

Rhodsac Community Living Limited







Rhodsac Care Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Rhodsac Care Home is a residential home providing personal care and support for up to four younger adults with learning disabilities.

The inspection took place 07 October 2014 and was unannounced.

There was a manager employed. The manager was not registered however; they were going through the process of registration with CQC.

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.

At the last inspection, 02 January 2104 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of people who use services. The provider had not taken proper steps to ensure that care was planned in a way that ensured the welfare and safety of service users. Regulation 9(1) (b) (ii). A satisfactory action plan was submitted.

Summary of findings

At this inspection we found that support plans were fully completed, regularly reviewed and up to date.

People who used the service told us they felt safe.

Staff were aware of signs and symptoms of abuse and how to report it if necessary.

Risk assessments in peoples support plans were completed and regularly reviewed to enable people to live active lives.

There were adequate numbers of appropriately skilled staff to support people with their chosen activities and to keep them safe.

Staff we spoke with told us they were not allowed to start working at the service until they had completed thorough recruitment checks and had received an induction.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of these and correct processes were in place to protect people.

People we spoke with were very complimentary about the manager and staff. Staff we spoke with told us the manager worked alongside them and knew everyone well. It was obvious from our observations that staff, people who used the service and the manager had good relationships.

We observed people being assisted to prepare their own meals, following specialist diets where appropriate.

People had access to a variety of health care professionals to make sure they received ongoing treatment and care.

People's care and support plans were reviewed regularly with the involvement of appropriate people.

Regular meetings were held for staff and people who used the service to enable everyone to be involved in the development of the service.

We saw that effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People who used the service told us they felt safe.

Staff had received training and were knowledgeable about how to keep people safe.

There was a robust recruitment system in place.

Effective medication systems were used

Good



Is the service effective?

This service was effective.

People told us that they were happy with the care they received.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision with the manger.

People were supported to prepare meals and have a healthy diet.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

This service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

This service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People met weekly with their key worker to set goals for the following week.

There were systems in place to enable people to raise concerns or complain.

Good



Is the service well-led?

This service was well-led.

The manager was available for people to speak with.

Staff, people who used the service and management were all involved in the development of the service.

There were quality assurance systems in place.

Good



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 07 October 2014.

The inspection was carried out by one inspector.

We checked the information we held about the service and the service provider. No concerns had been raised. We also contacted the local authority, who had no concerns.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported with their personal care, to have meals and access activities of their choice.

We spoke with the three people and relatives of three people who used the service. We also spoke with the registered manager, the provider and three care staff.

We reviewed two care records, two medication records, three staff files and records relating to the management of the service such as quality audits.

Is the service safe?

Our findings

People told us they felt safe and that the staff took very good care of them. One person said, “The staff make sure the doors are locked at night.” This made people feel safe knowing that the house was secure.

Staff had a good understanding of their responsibilities regarding safeguarding. They told us they had received training in safeguarding, recognising abuse, and what they should do if they suspected any type of abuse. One member of staff told us they would not hesitate to report any suspicions and they all felt that they would be supported by the manager and provider. There was a notice in the office with phone numbers and email addresses for the local safeguarding team and the Care Quality Commission (CQC) to assist with reporting. Training records confirmed all staff had attended the training. This showed the service had taken steps to minimise the risk of harm and abuse as staff who supported them knew how to protect them and how to report any concerns.

Staff told us that a variety of risk assessments were used for people. We observed staff following the guidance of these whilst supporting people and it was obvious that people were allowed to take appropriate risks to enable them to be as independent as possible. For example, people were preparing their evening meal and staff were encouraging them, but with guidance as to what to do and which utensils to use. Staff told us that the risk assessments were reviewed and updated on a regular basis and, if appropriate, also shared with the day services which people attended to ensure continuity. The manager told us that they would call the centres to update them on any issues around risk and safety. Records of risk assessments we saw were individualised and detailed in what was needed to keep people safe, for example, the use of knives and the cooker when preparing meals and how to keep the person safe when out in the community.

