

# Lothlorien Community Limited

## Rose Cottage

### Inspection report

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16 August 2016

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### Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

This inspection took place on the 15 and 16 August 2016 and was unannounced. Rose Cottage provides accommodation and support for up to seven people who may have a learning disability and autistic spectrum disorder. At the time of the inspection six people were living at the service.

The previous inspection on 21 July 2015 found one breach of regulation 12, an overall rating of requires improvement was given at that inspection. The provider had resolved the issues raised at the previous inspection which were no longer a concern at this inspection.

Each person had a single room and there was one shower room and a bathroom, kitchen, dining room and lounge. There was a large accessible garden at the rear of the service.

The service had a registered manager in post. 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.

There was insufficient guidance in place to ensure people's healthcare needs were always met and people were not always supported well to monitor their healthcare in a responsive way. This posed a risk to people's health and safety.

Some staff supervision had lapsed although staff said they felt able to approach the registered manager at any time for support and help.

Care plans were difficult to navigate due to the vast quantity of paperwork, some documentation was repetitive and out of date. However, staff could demonstrate a good knowledge and understanding of people's individual needs, meaning the impact this had on people was minimal.

There were safe processes for storing, administering and returning medicines. Medicines were administered by trained staff. Regular audits were conducted on medicines to check errors had not occurred.

There were enough staff to meet people's needs and staff responded to people quickly in an unhurried and patient way. People were protected by the service using safe and robust recruitment processes.

Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment. Accidents and incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people.

Staff had a good understanding of how to keep people safe and contact names and numbers were available should concerns of people's safety needed to be raised.

Staff had appropriate training and experience to support people with their individual needs and demonstrated a clear understanding of the people who lived there.

People had choice around their food and drink and were encouraged to help staff prepare and cook meals. People could choose alternative meal options when they wished.

Staff demonstrated caring attitudes towards people. People felt confident and comfortable in their home and staff were easily approachable. Interactions between people and staff were positive and encouraged engagement, staff spoke to people kindly. People's choices were respected and staff spent time engaging people in communication and activities suitable for their current needs.

People were protected by a robust complaints procedure. There was a complaints procedure in place for people and their representatives and complaints were responded to in a timely way.

Staff felt positive about the future of the service and were positive in the feedback they gave about the registered manager who they found supportive and approachable. The registered manager had started to implement changes to improve the service people received.

People's feedback was obtained, listened to and analysed to improve the service they received. The provider conducted observational audits to look at the quality of care people were in receipt of.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

## 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.

There were enough staff to support people and meet their individual needs.

People received their medicines safely.

There were detailed risk assessments which were person centred.

Accidents and incidents were recorded and audited to identify patterns.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always supported well to manage their healthcare and referrals had not been made in a prompt or timely way.

Some formal supervision was overdue. Staff said they felt well supported by the registered manager and were able to approach them at any time if they required help.

Staff had received the training they required to be able to support people with their needs.

People were involved in making decisions about their food and drink.

### Is the service caring?

Good ●

The service was caring.

Staff took the time to engage with people at a pace that suited them.

People's bedrooms were decorated in a personal way.

People were treated with respect and dignity.

### Is the service responsive?

The service was not consistently responsive.

When people required support with their healthcare this had not always been responded to or recorded effectively in their health care plans.

Care plans were detailed, informative and person centred.

People were supported to raise concerns, and processes were in place to recognise and respond when people were unhappy.

People were offered varied activities to meet their individual needs and interests. People were encouraged to improve their skills and remain independent.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

People's records were not always up to date. Documentation was difficult to navigate due to the vast quantity of paperwork.

Staff felt they could go to the manager for guidance and support and were positive about the future of the service.

The registered manager had good oversight of the service and was working towards embedding an open, inclusive culture, staff had good attitudes.

**Requires Improvement** ●

# Rose Cottage

## **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 was planned to check 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.

This inspection took place on the 15 and 16 August 2016 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The provider had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection.

