

HF Trust Limited

HF Trust - Roslyn House

Inspection report

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11 June 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Roslyn House is a residential care home registered to provide personal care to eight people with a learning disability or autism. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

People's experience of using this service:

The service had effective safeguarding systems in place, and staff had received suitable training about recognising abuse.

Appropriate risk assessment procedures were in place so any risks to people, staff or visitors were minimised.

Staff were recruited appropriately. Staffing levels were satisfactory, and people received timely support from staff when this was required.

The medicines system was well organised and staff received suitable training. People received their medicines on time.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

The registered manager was able to demonstrate the service learned from mistakes to minimise the risk of them happening again.

The service had suitable assessment and care planning systems to assist in ensuring people received effective and responsive care.

Staff received induction, training and supervision to assist them to carry out their work. All new staff completed the Care Certificate.

People received enough to eat and drink. Some people were encouraged to assist with cooking and shopping to improve their independence. People were involved in planning the menu.

The building was suitable to meet people's needs and maintained to a satisfactory standard.

People received support from external health professionals and were encouraged to live healthier lives. Support was received, for example, from the learning disability nursing team, GP's, district nurses and speech and language therapists.

Staff encouraged people to have choices about how they lived in line with legal guidance.

People said they received support from staff which was caring and respectful. Care promoted people's dignity and independence. People were involved in decisions about their care.

People had the opportunity to participate in activities and to spend time with the wider community

People felt confident raising any concerns or complaints. Records showed these had been responded to appropriately.

The service was managed effectively. People and staff had confidence in the registered manager.

The service had suitable systems to monitor service delivery and bring about improvement when necessary.

The team worked well together and had the shared goal of providing a good service to people who lived at the home.

The service worked well with external professionals, and other organisations to provide good quality care.

Rating at last inspection: Rating at last inspection: 'Requires improvement.' (published on 18 June 2018.)
The service was last rated 'Good' in the report dated 6 February 2016.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to make improvements to the service.

Why we inspected: We completed this inspection to check whether suitable action had been taken following the last inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

HF Trust - Roslyn House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Roslyn House is a care home for people with learning disabilities. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. Being registered means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. The inspection site visit activity started on 10 June 2019 and ended on 11 June 2019.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with two people to ask about their experience of the care provided. We

spoke with three members of care staff and the registered manager.

We reviewed a range of records. This included three people's care records, and medicine records. We also looked at three staff recruitment files. We also looked at other records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- The provider had appropriately used multi agency safeguarding procedures if they have had a safeguarding concern and CQC was informed by the provider as necessary.
- People we spoke with told us that if they didn't feel safe they would speak with a member of the care staff or the registered manager and felt sure they would help them solve the problem.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people and guidance was provided.
- The environment and equipment was safe and well maintained. Representatives from the provider and housing association assisted in ensuring health and safety was maintained to a good standard.
- Emergency plans were in place to ensure people were supported appropriately in the event of a fire.

Staffing and recruitment

- There were enough staff to support people's needs. People and staff told us there were enough staff.
- On the days of our visit, when people needed assistance staff responded promptly.
- Staff were recruited safely to help ensure they were suitable to work with people. For example, staff who had started to work at the service since the last inspection, had undergone a suitable recruitment procedure (including obtaining a Disclosure and Barring check and references).
- People who used the service were involved in the recruitment of staff. This helped ensure staff who were recruited were suitable to meet the needs of people who lived at the service.

Using medicines safely

- Systems for administering, storing and monitoring medicines were safe. Staff were trained and deemed competent before they administered medicines. Medicines were kept securely.
- Observations of staff showed they took time with people and were respectful in how they supported them to take their medicines.
- When medicines were prescribed for use 'when required' there was sufficient information for staff to administer these medicines effectively.

Preventing and controlling infection

- The service was clean and we saw staff used protective equipment such as gloves and aprons.
- Staff received suitable training about infection control and food hygiene. Throughout the inspection we observed staff carrying out suitable infection control measures for example wearing aprons and washing hands.