Staff told us that if they had any concerns regarding people’s safety, they knew the procedure to follow to report it, and went on to explain this to us. The manager told us there had been no whistle blowing’s during the last year. We looked at records which confirmed this; the manager was able to explain their policy and procedures for these.

People told us there was always enough staff, one person went on to tell us about each member of the staff team and when they worked. This showed that they knew all of the staff on the rota well and felt comfortable speaking to us about this. The manager told us that the duty rota was developed around any activities or outings planned to ensure they were well staffed to cover these, with the correct skill level of staff on each shift, for example, on the day of our inspection there was a senior and a support worker along with the manager to support three people. We observed that there were enough staff to support the people who used the service to carry out their chosen activities and to support people safely.

Staff were able to explain the recruitment checks which had been undertaken before they commenced their work. These included references, proof of their identity and address and either Criminal Records Bureau (CRB) or Disclosure and Barring Services (DBS) checks. The manager told us that after all of the checks had been carried out; a new member of staff would attend some training, and then shadow a more experienced member of the team to get to know the people who used the service, before they would be allowed to be put on the rota. This ensured that they were able to carry out the role with confidence.

People we spoke with told us they always get their medication on time. Staff explained that they had to attend medication training before they were allowed to administer medication, and they were checked on a regular basis by the manager to make sure they were still competent. The manager confirmed this, explaining that she carried out spot checks of medication administration for all staff.

We looked at the medication systems and found that medicines were stored safely and securely. We observed staff administering medication to people and found this was carried out correctly. Medicines were audited and staff demonstrated through their actions they were managing people’s medicines safely. We reviewed the Medicines Administration Records (MAR) charts for three people who used the service and found that these reconciled with the amount of stock left. The MAR charts for these people had been signed by staff when people had their medication. The manager told us that they did not have anyone taking controlled drugs, but if they did they would be stored in a locked cupboard and a controlled medicine book would be maintained.

Is the service effective?

Our findings

People we spoke with were happy with the care they received. One person told us, "I am happy here and staying until I am 65." With staff assistance they were able to tell us that they had been in other residential services but this was the best and they wanted to stay forever because staff knew how to care for them. One relative we spoke with said, "Overall we are delighted with the place, [persons name] had been in several other homes, but the staff here know [persons name] very well."

Staff told us that they had attended a variety of training, including; health and safety and infection control which had been useful to keep them up to date with best practice which enabled them to give the best possible support to people who used the service. The manager told us that they had enrolled to do the Qualification Credit Framework (QCF) Level 5 Diploma in Leadership and Management in Health and Social Care, and all the staff were in the process of enrolling for the QCF Level 3 Diploma in Health and Social Care.

The manager told us, and staff confirmed that she regularly carried out competency spot checks. This ensured that staff put into daily practice what they had learned in the training. She told us that she planned to gain her train the trainer award which would enable her to train the staff in some subjects. She was aware that people learn in different ways and that it would be beneficial to the staff if she was able to deliver the training at an appropriate pace.

Training had been carried out by the local authority training department. This enabled the staff to receive up to date training which was based on best practice. Staff told us that if there was any specific training they felt they needed, the manager would try to arrange it for them. A training matrix had been developed to ensure that all staff kept their training up to date. This was viewed and was up to date.

We were told by staff that they had regular one to one supervision sessions with the manager. These were diarised in advance to enable them to plan what they wanted to discuss. They said they found them very useful, but the manager was always available to speak with whenever they wanted to.

People told us that staff always asked for consent before giving them support, and if they said no then staff would

leave them, after checking that everything was alright. When asked if staff knock on their doors, one person said, "Yes, and I say come in." This was observed during our inspection. Staff were aware of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were able to explain to us that each person had a capacity assessment and that there were all assessed as having capacity. Copies of the assessments, which had been reviewed, were in people's care records.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager told us that no one was deprived of their liberty but was able to explain what the procedure was if this was deemed necessary. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Where people lacked the capacity to make decisions about something, best interest meetings would be held and documented in people's care records.

