

Alternative Care Limited

Rosedene

Inspection report

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West Yorkshire
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Tel: 01977733802

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 9 and 10 October 2017 and was unannounced. The home was previously inspected in January 2017. We found the provider did not have suitable arrangements in place for obtaining, and acting in accordance with the consent of people who used the service in relation to care and treatment provided to them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We found people were not protected from the risks of unsafe medication administration. The provider did not have suitable arrangements in place for assessing, monitoring and improving the quality and safety of the service. We concluded these were breaches of Regulations 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider sent us an action plan outlining how they would meet these breaches. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

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

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

Medicines were managed appropriately. However, we recommended that medicine receipt records should be signed by two members of staff to confirm the accuracy of the medication received into the home. We recommended, in relation to the handwritten MAR, that two members of staff sign the MAR to confirm the information has been transcribed correctly. This should also include allergy details. In addition where a person uses a patch to administer medicines, staff should sign the MAR twice to confirm removal and application.

There was an appropriate recruitment process was in place, which was overseen by the provider's Human Resource department. There were enough staff to meet people's needs. The Learning and Development Manager had responsibility for ensuring staff training and supervisions were kept up to date. When staff training and supervisions were due this was planned for on the staff rota.

Care records and risk assessments were in place for areas such as; travelling in vehicles and accessing the community. These were regularly reviewed and provided guidance to staff on how a person's needs should be met. The care records evidenced people had accessed to other healthcare professionals when needed.

We saw evidence to show that equipment and appliances were maintained. The provider was fitting window restrictors to all first floor windows and temperature valves on the taps to prevent injury to people who lived at Rosedene. The provider had a redecoration schedule in place to ensure the home was updated over the

next year. We found the home was clean and odour free.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were knowledgeable about the MCA. They clearly explained how they supported people to make decisions about their care. Throughout the inspection we observed staff respecting people's choices including, when to get up and have their breakfast.

Staff respected people's privacy and dignity. We observed people's independence was promoted, and staff encouraged people to do as much for themselves as they were able. The provider had introduced a 'bite sized bulletin' to communicate with people. This was an easy read newsletter which would be published four times a year. It provided information regarding the registered manager, the CQC, how to make a complaint and explained the values of the company. Information regarding how to access advocacy services was displayed in the home.

The provider had a complaints policy and procedure in place. There had been no complaints raised since the last inspection.

Staff felt supported and asked to provide feedback on the service. The provider sought feedback on the quality of the service through questionnaires.

The registered manager had a monthly audit system in place and continued to make improvements to the auditing used within the service. The provider's business excellence manager carried out quarterly compliance checks in areas such as complaints. A bi-monthly health and safety check was also completed to add further assurance that the service was effectively assessing, monitoring and improving the quality and safety of the service.

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.

Medicines were managed appropriately.

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

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

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and training.

Staff understood the basic principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were respected.

People's independence was promoted and they were involved about matters relating to their care and support.

Staff knew people well and supported people in a kind and patient manner.

Is the service responsive?

Good ●

The service was responsive.

Care records were detailed and kept up-to-date.

People were involved in a range of social activities of their choice.

There were systems in place to respond to complaints.

Is the service well-led?

The service was well-led.

The provider had systems in place to assess and monitor the quality of the service. The provider acknowledged further improvements were needed to these systems.

We received positive feedback about the management of the service. Staff said they were happy to work for the provider and felt supported.

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 9 and 10 October 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and a pharmacist inspector.

We reviewed information we held about the service, such as notifications, information from the local authority and from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service. We also spoke with three members of care staff, the registered manager, the manager of the home and the business excellence manager.

We looked at a variety of documentation including; care documentation for two people, two staff files, meeting minutes, policies and procedures, medicine administration records and quality monitoring records.

Is the service safe?

Our findings

At the last inspection we found people were not protected from the risks of unsafe medication administration. We concluded this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

There was a system in place to order and receive medicines within the home. We found medicine receipt records were signed by one member of staff. We recommend that this should be signed by two members of staff to confirm the accuracy of the medication received into the home.

People's medicines were stored appropriately. The temperature was monitored and recorded daily. At the time of our inspection people did not require their medicines to be stored in a fridge. There was a lockable storage box available to store medicines within the main food fridge, if required. The temperature of this fridge was monitored and recorded as part of a daily health and safety check.

At the time of inspection there were no controlled drugs. The provider had a policy in place to ensure controlled drugs were managed appropriately if the need arose.

Medicines were provided by one pharmacy for two of the people who lived in the home on a monthly basis. A different pharmacy provided the medicines for the third person. These were delivered every three months. Each person had a Medicines Administration Record (MAR). We found there were no gaps within the MARs and they were appropriately completed. The medicines stock corresponded with the completed MARs. Two of the MARs were printed by the supplying pharmacy and staff completed a handwritten MAR for the third person. We recommend, in relation to the handwritten MAR, that two members of staff sign the MAR to confirm the information has been transcribed correctly, including allergy details. We recommend where a person uses a patch to administer medicines, staff should sign the MAR twice to confirm removal and application.