During the inspection we spoke with four people, three staff, the registered manager, a relative, and two visitors. After the inspection we received feedback from one healthcare professional. Some people were not able to express their views clearly due to their limited communication, others could. We observed interactions between staff and people. We looked at a variety of documents including four peoples support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

# Is the service safe?

## Our findings

A person said, "I like it here and I like the people I live with, the staff are nice". People were at ease within the service and staff regularly checked if they were okay or needed any support.

At the previous inspection the provider had not ensured risks to people were managed in respect of medicines, moving and handling, skin care and recording of fluid intake. We asked the provider to take action to ensure people's needs were met. At this inspection we found that action had been taken and people were no longer at risk of harm. Risk assessments had been improved to guide staff when moving people using a hoist. Robust auditing and checks had been implemented to ensure medicine was managed safely. Peoples fluid intake were monitored and staff had information about the amount of liquid people should receive and people's skin integrity was now managed well.

There were enough staff to meet people's needs. Three staff were available between 8am until 9pm, at night there was one wake night staff and one staff member slept on the premises. People were responded to quickly when they asked for assistance and staff had enough time to engage with people in an unhurried and meaningful way. There was an on call system covered by the registered manager should staff require guidance or support at any time. When the registered manager was not available other managers within the company were assigned to an on call rota which meant staff would always have somebody to contact in an emergency. There were some vacancies in the staffing rota; two newly recruited staff were currently going through the recruitment process before commencing employment. The gaps in the staffing rota were filled by staff completing overtime, the registered manager covering shortfalls and agency workers being utilised, this ensured staffing was sufficient to meet people's needs.

Recruitment processes were in place to protect people and the registered manager her updated staff files so they were more user friendly. Gaps in employment history had been fully explored and Disclosure and Barring Service (DBS) checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Other checks made prior to new staff beginning work included references, health and appropriate identification checks to ensure staff were suitable and of good character.

Staff were aware of their responsibilities in relation to keeping people safe. Staff knew how to whistle blow and report any concerns to their manager and also to external agencies such as the local safeguarding team or The Commission. Staff were given sufficient training in recognising and reporting abuse. A staff member said, "I've had safeguarding training and am confident to raise any externally. I have no hesitation to report outside of the company even to CQC (Care Quality Commission)". Whistleblowing and safeguarding guidance was available for staff to refer to should they need to raise concerns about people's safety.

People had their own individual risk assessments according to their needs. Risk assessments identified risk areas, risk levels and control measures to reduce the impact of harm to people. Areas identified as significant risks were individual to each person's own needs. There were environmental risk assessments to help reduce the impact of harm to people. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate

way in the event of a fire. Fire evacuation drills were conducted to observe how peoples PEEPs would be put into practice.

Accidents and incidents were recorded and audited to identify patterns and the registered manager used this as an opportunity to learn and improve outcomes for people. The registered manager had provided staff with additional support and training to improve the way they were writing incident reports and recording information. Appropriate checks were made to keep people safe, safety checks had been made regularly on equipment and the environment. This included hoist/sling inspections, window restrictors, wheelchairs, fire equipment, electrical and gas safety checks.

There were safe processes for storing, administering and returning medicines. People had individual assessments around how they liked their medicines to be administered and staff that administered medicines were trained to do so. When people were helped to take their medicine staff did this in an unhurried and person specific way. Regular audits monitored errors, temperature checks to ensure safe storage of medicines had been completed and occasional medicine (PRN) protocols were up to date. A homely remedies list had been obtained and agreed by the GP should a person need any medicine for minor ailments such as colds or minor pain.



## Is the service effective?

### Our findings

People's healthcare needs were not always met. People were not always supported to have access to healthcare when they needed it. Appointments to see outside health professionals were not made in a timely or responsive way. For example, one person had significant weight loss over the past year. The registered manager told us this had been previously investigated but the cause was still unidentified and the person should have a blood test to rule out any other causes. During the inspection the person visited their GP and a blood test was booked. However, this should have been completed sooner. The person's health care records lacked information about the previous investigation into the person's weight loss. Risk assessment to manage this area of the person's health was missing. This meant staff were not given clear guidance to support the person should there be a further deterioration in their weight loss. Improvement to documentation was required to maintain people's safety; ensure there was sufficient guidance for staff to meet people's needs and make sure any needed follow up action or treatment took place.

