

# Rhodsac Community Living Ltd

## Rhodsac Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

This inspection took place on 8 May 2018 and was un-announced.

Rhodsac Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rhodsac Care Home is registered to accommodate five people with learning disabilities, autism and mental health conditions; at the time of our inspection four people lived at the home.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in April 2016 this service was rated good. At this inspection we found the service to require improvement.

Risks to people had not always been recognised and assessed. Window restrictors were not in place on the first floor of the building.

There was not a registered manager in post, but a manager who was going through the registration process. 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.

People felt safe. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There were enough staff to provide care and support to people to meet their needs. People received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People told us their relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People knew how to raise a concern or make a complaint and were confident that if they did, the management would respond to them appropriately. The provider had implemented effective systems to

manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. The manager was present and visible within the home.

## 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 has deteriorated to Requires improvement.

The service was not consistently safe.

Window restrictors were not in place on the first floor windows to make them safe for the people using the service.

The home was mostly clean and tidy, but an area in the kitchen was found to be dirty and required deep cleaning.

Staffing levels were suitable to meet people's needs.

Medicines were safely stored and managed.

Incidents and accident were recorded properly to ensure lessons were learned from any mistakes made.

**Requires Improvement** ●

### Is the service effective?

The service remains good.

**Good** ●

### Is the service caring?

The service remains good

**Good** ●

### Is the service responsive?

The service remains good

**Good** ●

### Is the service well-led?

The service has deteriorated to requires improvement.

The manager was not aware of the requirement to place window restrictors on the first floor windows to make them safe for vulnerable people, and audits did not identify this issue.

People were able to feedback on the quality of the service.

Staff felt supported by management.

The service worked in partnership with outside agencies.

**Requires Improvement** ●

# Rhodsac Care Home

## 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 8 May 2018 and was unannounced .

The inspection was carried out by one inspector.

We reviewed information that we held about the service such as notifications the provider sent to us. A statutory notification is information about important events, which the provider is required to send to us by law. We also looked at information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with one person who used the service, one staff member, the manager and the maintenance officer. We reviewed one person's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service such as quality audits, training records and the complaints systems.

## Is the service safe?

### Our findings

The service was not always safe. All of the windows on the first floor of the building, including three people's bedrooms, did not have window restrictors on them. The Health and Safety Executive guidelines states that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. Whilst the height of the windows did not pose any risk of anybody accidentally falling from them, they opened wide enough for a person to easily climb up and out. The service supported people with learning disabilities and mental health conditions, and the provider had not considered the windows to be a risk to people who could climb out and fall. This meant that the premises were not fully safe and secure for people to be living in as action had not been taken to ensure that windows on the first floor were secure and the associated risks to people from this had not been reduced.

The provider failed to ensure that the premises and equipment used were secure. This was a breach of Regulation 15 (1) (b) premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risk assessments were in place which assessed the risks present in people's lives. These included the risks related to people's physical health, the environment, personal care and behaviours which challenged others. We saw that risks and hazards were identified, and actions and outcomes were detailed, to create clear and concise instructions to staff. Staff we spoke with were happy that risk assessments were easy to follow and enabled them to support people safely.

People were not consistently protected by the prevention and control of infection. We saw that areas of the service were mostly clean and tidy and regular cleaning took place, but we found that the area in the kitchen around the cooker including the cooker hood and tiled area had ingrained dirt and grease on it. We raised this with the manager who told us it would be deep cleaned. All other areas of the home were clean and tidy, and people and staff all took pride in the environment. Staff were trained in infection control, and they had the appropriate personal protective equipment to prevent the spread of infection. The service had a five star food hygiene rating from the local authority.

The provider followed safe staff recruitment procedures and there were enough staff employed by the service to cover all the care required. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. Staff we spoke with confirmed they were not able to begin work before these checks had been carried out. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Medicines were safely managed. Staff had received training to administer medicines and their competency to administer medicine was tested regularly. Medicines were stored securely in locked cabinets within people's own rooms, and medication administration records were completed accurately by staff. People we spoke with were happy that their medicines were administered correctly and on time. Policies and procedures were in place to make sure that homely remedies and medicines that were administered on an

'as required' basis, were all managed and administered appropriately.

Improvements were made and lessons learned when incidents had occurred or things had gone wrong. Accidents and incidents were recorded accurately, and actions were created for staff to learn from any incidents to improve the care people received. We saw that a monthly log of incidents had been created and reviewed to identify any trends in incidents which the home could learn lessons from. For example, staff had had been able to identify potential triggers for a person's behaviour, and had found solutions to reduce the person's anxiety.

## Is the service effective?

### Our findings

The provider assessed people's needs before they moved in to the service to ensure that their needs could be met. We saw that people had comprehensive assessments of their needs to identify what care and staff support they required. A staff member said, "Any pre-assessment would be centred around the person. The people that live here have been here for some time, and their needs are met successfully by us. They all get on well and enjoy living here."

Staff had the skills and knowledge required to make sure people received the care they needed. All new staff went through an induction process which included an introduction to the company policies and procedures; basic training including safeguarding vulnerable adults and health and safety; and spending time with more experienced staff to get to know people and the care they required. New staff also undertook the care certificate qualification. The care certificate covers the basic skills required by care staff to care for vulnerable people. All the staff we spoke with confirmed that the induction process was effective and gave them the confidence they required to provide care for the people at the service.

