

Turning Point

Rix House

Inspection report

24 Arncliffe Road
Keighley
West Yorkshire
BD22 6AR

Date of inspection visit:
29 May 2019

Date of publication:
12 June 2019

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: Rix House is a care home that was providing personal care to 14 people of various ages with learning disabilities at the time of our inspection.

People's experience of using this service:

At our last inspection in June 2018, we raised concerns about medicines management and quality assurance systems and the service was in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found improvements had been made and the service was no longer in breach of these Regulations.

Medicines were being administered safely and people's dietary and healthcare needs were met. Infection control procedures were being followed and the service was clean and tidy.

The registered manager provided staff with leadership and was approachable and keen to keep high standards within the service. Audits and checks were carried out and used to drive continuous improvements to the service people received.

The service did not fully apply the principles and values of Registering the Right Support and other best practice guidance, although plans were in place, working with local commissioners, to achieve this in the future. This guidance helps ensure 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. However, the service promoted independence and provided person-centred support within the constraints of an environment where a large number of people shared communal facilities. People were encouraged to access the community and undertake person centred activities. The provider was working with the local authority to alter the environment and move to a supported living model on a different site which would help ensure the principals and values were fully applied.

People told us they felt safe living at the service and appropriate safeguarding referrals had been made. Staff had received safeguarding training and understood how to keep people safe. There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

Staff were caring, compassionate and knew people well. There was a culture within the home of treating people with respect and dignity. People's feedback was used to make changes to the service.

A range of meaningful activities were on offer to keep people occupied, according to their individual interests.

Care plans were up to date and detailed the care and support people wanted and needed. Risk assessments

were in place and showed what action had been taken to mitigate any risks which had been identified.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training which was relevant to their role and people's needs. Staff were supported by the registered manager and were receiving formal supervisions where they could discuss their on-going development needs.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection: At the last inspection in April 2018, the home was rated requires improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found improvements had been made and the service is now rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection 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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Rix 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 team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Rix House is a residential care home providing accommodation and personal care to people with learning disabilities.

The service had a manager registered with the Care Quality Commission. This 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.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We requested feedback about the service from the local authority safeguarding and commissioning teams.

We asked the service to complete a Provider Information Return. This is 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 this information as part of our inspection planning.

During the inspection, we spoke with two people who use the service and seven relatives on the telephone. We spoke with the registered manager, the deputy manager, the cook and six care staff including a senior care staff member. We reviewed two people's care records, three staff member's personnel files and other records relating to the management of the service. We looked around the building and undertook observations in communal areas and during lunchtime.

The registered manager sent us additional information after our inspection which we reviewed and took into consideration when forming our judgements.

Is the service safe?

Our findings

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

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

Using medicines safely

- At our last inspection in June 2018, medicines were not consistently managed in a safe way and the service was in breach of Regulations. At this inspection, we found improvements had been made and the service was compliant with Regulations.
- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Medicine management competency assessments were undertaken on staff to provide assurance they continued to give medicine safely. This included assessment of senior staff for medicine administration and support workers for cream application.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and people's relatives confirmed this. Relatives commented, "I'm happy that (relative) is safe. I visit anytime, and I've never had any concerns" and "I'm sure that (relative) is. I'm happy that I don't have to worry about (relative)."
- We observed people looked comfortable and relaxed in staff presence and we saw people confiding in staff, demonstrating they trusted them.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The provider had reported abuse to safeguarding when it was identified. Safeguarding incidents were logged, investigated and actions put in place to prevent a re-occurrence.
- Following a recent allegation of financial abuse, lessons had been learnt by the service and new procedures were being put in place to improve the chances of a re-occurrence. We checked financial logs and found systems had improved, but further audit and checking of some financial records was required. We had confidence this would be addressed.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and plans put in place to mitigate these risks. Staff were familiar with people and their plans of care giving us assurance safe plans were followed.
- Staff were trained in positive behaviour support and the service avoided the use of physical restraint. Staff and management understood the different forms of restraint and only used restraints such as lap belts and bed rails following best interest processes and as a last resort.
- Regular safety checks took place to help ensure the premises and equipment were safe.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. People had a say in the recruitment of new staff, either interviewing them or their opinions

sought.

- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People and staff did not express any concerns about staffing levels.

Preventing and controlling infection

- The service was clean and tidy and odour free.
- Staff had received training in infection control.
- Staff had access to and used aprons and gloves to mitigate the risk of cross contamination.

Learning lessons when things go wrong

- Accidents and incidents were monitored, reviewed and included lessons learned as a result of the incident.
- Each incident was risk graded and depending on the severity required reviewing by different levels of management. This ensured good oversight of incidents.
- The registered manager discussed 'case studies' with staff, detailing failings which had occurred in other services to help ensure similar incidents did not occur in this service.

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

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research. For example, recognised tools were used to screen nutritional and skin integrity risks. The Disability Distress tool was used to assess how people in the home expressed signs of discomfort when they could not verbalise. These tools helped the service to provide effective care.

Staff support: induction, training, skills and experience

- A relative commented, "They are very professional and well trained. They communicate with (person) in a way (person) can understand. They always put (person) first. They are very caring and go out of their way for (person)."
- People were supported by staff who had ongoing training, appropriate to learning disabilities care. Training records showed training was mostly kept up to date.
- Staff were given opportunities to review their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. Staff completed a number of shadowing shifts during this period.

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

- People's nutritional needs were assessed, and weights regularly monitored. We identified one person had recently put on weight, but this was not reflected in their care plan. We raised this with the registered manager to ensure it was addressed.
- People's assessed at nutritional risk were referred to the GP or SALT team and food/fluid charts put in place. Nutritional supplements were used where required.
- People told us the food was good and we saw a range of nutritionally balanced meals were on offer, as well as other options should people not want what was on the menu. A relative commented, "The food is good. They are aware of (person's) preferences and work with them."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked with a number of agencies, such as GPs and social workers to provide effective care and support and meet people's healthcare needs. For example, the service had worked with healthcare professionals to develop epilepsy support and management plans.
- People had health action plans and had regular health checks from learning disabilities nurses, GPs and dentists to help keep them healthy. Information and advice from professionals was recorded to help ensure people's needs were met.

- One person's relative commented, "They ring straight away if there are any problems. It always feels like we work together."

Adapting service, design, decoration to meet people's needs

- The service was developed prior to the Registering the Right Support guidance. The service was registered to provide care to up to 20 people and was therefore larger than recommended by guidance.
- Although the building was not currently fully supporting increasing people's independence and autonomy, plans were in place, working with local commissioners, to achieve this in the future.
- Within the constraints of the environment, the service delivered person centred care and support. Risks in relation to premises and equipment were identified, assessed and well managed.
- The service supported people's independence, using technology and equipment. For example, staff had supported one person with installing internet services in their room, so they could see and speak with their relatives remotely when they wished. This meant the person's relatives were able to read to them whilst not being physically present, which the person found comforting.
- The service was generally well decorated, with people having a say in how it was decorated. We saw further decoration was planned on an ongoing basis. Suitable adaptations were in place; for example, ceiling track hoists and specialist beds to ensure people's needs were met.

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).
- 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.
- The service was working within the principles of the MCA. Care was delivered in the least restrictive way possible with non-restrictive interventions preferred.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.
- The registered manager understood their legal requirements under the Act. Staff were trained and understood the requirements of the Act in general and any specific requirements of authorised DoLS.

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

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

- People looked comfortable and relaxed in the presence of staff. We saw staff had developed good positive relationships with people and knew their bespoke methods of communication.
- One person commented, "Staff are all right. They're great. . . ask every day how I want my care."
- Relatives told us, "They treat (person) like a member of the family" and "Yes, I'm very happy. More importantly, (person) is very happy. (Person) loves the staff."
- People looked well dressed and groomed indicating staff were assisting them with their personal care appropriately.
- Information on people's past lives was recorded to assist staff better understand them. Staff and the management team demonstrated a good understanding of the people they were supporting.