The provider had failed to do all that was reasonably practicable to mitigate risks. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

One to one supervision meetings had lapsed for some staff. Discussions with the registered manager found competing priorities had meant they had spent time supporting people and had not been able to complete formal supervisions. The staff team were well established and understood their roles and the people living at the service well. Informal supervisions had taken place; staff told us they felt supported by the manager and had opportunities to discuss any concerns. A staff member said, "I get enough supervision and appraisal time. The manager is approachable with an open door policy". Another staff member said, "I had a supervision about two months ago, if we have any problems we can talk to the manager straight away. We also have the team leader that we can talk to. I'm quite confident in my job; I've been here a long time". Formal supervision is an area which requires improvement.

All staff completed mandatory training in the form of face to face or e-learning. Mandatory training included; infection control, health and safety, first aid and safeguarding people. Additional training was offered to staff in specialised areas such as epilepsy, crises management, and introduction to Autism and Asperges Syndrome. Staff demonstrated the appropriate skills and knowledge to support people with their needs. They were able to describe how they would respond to different situations which may arise for example; if a person required assistance if having a seizure or how they would support a person who was displaying behaviours which could challenge others.

The registered manager said new staff would be using The Care Certificate as part of their induction. The Care Certificate was introduced in April 2015 and is an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. The registered manager had enrolled on a course called 'Care Certificate intro for managers' so they would be able to assess new staff competencies. Agency staff completed an induction checklist and shadowed members of the permanent staff team before supporting people with their needs alone.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager. They demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions. Six people were subject to a DoLS to deprive them of their liberty and the provider was working within the principles of the act. We observed recorded documentation of how the service had responded to meet the requirements of this law and the needs of the people living there.

People were asked daily what they wanted for their meals. In the morning an array of various breakfast options were presented to people to choose from. This included porridge, toast and various cereals. A list of food people did not like were recording on their care plans and staff had a good knowledge of people's preferences. If people chose alternative meals this was catered for and staff encouraged people to make their own choices around this. When a person told a staff member they was not sure what vegetables they wanted with their dinner the staff member brought the various options to the person so they could look at them. The staff member gave the person time and encouragement to make their own choice. Referrals were made to the appropriate health specialist when people were identified as being at risk when eating and drinking. The registered manager said, "One person has thickeners for their drinks and their food is pureed. I have referred back to SALT (Speech and Language Therapist) as I'm not sure that pureed food is the most appropriate for the person so we will get this reviewed".

## Is the service caring?

### Our findings

A healthcare professional said, "All residents are supported to keep in regular contact with family members. Staff have always spoken to people with respect and have been friendly in their approach when I have visited."

One staff said, "The house is relaxed because we are relaxed. There's no stress from us so people don't feel stressed". The registered manager had an open door policy, and we observed one person frequently coming in and out of the office to talk to them. Throughout our visit people came and went as they pleased and had several areas where they were able to spend time, such as the garden, the lounge/dining room, their own room or the kitchen. People were always spoken to in a dignified and respectful manner, it was apparent that people felt confident and comfortable in their home and that the staff were easily approachable. People and staff sat in the lounge together chatting in an unhurried, relaxed and sociable way.

People were involved in making decisions about their care and treatment. Staff had booked an appointment for a person to attend their GP during the inspection. Staff explained to the person what the appointment was for and asked them if they would be happy to attend. Staff said that if the person had declined their decision would be respected. Another person often returned to bed after their meals, staff accepted this was the person's choice and supported them to follow their own personal routine.

A healthcare professional said, "The building is well decorated, clean and airy, with all residents having their own personalised bedrooms. There is a good size garden which is utilised in the summer months for barbeques and planting etc". People's bedrooms were decorated in a personal way and they had many objects such as stuffed toys pictures and photographs to make their rooms feel homely and comfortable. People were involved in making their own choices and decisions. A staff member asked a person what colour bedding they would like to be put on their bed. The staff member patiently waited for the person to make their choice and encouraged the person to help them remake their bed with them to support their independence.