People were supported to maintain a healthy and balanced diet, and choices were always offered. One person told us, "I like the food. I help chop the veg sometimes. I've just had my breakfast and it was nice." We saw that people's preferences with food were documented in their files so staff knew what they liked. For example, in one person's files it said, '[name] favourite is pasta bake with garlic bread'. We saw that people were involved with menu planning for the home and got involved in the cooking process when they wanted to. Staff told us they regularly promoted healthy choices to people, and people had regular access to food they wanted. Food and fluid monitoring took place for those that required it, and information around dietary requirements was documented within people's files.

The staff and the management worked effectively with other organisations to ensure people's health care requirements were met. One person told us, "I have my feet done. The lady comes here and does it for me." We saw that people's healthcare requirements were documented within their files. For example, a physiotherapist had developed a physiotherapy exercise routine, to enable staff to help one of the people who lived at the home remain as mobile as possible and stay in good health. We saw that referrals were made to various health professionals as people required, and an up to date log of input each person had, was recorded within their files. Staff we spoke with all had a good understanding of people's health needs.

People felt the environment they lived in was homely and welcoming. We saw that people were encouraged to personalise their own rooms, and enjoy the accessible communal facilities which included a lounge, dining area and garden. One person showed us around their room and proudly told us about the pet bird they were keeping, and the decoration of the room itself.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA.) The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us, and records showed they received training on the MCA and DoLS



legislation. The manager and staff understood and worked within the principles of the MCA legislation. People were supported to have maximum choice and control of their lives. Staff were observed to promote equality and diversity and demonstrated their responsibility to protect people from any type of discrimination.

## Is the service caring?

### Our findings

The person we spoke with told us they were treated with kindness and respect by all staff. They said, "I like the staff, they are very nice." We observed staff interacted with people in a positive manner, and saw that staff clearly knew people well and were able to take the time they needed to build positive relationships with people. Staff understood the way in which people communicated and gave people the time they required to respond. We saw one person chatting with a staff member in a friendly and comfortable manner. They then went out for the morning to do some activities with the staff member. When the person returned, they told us they had enjoyed their time out with staff doing the things they wanted to do.

People were supported to express their views and be actively involved in making decisions. We saw that staff met with people on a monthly basis to review their care and gather people's feedback on any changes required. These reviews considered each person's emotional, social and physical support needs from staff. The person we spoke with confirmed that they felt listened to and in control of their own care. They told us, "I like to stay at home most of the time. I go out when I want to."

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. All the staff we spoke with told us that people were encouraged to express themselves and have a voice.

People felt their privacy and dignity was respected by staff. The person we spoke with confirmed they felt respected by staff when any personal care took place, and that staff knocked on doors before entering their room. During our inspection, we observed staff interact with people in a respectful manner. Information about people was protected and kept securely, and the service complied with the data protection act.

Information about advocacy services was available for people if and when they required it. Advocacy services represent people, when they have no family member or friend to represent them.

## Is the service responsive?

### Our findings

Care and support was personalised to meet individual needs. The care plans we looked at outlined the care tasks that were required for each person, and included detail specific to each person. We saw that throughout the care planning, person centred information was present which included people's preferences, likes and dislikes. This enabled staff to understand more about each person and engage with them in a personalised way. One person we spoke with said, "I like it here, the staff know me and I know them. I get to do nice things." We saw that one person's artwork was displayed on the wall within a room of the house, and they were able to show us photos of the things they had been doing which included trips out of the house, and art and craft activities.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, the safeguarding procedure and complaints procedure had been produced in a large print format for people to access.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person said, "Nothing is wrong. I don't have any complaints." We saw that complaints were logged and recorded according to the service policy, and that actions were created and carried out when required. For example, we saw that a family member of a person had made a complaint regarding food given to a person. We saw that the policy was followed and a response was drafted and sent out to the relative.

The service supported four adults with learning disabilities and autism, and no end of life care was being delivered to people at the time of inspection. The manager told us that support could be offered to people around end of life care and decisions, if required.

# Is the service well-led?

## Our findings

Quality assurance systems were not always effective. We found that environmental audits had not picked up the failure to properly clean the area in the kitchen around the oven. The manager told us that this area would be deep cleaned and included on the cleaning audit to be regularly checked. Care files, staff files and medication records were all reviewed and audited on a monthly basis to ensure that standards remained high. All these audits were detailed and we saw that actions were taken when issues were found. However, the management within the service were not aware of the requirement to make sure the windows on the first floor had restrictors on them, and therefore audits did not pick up this issue. The manager told us that restrictors would now be fitted to the windows and that this would be regularly checked as part of the environmental audits going forward.

The service did not have a registered manager in place, but had a manager in the process of registering. 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.

The service had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting. One person told us, "I love working here. I have a real passion to work with the people here. I want to make sure they get a good experience out of life." Staff we spoke with told us that although there were recent management changes, they still felt that clear structure and guidelines had been setup, morale was high, and that they were positive about the service moving forward.

People using the service were encouraged to feedback and be involved with the development of the service. People's views had been sought via a questionnaire that looked at all aspects of their care at the service. We saw that results were reviewed and analysed, and actions taken when required. We also saw that people had the opportunity to feedback at resident's meetings. These meetings also updated people on service developments and allowed people's voices to be heard. We saw minutes of meetings which showed that people were talking about activities on offer, trips out, and food choices.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included holding strategy meetings where appropriate and liaising with the local authority and safeguarding teams. We were informed the local authority had conducted a quality check on the service, and the management had responded to all the actions and resolved all the issues found. This showed us that progress was made from the actions that were set, and demonstrated that the relationship with all other social care professionals was positive.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  All of the windows on the first floor of the building did not have window restrictors on them. Whilst the height of the windows did not pose any risk of anybody accidentally falling from them, they opened wide enough for a person to easily climb up and out.