People's dietary requirements were met. One person told us, "I am a diabetic, so staff help me to choose meals to keep me stable." They also told us what they had decided to have for their evening meal when they returned from the daily activities. Two people who were going to activities told us they had their chosen packed lunch to take with them, which they had prepared themselves. Staff told us that the home did not have a set menu, as there were only three people each person chose what they wanted and staff supported them to prepare and cook it. We observed people being supported to prepare and cook their evening meal. All meals contained fresh vegetables or salad and were nutritionally balanced. The manager told us that when required they had input from the dietician to ensure that people were maintaining a healthy diet.

One person we spoke with told us that they were going to the dentist the next day and which staff member would be supporting them. People told us that staff always went with them and explained anything they did not understand. A relative we spoke with told us that they were happy with the health care their relative received and went on to explain about a previous health issue which had been dealt with. During our inspection we observed the manager trying to get a doctor's appointment for one person for a

Is the service effective?

check-up before they went on holiday. Within people's care and support documentation we found evidence that a variety of health care services had been accessed including, opticians and dietician appointments.

Is the service caring?

Our findings

People told us they were always treated with kindness, one person said, “The staff are very nice, [persons name] is my special key worker, she helps me a lot.” A relative we spoke with told us, “The care is very good.” It was obvious from our observations of people, who used the service, and staff interactions that staff knew people very well, there was a very relaxed atmosphere with lots of laughter and conversations were meaningful.

Staff explained they knew people well as they had all been involved in developing their support plans along with their friends and families to get a good understanding of the person to enable them to support them effectively. One staff member told us, “We are all like one big family.” For example, we make sure we have all their families special occasions and birthdays on a

calendar so they can be reminded to buy a card and even a gift for them if they choose too, this promotes more independence for them, we have also invited people’s friends for an evening meal and to watch a DVD.

We observed staff speaking to one person who wanted to control what everyone watched on the television. Staff explained in a manner the person would understand (using appropriate words and gestures) and between them came to a compromise. All parties were happy. Staff praised the person for their understanding and agreeing to the compromise. This showed that staff knew how to act with the person to enable them to understand and to get the best possible outcome for all who lived there.

People who used the service told us that they met weekly with their key worker to update their support plan and to set goals for the next week. Relatives we spoke with told us they were always kept involved in their relatives care and

support and that the manager rang them if any changes were needed to be made. This meant that changes could be made on a regular basis to ensure up to date care and support was given with input from the person themselves or their relatives. Care and support plan records seen showed people had been involved and had signed their agreement.

We observed people return from their daily activities, staff assisted with bags and coats where necessary, everyone then sat at the table in the kitchen with a cup of tea and discussed their day. People were eager to tell staff what they had done and staff interacted with interest. People were discussing what to wear for the evenings outing and staff encouraged appropriate items for the activity. The conversations were relaxed and respectful.

The manager told us that everyone was able to make their own decisions and had been involved in their care and support plan, and their relatives were kept up to date with the people’s permission. There was an advocacy service available if required and the manager was knowledgeable of this and the circumstances it may be needed.

Throughout the inspection we observed people’s privacy and dignity was kept and respected. People were able to spend time in their own rooms or in the communal rooms with other people if they preferred. Staff spoke to people in a polite and respectful way and were interested in what they had to say.

Relatives we spoke with told us they could visit at any time and were always made welcome, but usually rang first as their relatives were often out. People told us that friends and family visited and they could telephone them at any time they wanted and staff would help them if needed. There was plenty of room within the property for people to be with their visitors.

Is the service responsive?

Our findings

At the last inspection, 02 January 2104 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of people who use services. The provider had not ensured that people's support plans and risk assessments were complete and up to date. A satisfactory action plan was submitted stating that they would be completed and reviewed.

