Roughcote Hall Farm Ltd

# Roughcote Hall Farm

## Inspection report

Roughcote Lane
Caverswall
Stoke On Trent
Staffordshire
ST11 9ET

Tel: 01782397440

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09 February 2023

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Roughcote Hall Farm is a residential care home providing personal care for up to 9 people with Learning disabilities or autistic spectrum disorder, older people and younger adults. There were 9 people living at the home at the time of the inspection. The service can support up to 9 people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:
Staff worked with people to plan their own care and manage risks to their safety. The staff ensured the home was safe, clean and well-maintained environment. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:
Staff understood how to protect people from abuse. There were enough staff to meet people's needs and keep them safe. Staff assessed people's needs for support with medicines and this was provided. People were encouraged to engage with staff on how they wanted to be supported.

Right Culture:
The registered manager checked the quality of support provided to people and made changes as a result of feedback. People, relatives and staff told us they felt listened to and involved in the service. People received person centred care and had their needs and preferences met by staff who knew them well. We made a recommendation about seeking advice on window restrictors.

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

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Rating at last inspection.
The last rating for this service was requires improvement (6 August 2021).

Why we inspected
We carried out an unannounced focussed inspection of this service on 6 August 2021. The provider was

rated requires improvement. We undertook this focused inspection to check they had made the required improvements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roughcote Hall Farm on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations
We have made a recommendation about window restrictors.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Roughcote Hall Farm

**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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by one inspector and an Expert by Experience who made calls to relatives following the inspection. 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
Roughcote Hall Farm is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roughcote Hall Farm is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.
Inspection activity started on 9 February 2023 and ended on 13 February 2023. We visited the location on 9 February and made calls to relatives on 13 February 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 4 people about their experience of care and 9 relatives. We observed care to help us understand the experience of people who could not talk with us. We also spoke with 5 staff which included the registered manager, team leader and three support workers. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including medicine audits, care plan audits and the training matrix were also reviewed.

Good

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we found medicines were not always safely managed as stock controls required improvement. At this inspection the provider had made the required improvements.
- Medicines stock was monitored in an electronic system to ensure people had enough medicines supply. Checks were done on the stock regularly to confirm levels.
- Medicines were stored safely. Medicines were secured in a locked room and temperature checks were done to ensure medicines were stored in line with manufacturer's instructions.
- Medicines administration records were accurately completed and there was guidance in place for staff about how to administer medicines.
- People told us the staff helped them to take their medicines as prescribed. A relative told us, "The staff give [person's name] their medicine when they need it."

Staffing and recruitment

- At the last inspection improvements were needed to the information held about agency staff. At this inspection improvements had been made.
- Where agency staff were in use the provider ensured they had profiles in place for all staff who came to the home.
- There were enough safely recruited staff to support people. One person told us, "The staff are always here to help." A relative told us, "There is usually enough staff when I visit [person's name].
- People had support from staff to meet their needs and preferences. For example, we saw staff were available to support people with their mobility and with their interests.
- Staff were recruited safely. Checks were carried out on past employment and through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff had received training and could describe how they would report any concerns.
- The registered manager ensured any incidents were reported to the appropriate body for investigation.
- Where incidents had occurred, the provider had drawn learning from this and shared it with staff.
- People told us they felt safe living at the service. One person told us, "I like it here is a nice place, nothing really worries me I am safe." A relative told us, "Absolutely it is safe and [person's name] loves being there. I visit weekly and they tell us everything"

Assessing risk, safety monitoring and management

● People had risks to their safety assessed. For example, risks to skin integrity, nutrition, and risks when people became distressed had been identified and assessed.
● People had care plans put in place to minimise risks to their safety. For example, where a person had a specific health condition a plan was in place to guide staff on how and when to administer medicines to reduce the risks and when to seek help from a health professional including an ambulance if required.
● People had reviews of their risk assessments every month or sooner if things changed. For example, where risks of malnutrition had increased, the care plan was updated to include regular checks on the persons weight and supplements were used to help. This had helped the person stop losing weight.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
People were able to receive visitors at any time.

