completed training in this area and this was repeated on an annual basis to ensure they were kept updated. Staff explained to us what they would do if they suspected harm or abuse and they would take appropriate actions to safeguard people.

Through our observations and talking with people we found there were enough staff available to meet people's needs. People we spoke with told us that staff were available when required. We saw staff were available to assist people in the community and to support people in the home.

We looked at three recruitment files and found the provider had a safe and effective system in place for employing new staff. The three files we looked at contained pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

We looked at support plans belonging to three people and found risk associated with people's care and treatment had been identified. The risk assessments we saw included crossing the road, road safety, fire evacuation plans and risks in the kitchen area. Assessments identified the hazard, the likelihood of it occurring and current control measures in place to prevent the risk from occurring.

Is the service effective?

Our findings

At our previous inspection in March 2015 the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This corresponds to regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that mental capacity assessments had not been completed and some staff were unclear about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. At our inspection on 18 January 2017, we found the staff were knowledgeable about people's capacity but people's care plans did not reflect this.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at support plans belonging to three people and found there were no mental capacity assessments. Staff we spoke with told us that people they supported had capacity to make decisions about day to day life but would require further support with more complex decisions. This was not documents in support plans. The registered manager told us that they had applied for a DoLS for one person but this had not been authorised. This was also not recorded in the persons care file.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not have suitable arrangements in place for obtaining, and acting in accordance with the consent of people who used the service in relation to care and treatment provided to them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

At our previous inspection in March 2015 the service was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This corresponds to regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw suitable arrangements were not in place to ensure staff were appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard. At our inspection of 18 January 2017, we found the provider had taken action to resolve these concerns.

People who used the service felt the staff knew what they were doing and supported them well. Staff we spoke with told us they received training appropriate to their role and this helped them carry out their job. Staff we spoke with felt supported and told us they worked well as a team. One support worker said, "We meet with the manager about every three months and chat about our work and any concerns. We also have appraisals every year and we are given goals to work towards." Another support worker said, "The manager is very supportive."

We spoke with the registered manager and looked at records and found staff received reflective meetings on a regular basis. Reflective meetings were one to one sessions with their line manager to discuss performance and training.

We spoke with the registered manager and were told that training is currently delivered via watching DVD's and completing a questionnaire. At time of inspection the provider was in the process of changing this to face to face sessions followed by review of case studies. The service kept a training matrix which was a record of training completed and required.

All the people we spoke with told us they really enjoyed their meals. They were given choice and if they didn't like something or changed their minds, they could have something else. One person said, "The meals are very good. We choose a menu every week and go shopping for the food."

People met with staff each week and decided what food they would like for the coming week. People were encouraged to shop and prepared food where possible. People told us that they had breakfast when they got up in the morning, lunch was mainly eaten out as a snack and tea was an evening meal that people shared together.

We looked at support plans belonging to people and found that healthcare professionals were involved in people's care when required. For example visits and support from, G.P's, dentist and opticians where appropriate.

Is the service caring?

Our findings

We spoke with people and they were happy with the care provided. They told us that they saw the staff as their friends and got on well with them all. One person said, "The staff look after me well." Another person said, "The staff are very nice, we can have a giggle and I like that." Another person said, "I can talk to the staff about anything. I feel safe and well cared for."

Throughout the inspection we observed staff supporting people who used the service. Although interactions we saw were limited, as people were busy and engaged in community activities, we saw staff were with considerate and treated people with respect. Staff knew people well and respected their likes and dislikes. We spoke with staff about maintaining privacy and dignity. One support worker said, "I try to chat with people and put them at ease. This enables the person to feel comfortable. It is also important to ensure personal preferences are maintained." Another support worker said, "I try to remember the core values of the company when delivering care and support. These are compassion, adaptable, respectable, and empowering."

Staff knew important information regarding people they supported, for example, how they liked the bathroom preparing when they were having a bath.

The company core values were being introduced throughout the service. For example, staff were asked to consider these values when providing support, updating support plans and in their preparation for their one to one sessions with their line manager. This showed that the values were a key part and basis for the ethos of the company.

Staff we spoke with understood that their workplace was someone's home and respected this. Staff told us that they shout 'hello' as they enter the home and state who they are. We also saw staff knock on bedroom doors before entering people's rooms and they waited for the person to respond.

The service operated a key worker system where staff supported people to maintain relationships with families and friends, and keep their support plan up to date by holding meetings with people. This ensured that people were supported the way they preferred to be.

Is the service responsive?