Throughout our visit we observed many interactions between people and staff which were positive and encouraged engagement. One person was helping a staff member cook the evening meal. The staff member praised the person throughout and encouraged them to take as much control of the task as possible. Although some people were unable to tell us directly of their experiences we were able to observe that staff demonstrated the right attitudes of care and compassion and placed people at the centre of the care they provided. A person asked the registered manager if there was enough room for them to do some colouring at the table. The registered manager said, "Yes, of course, let us move these folders and I will set you up. I will ask (other person) if they would like to join you if you like".

Staff demonstrated very positive attitudes towards giving people a good quality of life. Throughout the inspection staff sat with people and offered them various activities and objects to keep them interested. Sensory equipment such as musical instruments and objects that had different textures was available for people to hold and interact with. The staff we spoke to clearly demonstrated they had a good knowledge of

people's individual needs and could describe what they liked, disliked and how they preferred to be supported.

People's privacy and dignity was respected and staff engaged with people in their preferred way. When people could not make complex decisions independently they were supported to make links with outside healthcare professionals. Advocate service information was available for people should they require it. One person received regular visits from a Relevant Person's Representative (RPR). The purpose of an RPR is to maintain contact with a person who may not have any family or personal representation and to support the person in all matters relating to the DoLS restriction which has been placed on them. The RPR will request reviews of the DoLS restriction, utilise the services complaints procedure on behalf of the person or make applications to the Court of Protection. During the inspection the RPR visited a person and spent time engaging with them individually and in private. Staff were available should the person or RPR require it.

## Is the service responsive?

### Our findings

A healthcare professional said, "The service treats people with dignity and respect and appropriate activities are provided. The service does encourage people to be as independent as possible". A staff member commented, "Activities are attuned to the person. People choose, we don't ask people to do things just so we can tick a box or write a report to say it's been done without any meaning".

There was insufficient guidance in place to ensure people's healthcare needs were always met. One person had an air mattress which must be correctly set according to their weight to help prevent the occurrence of pressure ulcers. This registered manager said that this person was only weighed yearly at their annual health check which had not happened this year. The registered manager was unable to say what the person's current weight was which meant their air mattress may be set incorrectly. The diligence of staff had ensured the person had not developed a pressure ulcer during this time, but staff could not be sure the person's airflow mattress was set correctly which posed a risk to the person's health. One person's health care plan failed to mention their weight loss or the action which had been taken to address this issue. The registered manager said, "I'm not sure why the weight issue has not been included in the file. I haven't had time to add in the recent weight recordings or evidence what action has been taken, there's no excuse for this".

Care plans, guidance and records lacked sufficient detail to ensure people were receiving person centred care and treatment appropriate to meet their health needs. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person centred approach had been adopted for each individual; an example of this was a person's care plan which stated what name they preferred to be addressed as. The registered manager said, "I've spent time getting to know people and staff. I've made some changes, I want staff to stand back more and let people do things for themselves. I encourage staff to take time with people. Although it can take people a long time to do some tasks it's important to build people's life skills".

People's care files were written in an easy read format which included pictures to help people understand its content. Information included a personal profile, likes and dislikes, how the person preferred to communicate, how to recognise when the person was angry or upset, how to know if the person was in pain, how they preferred to be supported with their personal care, safeguarding information and specific health information. The registered manager had reviewed the care plans and said they were planning to improve them further by reducing the amount of paperwork and repetition of some of the information and they had started to update some information which was out of date. People's care plans included future goals and aspirations and described how staff could support the person to achieve their objectives.

Each person had a key worker who had regular meetings with the person to review and assess if their current needs were being met or had changed, this ensured good oversight of each individual person. People were encouraged to be involved in making decisions and consenting to their care and treatment. A document in a person's care plan said, 'I have a lock on my bedroom door but I don't want to lock it. I have been asked by my keyworker if I want to hold my own key. I have said no and that I would like my key to be

kept in the office in case I loose it. When I go on holiday or visit my family I would like staff to lock my bedroom door'.