Learning lessons when things go wrong

- Accidents or incidents were reviewed to see if any learning could come from what had happened to minimise the risk of it happening again. For example, when there had been a medicines error this was investigated and procedures were made more robust to ensure it did not happen again.

Is the service effective?

Our findings

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- The registered manager met with people to complete an assessment before the person moved to the service. Discussions took place with those who knew the person well and, where possible, written reports were obtained from those who worked with the person.
- The registered manager said people had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs. For example, the person would come for a meal, and have an opportunity to meet other people who lived at the service.

Staff support: induction, training, skills and experience

- Staff had records to demonstrate they had received appropriate induction and training. New staff who had not worked in the care sector previously were supported to complete the Care Certificate.
- Staff said they had received appropriate training to carry out their roles so they could support people to a good standard.
- Staff told us they had received positive support through supervision and observation of practice. This enabled them to maintain their skills, knowledge and ongoing development.
- Staff who had been in post for a year or more received an annual appraisal.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary arrangements could be made to change the texture of foods to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food. People told us, "Food is lovely" and "I help with the cooking. I will cook the bacon tonight."
- Where necessary, arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. Where necessary records could be kept about what people ate and drank.
- People were supported to be independent. Some people were involved in shopping and preparing their own meals.
- People ate at their own pace. People ate their meals in the dining room. Food was served promptly so people did not have to wait too long. Where necessary people could receive suitable support to eat. For

example, having their food cut up, or one to one support with eating.

- People were involved in planning the menu and there were regular discussions about this at residents' meetings.

Staff working with other agencies to provide consistent, effective, timely care

- Staff responded to people's health care needs. People told us staff called their doctor if they felt unwell.
- People said they could see other health professionals such as dentists, opticians and chiropodists. Where necessary this support was recorded in people's files.
- The registered manager said the service received suitable support from the learning disability team for example from social workers, community learning disability nurses, and consultant psychiatrists.
- Referrals had been made to a range of health care professionals when that area of support was required. For example, occupational therapists, speech and language therapists and physiotherapists.

Adapting service design, decoration to meet people's needs

- The building was decorated and maintained to a satisfactory standard. Furnishings and carpets looked clean and were well maintained. The service was due to close at the end of 2019. There was a plan for some people to move to another property, and for others to move to more independent living.
- Accommodation was on three floors. Only the ground floor was accessible to people with physical disabilities and / or who were frail. However there were specially adapted bathrooms and toilets on the ground floor which people could use.
- People could choose to personalise their bedrooms with photographs, televisions and other personal possessions.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- People received an annual health check from the GP.
- People were encouraged to take regular exercise. For example, trips to the local swimming pool were arranged.
- People could either contact health professionals independently or received suitable support to do so.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the deprivation of Liberty Safeguards (DoLS).

At our last inspection the provider had failed ensure there was a system to effectively monitor DoLS approvals. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Where appropriate the registered manager had applied for DoLS on behalf of people and kept clear records of which were awaiting authorisation and when they needed renewing.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.
- We saw care staff explaining to people what they were about to do. For example, if people needed assistance with eating or personal care.

Is the service caring?

Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed people were treated with kindness and were positive about staff attitudes. We received feedback from people which supported this. People told us, "They are lovely," and "It is good here."
- We observed staff were kind and compassionate and showed they had formed strong relationships with people and knew them well.
- We observed positive interactions and comfort was provided when people appeared upset or anxious. One staff member said, "Standards of care are good...staff do their best."
- People received regular opportunities to have a bath or a shower. Where people received support this was documented in people's care records.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to about their day to day care. For example, what they wanted to eat, where they wanted to spend their time, and if they wanted to be involved in the activities provided. Throughout the inspection staff were observed consulting people about what they wanted.
- People could get up and go to bed at a time of their choosing. We observed the service had a flexible routine.
- People and /or their representatives said they had been involved in care planning and decisions about their future.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. For example, staff were discreet when asking people if they needed help with their personal care.
- People were supported to maintain and develop relationships with those close to them, for example, friends or relatives.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were knowledgeable about people and their needs. Care plans contained relevant and up to date information about people's needs. For example, the care needs a person had and what support staff needed to provide them with.
- Staff knew how to communicate with people and ensured they used their knowledge about people when supporting people to make choices.
- Comprehensive records were kept about people's progress for example how they were, what activities they participated in, and any relevant events which affected their day to day lives.

