

Alternative Care Limited

Rosedene

Inspection report

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Website:

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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



Overall summary

This was an announced inspection carried out on the 4 March 2015. At the last inspection in October 2013 we found the provider met the regulations we looked at.

Rosedene provides accommodation, personal care and support for up to three people who have a learning disability. The home is close to local shops, amenities and a ski village.

At the time of our inspection the service had a registered manager. However, they were no longer in day to day control of the service. The service had another manager who was in the process of registering with the Care

Quality Commission. 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.

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was

Summary of findings

no evidence staff knowledge and competency was checked following completion of specific training courses. Opportunities were not always available for staff to attend regular supervision meetings.

The manager had not made applications to the local authority for assessments under the Deprivation of Liberty Safeguards procedures appropriately. There were no decision specific mental capacity assessments in people's support plans.

There were no effective systems in place to manage, monitor and improve the quality of the service provided.

People were supported by sufficient numbers of staff to meet their needs and to maximise their independence. However, on occasion last minute staff sick leave was not always covered. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans included risk assessments.

People's medicines were stored safely and they received them as prescribed and people had access to health care professionals to meet their specific needs.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs.

We observed interactions between staff and people living in the home and staff were respectful to people when they were supporting them. Staff knew how to respect people's privacy and dignity.

Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed. People could express their views about the home and their care. A range of activities were provided both in-house and in the community. People were able to choose where they spent their time.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

We found the home was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were supported by sufficient numbers of staff to meet their needs and to maximise their independence. However, on occasion last minute staff sick leave was not always covered.

People's medicines were stored safely and they received them as prescribed. Staff had undertaken training on the administration of medicines but staff competency assessments had not been carried out.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Where there had been identified risks with people's care needs we saw that these were assessed and management plans put in place.

Requires Improvement



Is the service effective?

The service was not always effective in meeting people's needs.

Staff training provided did not equip staff with the knowledge and skills to support people safely and staff did not have the opportunity to attend regular supervision.

We saw mental capacity assessments had not been completed. The management team had failed to meet the requirements of the deprivation of liberty safeguards (DoLS) and some staff were unclear about the meaning of DoLS.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs.

Requires Improvement



Is the service caring?

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

The service was responsive to people needs.

Good



Summary of findings

People received support as and when they needed it and in line with their support plans.

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with their preferences.

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

The service was not consistently well led.

There were no procedures in place to monitor the quality of the service and accidents and incidents were not monitored to ensure any trends or issues were identified and actions put in place to address these issues.

The home was managed by a house manager who dealt with day to day issues within the home and the manager who oversaw the overall management of the service.

Requires Improvement



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 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 4 March 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who were often out during the day; we needed to be sure that someone would be in.

At the time of our inspection there were three people living at the home. During our visit we spoke with one person living at the home, two relatives, two members of staff and

the manager. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We requested a Provider Information Return (PIR) This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. The provider had completed the PIR. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

One person we spoke with told us they felt safe in the home. They told us, “I feel safe here.” Relatives we spoke with told us their family members felt safe. One relative we spoke with said, “I am sure [name of person] feels safe.” Another relative told us, “I think [name of person] feels safe.”

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One member of staff told us the training was like a test sheet that was marked by an external training company and was returned if incorrect answers were identified. The staff training certificates we looked at stated staff had completed adult abuse training in June and December 2014.

The manager told us the service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. However, we were not able to see these on the day of our inspection. One member of staff we spoke with told us they were not aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice.

We looked at two support plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included going out into the community, crossing the road, going out alone and travelling in a car. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We saw the home’s fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

We were not able to see any environmental risk assessments that had been carried out on the home on the day of our inspection. The manager told us they had not completed these risk assessments but would look at implementing them immediately.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home.

On the day of our visit the home’s occupancy was three. There were two members of staff on duty. The manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. They told us the same staff came each week which ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home. However, two staff members told us that staff cover was not always available due to last minute sick leave. One staff member told us, “There is generally enough staff but on the odd occasion sick leave is not covered. No-one was put at risk though.” The manager told us this did happen occasionally, however, people were never put at risk and they were in the process of producing contingency planning for these occasions.

We looked at the recruitment records for three staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw this included obtaining references from previous employers and a Criminal Records Bureau (CRB) check had been completed. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. However, we saw the CRB checks had been cut in half with only the top portion being kept. The manager explained the CRB’s were checked at the time of employment with the service and if any disclosures were noted then the CRB was not cut in half. They also went on to say they were in the process of implementing a new system for checking and storing CRB’s.

We looked at the systems in place for managing medicines in the home and found there were appropriate arrangements for the safe handling of medicines. Staff who were responsible for administering medicines said they had completed training.

Is the service safe?