Our findings

We spoke with people who used the service and they all told us they were supported and cared for well. They felt the staff knew their plan of care and how best to manage their support.

Prior to people receiving support from the service, an assessment was carried out to ensure the service could meet people's needs. This information was then used to write support plans. We looked at support plans and found they gave enough detail about people to be able to support them well. They included people's preferences and what was important to them. Some support plans contained pictures to enable people to understand their plan of care. We spoke with people who told us the use of pictures was helpful.

Support plans covered areas such as dietary needs, medication, finance and personal care. For example, one person required a reducing diet and the support plan stated that this should be as interesting and varied as possible and healthy options were to be offered. Staff we spoke with were knowledgeable about people's plans and were keen to ensure they were working with people to meet their objectives. We saw staff were supporting people to be the centre of their care by involving them in decisions and by ensuring that what they did was the choice of the individual involved. For example, staff asked people what they would like to do and how they would like to spend their day. Throughout our inspection we saw staff were busy supporting people to engage in community activities, therefore our observations were limited.

Each person who lived at the service had a timetable of events for each day which they had been involved in devising. Events such as day care; working, trips out and family visits were detailed. People we spoke with told us they enjoyed having something to do. One person said, "I like going to see my family twice a week." Another person told us they enjoyed going out to the local club. During our inspection we saw staff were supporting people to take part in activities of their own choice.

The service had a complaints procedure which was available in an easy to read version. This was called, 'do you need to talk to us.' We spoke with the registered manager and found that the service had not received any complaints. Staff we spoke with told us that they would meet with people on a one to one basis every month and discuss if they had any worries. We spoke with people who used the service and asked them what they would do if they had any worries. They all told us they would speak with staff and were confident that they would resolve any concerns they had.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in place who had been in post since January 2016. Staff we spoke with felt supported by the registered manager. One support worker said, "We are a happy workforce and there is always someone around to help you." Staff we spoke with told us they attended regular staff meetings and felt able to contribute ideas and suggestions to improve the quality of service provision. The registered manager was supported by a supported living manager and a supported living assistant manager who offered support to staff when required and visited the home frequently. Since the registered manager had been in post they had commenced work on developing audit tools and a system to support staff. However, the systems in place for monitoring the quality of service provision required further work to embed them in to practice.

At our previous inspection in March 2015 we found a breach of regulation 10 HSCA 2008 (regulated activities) regulations 2010. Regarding assessing and monitoring the quality of service provision. This regulation corresponds to regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. When we visited in January 2017 we found this regulation had not been met.

At this visit we found some systems to monitor the safety and quality of services had been put in place but were not effective. The service had a registered manager who had been in post at the service since January 2016. We saw that the registered manager had spent time developing audits and some actions had been taken to address the concerns raised on our last inspection, however, systems required embedding in to practice. For example, we saw templates for audits had been devised to review medicine management and service user finances, but these had not commenced. We identified concerns in the management of medicines within the service and these concerns had not been identified by staff.

We also identified concerns that the principles of the Mental Capacity Act were not being adhered to. For example, we found no capacity assessments were in place in people's support plans. We saw another audit had commenced in care planning, however, the lack of capacity assessments had not been identified within this audit. We saw other audits had been introduced regarding complaints and the environment. However, these were in the early stages of implementation and therefore we could not assess if these were improving the quality of the service.

We looked at policies and procedures and found that some of them required updating to guide staff in their working practice. For example, the policy in place for management of medicines did not refer to safe storage of medicines, stock rotation and medicines prescribed on an 'as and when' basis, (PRN medicines). This corresponds with the breach of Regulation 12 covered in the safe domain. However, it also contributes to the breach of Regulation 17 as effective audits had not taken place to identify the concerns we found in regards to medicine management.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider did not have suitable arrangements in place for assessing, monitoring and improving the quality and safety of the service.

We spoke with the registered manager about these issues and following our inspection we were sent an email indicating what action had been taken to address them. However, these actions also require embedding into practice.

People who used the service met with their key workers on a regular basis and discussed their support plans and spoke about the service. This was also an opportunity for staff to ask people if they were happy with the service provided to them.

Staff we spoke with felt the provider had a person centred ethos and were able to quote the company values. This showed the values were embedded in service delivery.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place for obtaining, and acting in accordance with the consent of people who used the service in relation to care and treatment provided to them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found people we not protected from the risks of unsafe medication administration.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have suitable arrangements in place for assessing, monitoring and improving the quality and safety of the service.

The enforcement action we took:

Warning notice