Staff were provided with appropriate support to ensure the safe administration of medicines. They had undertaken training in medicines management and their competency was assessed.

Protocols were in place for 'when required' medicines and the reason for administration was recorded. We saw where people had variable doses of medicines, this was recorded. A stock tally scheme was in place. Stock was used in date order. A record was made on the medicines packet when it was opened to ensure that it was used before its expiry date and that the stock level could be reconciled with the administration records. One person was prescribed warfarin. We saw there was a system in place to ensure this medicine was administered correctly and there was regular monitoring in place.

There was a system in place to record the disposal of medicines via the pharmacy. We noted the disposal of a medicated patch in the normal waste. We raised this with the registered manager. The registered manager stated they would obtain an appropriate waste receptacle to store the waste whilst waiting for it to be

disposed of via the pharmacy.

Medicine audits were regularly completed by the care staff, registered manager and the business excellence manager. This helped ensure any issues with medicines management were identified and addressed.

All the people we spoke with told us they liked living at Rosedene. One person said, "It's good. They're really good." One person explained they had been listened to about their concerns over the accessibility of the home and a meeting had been arranged to discuss this with relevant healthcare professionals.

Staff clearly and confidently explained the signs of abuse and what they would do to make sure people were safeguarded. Staff knew who to report any concerns to both within the organisation and to external agencies, such as the CQC.

The registered manager kept an overview log of the accidents and incidents which identified any actions to be taken. For example, one person had become anxious whilst waiting in the doctor's reception area. Triggers to the behaviour had been analysed and action had been identified to prevent the situation reoccurring. We saw this person's care records had been updated with this information.

We looked at two staff files and saw an appropriate recruitment process was in place. The registered manager told us the Human Resource department oversaw the recruitment process and ensured all the relevant checks were completed prior to staff commencing employment to help make sure staff were suitable to work with vulnerable adults.

Staff told us there were enough staff to meet people's needs. We were provided with a copy of the staff rota which confirmed people had sufficient support, including their one to one support.

Staff told us care records were kept up to date. We saw risk assessments were in place for areas such as; travelling in vehicles and accessing the community. Assessments identified the hazard, the likelihood of it occurring and current control measures in place to prevent the risk from occurring. These were regularly reviewed and provided guidance to staff on how a person's needs should be met.

Staff said they knew what to do in an emergency situation, such as a fire and they practised evacuation regularly. Staff told us they received regular fire safety training. We saw evidence which confirmed this. People had Personal Emergency Evacuation Plans (PEEPS) in place. However, the information within the care records indicated these had not been reviewed since 2014. We spoke with the registered manager who stated they had been reviewed but the paperwork was at the office. They forwarded the paperwork to the CQC following the inspection.

The provider had commissioned an external company to carry out a fire risk assessment to ensure the home was safe. The provider was in the process of ensuring all the actions identified were completed.

We saw evidence to show that equipment and appliances were maintained. The provider was fitting window restrictors to all first floor windows and temperature valves on the taps to prevent injury to people who lived at Rosedene. The provider had a redecoration schedule in place to ensure the home was updated over the next year. We found the home was clean and odour free.

Is the service effective?

Our findings

At the last inspection we found the provider did not have suitable arrangements in place for obtaining, and acting in accordance with the consent of people who used the service in relation to care and treatment provided to them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We concluded this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found appropriate action was taken when people lacked capacity to make decisions. The registered manager was knowledgeable regarding how to conduct 'best interest' meetings and when to make DoLS applications. The registered manager told us they had made improvements since the last inspection and discussed the support plans with the people who lived at the home. We saw care records were signed by the person, where appropriate.

Staff were knowledgeable about the MCA. They clearly explained how they supported people to make decisions about their care. For example, they presented a small number of choices to people to avoid confusion. Throughout the inspection we observed staff respecting people's choices including, when to get up and have their breakfast.

People told us they had a say in the support they had. One person told us, "We plan the menu and do the shopping." Another person said, "We sit together and decide the menu." People had a choice of food and drinks. Staff encouraged people to make healthy choices.

The Learning and Development Manager had responsibility for ensuring staff training and supervisions were kept up to date. We saw the provider had a training matrix to identify when staff required training and supervision. The registered manager was also able to access this information for their specific audit purposes. When staff training and supervisions were due this was planned for on the staff rota. Staff were complimentary about the training they received. They found the face to face training practical and relevant to their role. Staff told us they received regular supervision and support. Staff received formal observations to ensure they were competent to carry out their role and to identify whether any further training and support was needed. We saw evidence in the staff files which confirmed this.

Staff told us staff meetings were held to discuss any issues. The registered manager recognised the staff meetings included information regarding the providers other services. However, the registered manager planned to have specific regular staff meetings specific to Rosedene from 2018.

The provider regularly communicated with staff through 'Enews'. This is a staff newsletter which included best practice. The provider had highlighted issues that were found at the last inspection and provided information to staff about the MCA. This demonstrated the provider was open and transparent and wanting to improve the service.