We looked at medication stocks and found there were sufficient amounts received by the home for each person who used the service. A system was in place to record all medications in and out of the home and medicines were kept safely and handled appropriately. We saw medications were stored in a locked cabinet in people's bedrooms.

Medicines were prescribed and given to people appropriately. The support plans and medication administration records (MAR) contained information about each person's individual needs, for example, if medication was refused on a regular basis then the doctor would be contacted for advice. We looked at the medication administration records for two people and no gaps in

recording were evident. We saw people's support plans contained an 'individual medication protocol' for each person and this recorded the reasons why their medication was given by staff members. However, the two 'individual medication protocol' information sheets we looked at were the same other than the person's name had been changed. The protocol was not specific or detailed for either person.

The team leader told us, they did check people's medications. However, we saw these had not been documented and medicines audits were not carried out on a regular basis. We also saw from staff files that a medication competency assessment had not been carried out for staff who administered medication to people living at the home.

Is the service effective?

Our findings

Staff we spoke with told us they completed training each year. They said they watched a DVD on a specific topic and then completed a test sheet on what they had seen. They told us the sheets were sent away for marking and would be returned if they did not pass. They also told us they were in the process of completing their NVQ level 3 qualifications.

We looked at staff training certificates which showed staff had completed a range of training sessions, however, we saw several certificates were all dated the same day. For example, one person's certificates for adult abuse, Dementia care, infection control, nutrition and diet, mental capacity and medication were all dated 6 June 2014. The manager told us staff training was not completed all in one day and the date was just when the certificate was printed. We were not able to see the training matrix on the day of our inspection as to when actual training had taken place. We saw from support plans some people had specific conditions, for example, diabetes and epilepsy, however, staff had not received training in these areas.

The manager told us staff completed a knowledge test at the end of each DVD session; they said they were no other competency checks for staff in place. They did say a new training assessment was in the process of being implemented and this would be observation focused but was not sure of the date for full implementation. At the time of the inspection there was no operational system for monitoring staff training requirements.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The manager told us supervisions and observations were completed on a bi-monthly basis. We saw from staff records supervision and observations had taken place but these were not bi-monthly. For example, one staff file showed a supervision meeting had taken place in April, June, July, 2014 and January 2015. Another person's file showed supervision or observation had taken place in January, February, March 2014 and January 2015. The manager told us appraisals were not completed. Staff we spoke with told us they did receive supervision, however, the frequency of the meetings was not clear. We were not able to see the supervision and appraisal policy on the day of our inspection.

We were told by the manager that staff completed an induction programme which included information about the company and principles of care. We looked at three staff files and were only able to see information relating to the completion of an induction in one of the files. We noted in this staff member's file, several areas of induction had been signed to say this had been completed on the same day. This included condition of service, working as a team, communication, safety and security and mental health. This meant staff may not fully understand how to deliver care safely and to an appropriate standard.

We concluded the provider did not have suitable arrangements in place to ensure staff were appropriately supported to enable them to deliver care safely. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. One staff member said, "People can judge for themselves." The staff we spoke with told us they had completed Mental Capacity Act (2005) training as a test sheet. The certificates we looked at confirmed this.

We looked at support plans for two people living in the home. Support plans contained some information about decision making, for example, one person was able to choose what they wanted for breakfast. However, mental capacity assessments had not been completed even though it was evident people required support to make some decisions. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards, (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. At the time of our inspection the manager told us there was

Is the service effective?

no-one living at the home that was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. However, we were told that one person living at the home required constant supervision and care.

We spoke with members of staff about their understanding of DoLS. Staff told us they had completed training; however, one member of staff was not able to recall the training information.

From the care and support plans we looked at we could not see that people had received an appropriate and decision specific mental capacity assessment which would ensure the rights of people who lacked the mental capacity to make decisions were respected. The manager had not made applications to the local authority for assessments under the Deprivation of Liberty Safeguards procedures appropriately. This is a breach of Regulation 18 (Consent to care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with said people always had enough to eat and drink, and had balanced diets. They said they knew people's preferences and made sure the meals suited everyone. One staff member said, "The food is good and there is always plenty."

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their support plan. One person who used the service we spoke with said, "They keep me healthy but I like a takeaway." A relative we spoke with told us, "When [name of relative]

comes they have had their breakfast." Another relative we spoke with told us, "[Name of relative] is better fed than she used to be. I think they are eating very healthily" and "[Name of relative] helps to make the dinner."

We saw throughout the morning one person received a variety of drinks and at lunch time was offered a choice.

There were separate areas within the support plan, which showed specialists had been consulted about people's care and welfare which included health professionals, GP communication records and hospital appointments.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. One person who used the service told us, "I remember going to the dentist." One relative we spoke with said, "[Name of person] always goes to the doctors if needed and the dentist periodically."