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

- We saw people were engaged in activities. For example, people were involved in attending the nearby day centre, the gym, going swimming, local clubs and the cinema
- The service was near the town centre so people could easily go to the shops, use other community facilities, and use the local bus service. Some trips out were offered.
- People also took part in one to one activities with staff such as trips out for coffee and lunch. Some people had part time jobs.
- The service was situated near local churches and chapels, so people could attend religious services if they wished.
- The service had access to vehicles so people could go out on social trips.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people could not read and write, or had any sensory impairments staff would assist them to read any correspondence or other written information.
- The service provided some information in other formats such as a pictorial form or 'easy read' formats such as information about the service, and information to help menu planning.

Improving care quality in response to complaints or concerns

- People said they all felt confident that if they did make a complaint it would be dealt with quickly.
- When there were complaints, the registered provider had systems in place to ensure these were investigated and addressed providing the complainant with a formal response.
- The complaints procedure was displayed in the home and this was also issued as part of the service user guide.
- The registered manager said there had not been any formal complaints

End of life care and support

- Where people required end of life care and support, care plans contained suitable information to assist staff to provide suitable care.
- The service had suitable links with relevant external professionals so people could be supported in their home, without having to move to another care setting. This included support from district nurses, GP's, and other external professionals, as necessary, such as speech and language therapists.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Improvements had been made to ensure there were more effective auditing systems in respect of care records and monitoring DoLS authorisations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to ensure there were effective systems and processes to enable the registered persons to assess, monitor and improve the quality of the services provided or to maintain accurate, complete and contemporaneous records in respect of each service user. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Suitable records were maintained at the service. For example care records, and documentation relating to the management of the service.
- Most staff told us they felt listened to and that the registered manager and provider were approachable, open and honest.
- Staff spoke positively about their colleagues and the registered manager. Staff members said, "The staff are wonderful people and here for the right reasons," and "Management are supportive."
- Staff told us, and we saw records to show, they had regular team meetings. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The service had a registered manager. The registered manager was also responsible for a day service which was located near to the care home. The service had a senior support worker who worked full time at the care home.
- We saw staff had daily handovers. These helped ensure good communication between the team and consistency of care.
- There were effective systems in place to identify concerns with the quality and safety of care and the environment. The registered manager ensured that when any concerns were found action was taken to make improvements. The registered manager said she was in regular contact with the senior management. Representatives from the registered provider visited the service on a regular basis.
- The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed at the service. The registered manager had notified us about events which happened in the home.

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

- There were notice boards in the hallway and dining room with a lot of information on display. For example, information about how to make a complaint, service developments, and newsletters from the registered provider.
- The home had a calm atmosphere and was welcoming and friendly. People and staff appeared to have positive, friendly and professional relationships.
- People had regular meetings with staff. Minutes were kept of meetings held and demonstrated people had some involvement in decision making.
- Staff were also able to raise concerns and suggestions about the service. Staff said they had regular one to one supervision and staff meetings, and records demonstrated this was the case.

Continuous learning and improving care

- The service had a comprehensive system of audits. For example, in respect of the management of the medicines system, accidents and incidents, and care planning. Monthly service audits, completed by the registered manager were sent to senior management. Regular audits were completed by senior managers who visited the service on a frequent basis. A survey was completed to check the views of relatives.
- The registered manager positively encouraged feedback and acted on it to continuously improve the service, for example the day to day care received by people at the service.
- Staff told us that they felt able to raise issues with the registered manager if they had any concerns about how the service was run, or people's care.

Working in partnership with others

- The service had good links with statutory bodies such as the local authority and learning disabilities trust. The service worked in partnership with external agencies to improve people's wellbeing.
- People had opportunities to maintain positive links with their community, families and friends.