People were offered various recreational activities to participate in including meals at restaurants, afternoon tea, personal shopping, bowling, day centre visits, park visits, picnics, visiting local horses, meeting with friends and walks. During the inspection one person went to the café to have a coffee which they said they enjoyed to regularly do. People could have reflexology sessions by a healthcare professional who visited the service. During the inspection the reflexologist visited and gave treatments to people that chose to have this. When people were offered outside activities but declined, their choice was respected and alternative indoor activities were offered.

As well as recreational activities people were encouraged to improve their individual skills and independence levels. The registered manager said, "I don't think it's ever too late to learn how to do things. It may take a while or years but we encourage people and are patient, even if they lack motivation". People were supported to keep the house clean, put their washing in their own baskets, put their washing away and cook the daily meals.

The service responded to complaints appropriately and had robust systems in place; an easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. Some people found it difficult to understand how to complain following the formal process. They relied on staff to recognise if they were unhappy about the service they were receiving by understanding their body language and other means of communicating. One person had made a complaint which the registered manager was still working through with them.

## Is the service well-led?

### Our findings

A visitor said, "I can see improvements, I've been terribly impressed. There's always a nice calm atmosphere and staff are always helpful. The manager has actioned most things before I have even asked them to, I have no concerns".

Care plans were not user friendly and were difficult to navigate. There was a vast quantity of paperwork; some documentation was repetitive and out of date. For example one person's communication information document stated they used a communication book which they left in the office. A staff member said the person did not use this anymore. Another person's care plan identified who was important to them outside of the service, this was out of date. The risk to people not receiving the appropriate support was minimal as staff demonstrated they understood and knew them well. However, should a new staff member begin employment understanding the care plans would prove difficult and time consuming. This is an area which requires improvement.

The provider strived to continually improve the service to improve the lives of the people living there. Observational service reviews were conducted by the provider's regional manager to identify areas of good practice and areas that required to improve. A report was produced after their visit which the registered manager used as part of their improvement plan. The registered manager conducted their own 'out of hours' spot checks to identify areas which required improvement. They also conducted driver competency assessments, health and safety checks, control of substances harmful to health (COSHH) checks, and monthly housekeeping audits to ensure equipment and premises were in good work order and safe for people to use. Although the registered manager told us that care plans were an area that required update and improvement the provider had not identified this in their own internal audits.

The registered manager had good oversight and direction of the service. Staff felt well supported and confident in the registered manager's approach and leadership. Staff had a clear understanding of their roles, responsibilities and the purpose of the service. One staff commented, "The companies' ethos is to make a lasting difference". It was clear people living at the service were put at the centre of everything. A staff member commented, "Since the manager has been here there have been changes for the better. It's easier, we have a lot of paperwork but it doesn't seem so bad. If we talk to the manager they act and make a list of things we have said could improve".

The registered manager had identified areas they wished to improve and had taken proactive steps to meet the identified areas of improvement. For example, they had recognised that additional behavioural management training would be beneficial for staff to have to deal with a person's behaviour if it became more difficult to manage in the future. They had requested the additional training through the provider and was awaiting a date for this to be delivered. Following previous errors with medicines the registered manager had implemented a more robust way of auditing and improving medicine practice. They had also conducted workshops with staff to embed good practice further.

The registered manager had spent time since their appointment, getting to know people and staff to work

out what the main areas of improvement were. They said one of the key challenges they faced was getting the staff to work in a more person centred and individual way. They understood that a culture of a service can take time to change. One staff said, "The manager is still fairly new but has such a refreshing approach. This is one of the most person centred services I've worked at. We need to improve staffing (recruitment) but the manager won't take just anyone on, they look for the right attributes. I think the manager has really homed in on the fact people are individuals".

People were encouraged to express their views and provide feedback so the service could continuously improve. People had 'Your Voice' meetings with their key workers to discuss what they wanted to change or improve in the service. People were offered user satisfaction surveys to provide feedback about the service they received. The most recent survey analysis in 2015 said people felt safe and liked talking to staff. The survey identified that people thought more staff would be beneficial.



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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans, guidance and records lacked sufficient detail to ensure people were receiving person centred care and treatment appropriate to meet their health needs. Regulation 9(1)(a)(b)(3)(a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to do all that was reasonable practicable to mitigate risks. Regulation 12(1)(2)(a)(b).