We saw the provider involved other professionals where appropriate and in a timely manner, for example, GPs, dentists and opticians.

People had health passports which contained information about support people required with their health care needs. These were up to date and evidenced people's health care needs were being appropriately monitored and met. We saw people had hospital passports which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital.

Is the service caring?

Our findings

One person we spoke with told us they were happy living at the home. They said, "I feel like I am at home. I am happy living here." Relatives we spoke with said their family member was happy at Rosedene. One relative said, "[Name of person] is always ready to go back after visiting. It is first class and I am happy with the care, it is a place for their future." Another relative told us, "Everything is ok and I am happy with everything."

Staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. The staff we spoke with told us, "Care is brilliant and the staff are fantastic." Another staff member said, "Care is good and everyone is very well looked after."

People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

People were very comfortable in their home and decided where to spend their time. During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. Staff spent time chatting with people and it was evident from the discussions they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Staff demonstrated they knew people's likes and dislikes and they had good relationships with people. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished. We observed staff members encouraging people to be independent whilst ensuring their safety.

People living in the home were given appropriate information and support regarding their care or support. We looked at support plans for two people living at the home. There was some documented evidence in the support plans we looked at that the person and/or their relative had contributed to the development of their support and care needs. For example, we saw one person had signed their key worker meeting notes. One member of staff we spoke with told us they evaluated the support plans monthly but this did not include discussions with the person living in the home or family member. However, they said they spoke with family members on a regular basis but did not record these discussions. One relative told us, "I attend a yearly review meeting and they send a report of what has been said."

We spoke with the managers about the findings. They said this was an area they would start working on to make sure the care, support and support plans were discussed with the person and/or family member and agreed to monitor these more closely.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One staff member said, "I always close the doors and make sure people are covered up."

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required.

The support plans we reviewed contained information that was specific to the person and covered areas such as maintaining a safe environment, eating and drinking, goal setting, communication and daily routines. People had a pen picture which contained 'about me' and 'what's important'.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One member of staff we spoke with told us, "The support plans are good and detailed enough."

People were supported in promoting their independence and community involvement. Staff told us people took part in a range of activities which included accessing the local and wider community. Everyone had individual activities and people went out daily and engaged in varied activities such as drives in the car, shopping and going to the social club. On the day of our inspection two people were visiting the day centre and one person spent some time in the home and then went to see a friend. One person told us, "I like horses and my racing post." One relative we spoke with told us, "[Name of person] goes to the café and allotment."

Relatives we spoke with told us they had no complaints. One relative told us, "I have no complaints at all."

We saw the complaint information was in individual people's support plans. The manager told us people were given support to make a comment or complaint where they needed assistance. There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. The manager told us there were no ongoing complaints. We looked at the complaints file and saw no complaints had been recorded for the past 12 months.

People were able to maintain relationships with family and friends without restrictions. One member of staff told us they supported one person to see a relative weekly.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. However, they were no longer in day to day control of the service. The service had a manager who was in the process of registering with the Care Quality Commission. The home also had a house manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed.

Staff spoke positively about the management team and said they were happy working at the home. One member of staff said, "It is a really good team here. Things are really settled." Another member of staff said, "Team leader is brilliant, cannot fault them and I feel supported" and "It is a really lovely house to work at." However, staff members also told us that sometimes there were communication difficulties with the office. We fed this back to the manager who told us they would look at addressing the issues.

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care.

People who used the service were asked for their views about the care and support the service offered. The care

provider sent out annual questionnaires for people who used the service. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in January 2014 and these showed a high degree of satisfaction with the service. The manager told us the survey for 2015 had just been sent out. We were not able to locate relative, staff or health professional surveys on the day of our visit.

From the records we looked at we were not able to see any monthly audits had been carried out. Accidents and incidents were not monitored by the manager. The manager told us they had not carried out audits and analysis of the service. The management team had failed to protect people from inappropriate or unsafe care and treatment by not conducting effective audits and accident and incident analysis.

Staff we spoke with told us they did not attend team meetings on a regular basis. On the day of our inspection there were no staff meeting minutes available. The manager told us the audits and meeting minutes had not been completed and would review the home's quality monitoring situation immediately.

This is a breach of Regulation 10 (Assessing and monitoring the quality of service provision); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 due to the lack of management arrangements of the home and therefore potentially putting people at risk of unsafe care and support.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

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.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

Applications for the Deprivation of Liberty Safeguards had not been considered for people whose liberty may be deprived. There were no decision specific mental capacity assessments in people's support plans.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

There were not always effective systems in place to manage, monitor and improve the quality of the service provided. People were put at risk from unsafe care and support due to the lack of management arrangements in the home.