Learning lessons when things go wrong
● The registered manager had a system in place to learn when things went wrong.
● Where incidents and accidents happened risk assessments and care plans were reviewed, and changes made to prevent reoccurrence, wider learning was considered and shared with staff.
● For example, where one person had become upset and distressed this incident had been reviewed to look for ways to support the person which prevented this in future.

Good

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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; Continuous learning and improving care

- At the last inspection there were improvements needed to the governance systems which checked quality and the learning systems to improve the care people received. At this inspection we found the provider had made the required improvements.
- The registered manager reviewed peoples care and support needs to look for improvements. For example, one person had reduced mobility, so changes had been made to the persons living space to provide a wet room to make it easier for the person to use the bathroom.
- Audits were completed to check the quality of the care people received. For example, medicines audits were carried out and these included system-based stock counts as part if the electronic medicines system in place, counts were also completed to test this system.
- Checks were completed on risk assessments and care plans monthly. The system in place alerted the manager when these were due.
- Other checks included an environment audit, which identified when work was required. For example, this had identified windows where additional window restrictors were required and these had been provided, however the provider needed to fully check all window restrictors to ensure these met with current advice on safety.

We recommend the provider seeks advice from a reputable source about the provision of suitable window restrictors and ensures these are fitted, we will check this at our next inspection.

Working in partnership with others

- The staff worked in partnership with people and their relatives to plan peoples care. One person told us, "I speak with staff about my plans for the week and let them know what I want to do." We saw people had regular discussions with their key worker to consider their care plan and make decisions about what they wanted to do.
- The registered manager worked in partnership with several other agencies to plan peoples care and meet their needs. For example, the local learning disability nurses, speech and language therapists and occupational therapists. One relative told us, "Had all the jabs and if they are unwell the staff take then straight to the doctor to sort it out."
- Health action plans and health files were in place and everyone had a hospital passport. We found people were involved in looking after their health, they discussed what they wanted to achieve and learned about their health needs and how to meet them.

● Staff worked in partnership with professionals to meet individual needs. For example, one person was supported with managing a specific health condition and another was accessing being mentored around healthy eating.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People had their individual communication needs assessed and plans put in place to meet them. For example, information was providing for people in pictorial form, such as their care plan and important safety information such as actions in the event of a fire and complaints. Where needed people had individual support with specific communication methods used by staff to communicate with people.

● People had their sensory needs met. For example, some people were uncomfortable with noise and experienced overstimulation. The provider had ensured there were quiet spaces such as a conservatory and there were two dining areas and kitchens to accommodate people to have a quieter place to sit or eat meals. We saw this in use during the inspection.

● The registered manger told us, "The value base here is we look for staff to provide person centred care and give people choices and protect their rights, I always seek staff to meet these values ensuring they treat people with respect is important." A relative told us, "The place is well managed, they are aware of sensory needs, registered manager and Deputy Manager are approachable and will listen. The place is lovely, friendly and relaxed."

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

● The registered manager understood their role and responsibility in relation to duty of candour. We saw where incidents occurred these had been shared with the appropriate people. One relative told us, "The registered manager is very good at keeping us informed."

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

● People were fully engaged in the service and their care. For example, we saw everyone had a keyworker allocated. This was someone who they met with regularly to talk about their care, discuss choice and how they were feeling. People told us they liked the keyworker role and it helped them discuss the things they wanted to do. One person told us, "[Staff members name] helps me to make calls to my family every week and we go out together too."

● People told us they were supported to maintain their individual interests. This included hobbies in the house, going out and this was discussed monthly and planned each week and daily so they could choose what they wanted to do. One relative told us, "[Person's name] loves gardening so are staff looking to get green house, sits in wheelchair to look after plants in raised planter beds."

● People were supported to set goals and work towards these. One person had set a goal to lose weight and another had set goals around their mobility.

● People were actively involved in developing their care plans. One person had developed specific plans for how they wanted to be supported at the end of their life. Another person had researched and developed plans for how their diet could help improve a health condition they had. One person told us, "I have my own bathroom now, the provider asked me if I would like them to build me one and I said yes, it's nice and I had my room all decorated."