Staff told us although they had completed managing challenging behaviour training they never had the need to use the restraint element. This was because they know people well and pre-empted situations by observing for triggers. For example, the seating arrangements at meal times were adjusted to avoid conflict between two service users before the situation escalated.

Two people we spoke with said if they did not feel well they tell staff and they see the doctor. We observed the third person decide they did not want to see a doctor for their cough. The care records evidenced that people had access to other healthcare professionals within the community such as GP, dentist, optician and occupational therapist. People were referred to the hospital if there were any concerns which required further investigation.

Is the service caring?

Our findings

People told us the staff encouraged them to be independent. One person said, "I like tidying." Another person said, "I wash up."

Staff explained how they respected people's privacy and dignity. For example, ensuring doors and curtains were closed. People's independence was promoted, and staff encouraged people to do as much for themselves as they were able. Staff told us they tried to involve people in their care as much as possible, and we saw staff offered explanations and reassurance to people whilst assisting them. For example, supporting them to decide whether to have a bath and what activities to do.

Throughout the inspection we observed staff had a kind and patient approach. It was clear staff knew people well and what they enjoyed doing. We spent time with one person who talked about their interests and that they were able to pursue these.

We spoke with staff about whether anyone had particular cultural or spiritual needs. We were informed no one did but if they did this would be recorded within their care plan and staff would respect the person's wishes.

People were involved in a well-being questionnaire which included their personal care and living space within the home. This also gave people the opportunity to raise any concerns. The provider had introduced a 'bite sized bulletin' to communicate with people. This was an easy read newsletter which would be published four times a year. It provided information regarding the registered manager, the CQC, how to make a complaint and explained the values of the company.

There was information within people's care records regarding advocacy services and how they could be accessed. This information was also displayed in the hallway. People's confidentiality was respected. The files relating to people and staff were locked away.

Is the service responsive?

Our findings

People were aware they had a care plan and had a say in their care. People told us they had enough things to do. One person said, "I go bowling." We talked about attending the bingo and the disco.

We observed people could choose what to do and how to spend their time. Staff told us people had plenty of activities to be involved in. For example, drama group, bowling, dancing and visiting local cafes. We spoke with one person who showed us the calendar which detailed events they were looking forward to.

Care records were person centred and kept under review. We saw people were including in discussions regarding their care and what was important to them. For example, one person had asked to move to a home without stairs. A meeting with relevant healthcare professionals had been arranged to consider this. Care records were in place for areas such as; nutrition, medication, communication and behaviour management. They showed what people were able to do for themselves. For example, they were able to choose their food and clothes. It also stated where a person required prompting in order to carry out their own personal care.

The provider had a complaints policy and procedure in place. This was also displayed within the home. People we spoke said they would "tell staff" if they were unhappy with anything in the home. There had been no complaints raised since the last inspection.

Is the service well-led?

Our findings

At the last inspection we found the provider did not have suitable arrangements in place for assessing, monitoring and improving the quality and safety of the service.

We concluded this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made in this area and the provider was no longer in breach of this regulation.

There was a registered manager in post at the time of inspection. The registered manager was knowledgeable about the needs of the people who lived at Rosedene. We saw the provider's policies and procedures had been updated since the last inspection. Although we noted the safeguarding policy did not contain contact details for external organisations such as the local authority safeguarding team.

Staff told us they were happy working at Rosedene. One member of staff said, "It's lovely. We work well as a team." Another member of staff commented, "I enjoy it. There's job satisfaction seeing [name] enjoying things." Staff told us they were asked to provide feedback on the service and the provider listened to their ideas. Staff provided feedback through their supervision 'self-assessment and progress review.' The provider had a set of values for staff to follow. These were also looked at and considered during supervisions.

We saw evidence the provider sought feedback on the quality of the service through questionnaires. There were 'easy read' questionnaires for people who used the service to complete. The information was collated by the provider to consider what could be improved.

The registered manager said the provider had a 'no blame' culture. If any incident occurred they would talk it through with the member of staff and ask the person to complete a reflective account. We saw evidence of this.

The registered manager completed monthly audits in areas such as; incidents, complaints, medication, care records, cleanliness, financial. If any action was required this was documented and followed up at the next audit. However following our inspection the registered manager recognised the auditing system could be further improved by introducing a specific audit to be carried out by the manager of the home, which the registered manager could follow up on as part of their auditing process. This would address equipment checks being overlooked. We highlighted to the registered manager that there was no system in place to ensure people were not repeating the same things in their 'my wishes and aspirations' meetings. These meetings enabled people to discuss things that were important to them such as, what activities they wanted to take part in and where they wanted to travel. They acknowledged this and introduced a system to ensure action was taken and people were listened to.

The provider's business excellence manager carried out quarterly compliance checks in areas such as complaints. A bi-monthly health and safety check was also completed to add further assurance that the service was effectively assessing, monitoring and improving the quality and safety of the service.