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

- Staff supported people to make decisions about their care, with involvement from relatives. One relative commented, "Yes, I've been involved, and I've seen the care plan."
- We saw staff asking for consent from people before supporting them.
- There was a strong focus on listening to people and acting on their views. For example, people had strong influence on how the home operated through resident meetings and monthly reviews. One person attended the People's Parliament, a regional meeting where people had an influence on how the provider operated.

Respecting and promoting people's privacy, dignity and independence

- Staff interacted with kindness and compassion throughout our inspection, treating people with dignity and respect. For example, we saw staff complimenting people on their appearance and encouraging them with day to day activities, saying, "That's really good (name). You are clever" and "You're concentrating really hard. Good man. Well done!"
- The building was not fully adapted to promote independence; for example, with preparation of food. However, within these constraints we saw that independence was promoted. For example, the service had a 'touch' kettle to enable some people prepare hot drinks independently. One person was supported by staff to help with their laundry and access an easy to use washing machine.
- Care plans focused on helping people to achieve independence. The service reviewed people's goals and achievements on a monthly basis.

Is the service responsive?

Our findings

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

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

- People and relatives told us they were happy with the care and support provided by staff and staff supported them to follow their interests and hobbies. A relative told us, "I've seen (person's) care plan and I feel to have been properly involved in the discussions."

- People's care needs were assessed, and clear and detailed plans of care put in place. These were largely appropriate, person centred and regularly reviewed.

- People's likes, dislikes and what was important to the person were recorded in people's care plans.

- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

- People's communication needs were assessed, and the service ensured that steps were taken to communicate effectively with people. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.

- Communication about people's needs and any changes in their care and support was shared appropriately with staff through daily handover, ongoing daily communication and regular team meetings.

- People had access to a range of activities which included bespoke individual activities. Many people who used the service attending day services which the service supported people to attend.

- The service had its own minibus to increase flexibility of activities and social opportunities available to people. The registered manager told us many people were well known and welcomed within the local community.

- People went on holidays of their choice and trips out several times a year. One person commented, "I like to do art and holidays. I'm going to Filey in the middle of June."

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate and respond to complaints. One formal complaint had been received since the last inspection. This had been dealt with appropriately and a meeting held with the complainant, with a lessons learnt exercise completed to help prevent a re-occurrence.

- Information on how to complain was clearly displayed in the home. People and their relatives told us they were happy with the service. People knew how to raise concerns and relatives told us they felt any concerns would be dealt with.

End of life care and support

- The service worked with families and people to assess and document their end of life wishes. These were clearly recorded within care plans.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection in June 2018, quality processes were not always effective, and the service was in breach of Regulations. At this inspection, we found improvements had been made and the service was compliant with Regulations.
- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements.
- Managers from other services run by the provider audited the service on a periodic basis, to help share learning and ensure consistent high standards.
- Teams from the provider's head office also visited the home and undertook comprehensive audits and checks. We saw evidence action plans had been worked through to continuously improve the service.
- Clear lines of responsibility were in place. Staff told us they worked well together as a team and morale was generally good.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who provided leadership and support.
- The registered manager had good oversight of the service. They were committed to providing a person-centred care experience to people and to encourage independence within the constraints of the environment.
- Staff also shared this philosophy and were dedicated to ensuring care and support met people's likes and preferences. We observed this in practice during our inspection.
- People and staff praised the management team and told us they were approachable and had an 'open door' policy. We saw this during our inspection. A relative commented, "(Registered manager's name) is brilliant; he understands people and goes out of his way for you."
- The registered manager had sent statutory notifications to the Commission as required.

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

- We observed a pleasant and inclusive atmosphere within the home.
- People's feedback was sought and valued through a variety of mechanisms. This included monthly resident meetings, review meetings and annual surveys.

- People could influence things such as who worked at the service and the food served.
- Staff feedback was valued and sought through monthly meetings and an annual survey. We saw evidence actions were being taken to address any negative comments received.

Continuous learning and improving care

- The registered manager was committed to continuous improvement of the service, learning from incidents, audits and new guidance/best practice to help improve the service.
- The management team was committed to improving people's care and support outcomes.

Working in partnership with others

- The service worked with a range of professionals, commissioners and other organisations to help ensure the smooth operation of the service.