At this inspection we found that support plans were fully completed, regularly reviewed and up to date. Staff were able to explain how they used them to give appropriate support to people. We looked at the support plans and found them to be person centred which enabled staff to support people effectively in the way they had chosen.

People told us that they were involved in their support plans; they met weekly with their key worker to update their support plan, and to plan what they would like to do the following week. People told us they had regular house meetings where they discussed what activities people wanted to go on and things like holidays and the day to day running of the service. Minutes of these meetings were kept and showed that actions had been taken to follow up on suggestions, for example, where to go on holiday.

One relative we spoke with told us that their relative had shown an interest in a specific hobby, staff had picked up on this and had helped them pursue it, even making suggestions to family for presents which would help them. They said, "We were really impressed that the staff did this and went the extra mile to support them." We observed staff supporting people with a variety of tasks, including attending theatre group, preparing meals and socialising with each other. This meant that people were supported in a way to enable them to carry out tasks of their choice.

When we arrived for the inspection, one person had already gone out for the day. One person told us they were going to

a theatre group, they told us they really enjoyed going and they were going to learn a new dance routine. They said, "I choose what I want to do, we do different things every day." Another person told us that they were all going to a disco that evening. Staff informed us that the disco is for people with learning disabilities and the people who used the service go on a regular basis, with staff support. When people returned from their daily activity, we observed staff supporting them to get ready for the disco. Within peoples support plans there was evidence of people attending a variety of activities of their choice, and what support they required to enable them to participate.

People took us to show us their rooms. They were all decorated in their choice of décor and furnishings, one person said, "I have the biggest room, and it has all my own things in it." They went on to tell us that staff and their families had helped with the personalisation of their rooms. One person who used the service showed us a book they had written in. With staff support they told us when they moved in to the service they were unable to read or write, but their key worker had worked with them over time and now one year later they were able to read, write and do sums. They were very proud of their achievements. This meant that people received support which was individualised to them.

People who used the service told us that they have no reason to complain, but would do if they needed to. Relatives we spoke with also told us the same. They would speak to any of the staff or the manager. The manager told us there had been no complaints, but was able to explain the procedure should they have any. A file had been set up with blank forms and copies of the policy and procedure. Regular house meetings were held where people were encouraged to raise any concerns, and minutes recorded. Issues recorded as being discussed included holidays and activities. A short holiday had been planned. This gave everyone an opportunity to discuss the service, how it was run and that people were listened to.

Is the service well-led?

Our findings

People we spoke with were very complimentary about the manager. One relative we spoke with told us that they can, and do, ring and speak to the manager whenever they want to. We observed the manager speaking with a relative to update them on a person's health appointment.

Staff we spoke with told us that as it was a small service, they are involved in most of the decision making for the home. They told us that as well as the manager, the provider is available for them to speak to and visits regularly. One staff member told us, "The manager is always around and works with us, we can speak to her at any time." They told us that their ideas and comments were always listened to and put forward when appropriate. For example, some people were going to be away for a weekend and staff suggested that they do something special with the small number of people who would be left. This was followed up with a special activity.

We observed the manager working with the staff when people returned from their daily activities, making sure people had enjoyed their day and knew what they were doing next. This showed that the manager was involved in the daily support of people who used the service and visible enabling an open culture in the home.

Staff told us that they had regular staff meetings where they discussed each person who used the service and were able to voice their opinions. Actions were taken if required. We

saw minutes of previous meetings were available which showed actions had been carried out from the previous meeting suggestions. House meetings were also held where people who use the service, their representatives if required, staff and management met to discuss the service. Minutes of these meetings were available.

The manager told us there were processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits and care plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. We saw evidence of these audits and recommendations when required. One recommendation was the reviewing of support plans which had been carried out.

Staff and the manager told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident reports records were seen.

Information CQC held showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us they were in the process of registering with CQC. They were very knowledgeable about their role and responsibilities to the service.