

ROCCS Residential Community Care Services Limited

Lammasmead

Inspection report

61 Lammasmead
Wormley
Broxbourne
Hertfordshire
EN10 6PF

Tel: 01992421020

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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 ●

Summary of findings

Overall summary

The inspection took place on 19 January 2019 and was unannounced. The previous inspection took place on 14 and 22 April 2016 and the service was rated as Good.

Lammasmead is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service registered to provide residential accommodation and personal care for up to three people living with a learning disability. At the time of our inspection three people were living at the home.

We have written this inspection report in a shorter format because our overall rating of the service as Good has not changed since our last inspection.

People told us they liked living at Lammasmead and felt safe. People continued to receive a safe service. Staff protected people as far as possible from discrimination, abuse and harm. Risk assessments were in place and had been regularly reviewed so staff were aware of what action to take to reduce risks to people.

Medicines were safely stored and administered.

People told us and we saw that staff were kind to them. Care records were in place, up to date and holistic, and we saw staff understood people's preferences and routines. There were enough staff to meet people's needs and the staff team was longstanding so there was continuity of care provided to people.

The service had systems in place to prevent the spread of infection and the service was clean. People told us they liked the food and had choices of what they ate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had a complaints system in place and we could see they responded to complaints promptly. The service learnt from accidents and incidents and the registered manager and provider undertook regular audits to ensure the quality of the service was good.

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 remains good.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Lammasmead

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 met 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 under the Care Act 2014.

This inspection took place on 19 January 2019 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information the provider submitted by their completed Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the service and two staff. The registered manager was on leave on the day of the inspection.

We looked at two care records, checked stocks against medicine administration records for three medicines, and we looked at quality audits and records related to the safety of the building.

Following the inspection we spoke with the registered manager who sent us additional information related to training records and the management of the service. The registered manager confirmed there had not been any staff recruited in the preceding 12 months so recruitment documentation did not form part of this inspection.

Is the service safe?

Our findings

We asked people if they felt safe living at the service. They told us "Yes, and I like living with the other people here." And "Yes, I have got my staff and friends who make sure I am safe here."

Staff were able to tell us the different types of abuse and what they would do if they had any concerns. They also understood how to whistleblow if they had any concerns.

Risk assessments were in place and had been reviewed to ensure the information was still current. Along with detailed guidelines they provided staff with the information they needed to reduce risks to people. They were broad ranging in their scope and covered issues such as different elements of challenging behaviour, risk of falls and the risk of losing the house key. They encouraged people to be independent and carry out activities that they enjoyed. For example, ensuring people had their phone charged when they went out so they were contactable; or instructions for staff to remain in the water with one person through the swimming session to ensure they were safe.

Medicines management and storage was safe. Temperatures of medicine storage were recorded daily. We checked stocks of boxed medicines against records and they tallied. Staff could show us medicines were checked each day by staff. One person took their medicine by themselves and stored their medicines in their own room in a locked cupboard, but chose to take their medicine in front of staff. We could see there was a risk assessment in place and the person had given signed permission that they wanted this support. This person told us "I prefer to do it that way." Monthly audits of medicines took place and if there were any errors, we could see action was taken by the registered manager.

People and staff told us there were enough staff to meet their needs and there had been little staff turnover at the service. This meant staff knew people well and continuity of care was provided. A staff member told us "We have got a good staff team who have been here a while. No new staff employed last 12 months, it's a consistent staff team."

There were systems in place to ensure the prevention of infection at the service. Food was stored safely and labelled when opened. There were separate chopping boards to cut different foods, and different mops for use for cleaning specific areas. Temperature records of the fridge and freezer were kept in a food diary daily. The service was clean on the day of the inspection and there was a weekly kitchen and hygiene audit carried out at the service.

Accidents and incidents were recorded and it was clear from records what actions had been taken. We could see from some records that lessons learnt were recorded, for example, to let one person have more time to make a decision when they were agitated, but the service used a range of forms and not all of them recorded this information. The registered manager told us they would ensure all forms had a section to capture lessons learnt on it so this information was always recorded.

Records showed the building had maintenance checks on a regular basis including gas, electricity and fire

safety equipment. People had personalised fire risk assessments in place and a fire drill had taken place in September 2018. Upstairs windows had width restrictors in place to minimise harm to people from falling out.

Is the service effective?

Our findings

People were positive about how the staff helped them. One person told us "best thing about living here is the staff" another said "the staff help me."

Prior to a person being admitted to Lammasmead, the registered manager received information from the referrer which forms the basis of an assessment. This assessment covers a broad range of needs including their health and medicines, their care and support needs, as well as risk assessments. If the service believes they can meet the person's needs, the prospective service user and his or her representative will be invited to visit the home for the day to meet the other people living there. There is often an overnight stay by the person prior to moving in. This ensures the prospective person and the current residents of the service will be happy with this move. If the visit goes well the registered manager completes a full assessment of this person's needs based on the environment at Lammasmead.

People told us staff offered them help in the way they wanted, and we could see the service supported people to maintain good health and access health services. One person's health had deteriorated recently and they were in the process of having a series of appointments and tests at a local hospital. They told us "staff help me if I need to go to the doctors, opticians or hospital. They come with me." This help was much appreciated by the person.

As well as people attending hospital appointments people routinely attended GP appointments, opticians and dentists. Care records provided detailed information on people's health and a log was kept of visits with health professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager told us that one person had recently been assessed and was subject to DoLS, and the other two people had been referred to DoLS some time ago but the local authority had not yet been out to assess them.

Care records had evidence the staff obtained consent from people in a number of ways. There was signed consent from people to share information; to have their photograph taken; to be provided with support

both at the service and with health appointments and for the giving of medicines. Staff were able to tell us how they always checked with people before supporting them and we heard them asking for consent before providing care on the day of the inspection. External advocacy support had been provided as part of one person's DoLS assessment.

The staff received regular supervision and we could see that training in key areas had taken place in January 2018 and the staff team were due to refresher training imminently. Training included safeguarding, medicines management, food hygiene and moving and handling. The registered manager told us staff had been trained in managing epilepsy although it was not on the training matrix and that an accessible course was available for people with epilepsy to help them understand the condition and how to manage it.

Staff monitored people's weight and were working with people to support them in making healthy choices to limit weight gains. People told us they enjoyed the food provided by the service. We saw there was a menu and this had a varied range of options. Comments included "yes I like the food and can choose" and "staff will ask us and we get a chance to say what's on the menu. We have a good choice of food. My favourite is stew, toad in the hole and lasagne."

The service was located in a terraced house on two floors, with access to a garden. There was a downstairs shower room and toilet which were usefully located as one person had mobility needs which had increased in recent months. This person accessed the garden via a side entrance as it was difficult for them to use the steps to the garden.

Is the service caring?

Our findings

People told us "yes" staff are kind to them and "Staff are nice, very nice. Treat me very well. They take me out in the car and are always there for me." We saw there was a very homely atmosphere at the service and people told us "it feels like home". Staff told us they cared for people by letting them be who they are and doing what they want to do. One staff member said "sometimes we all just want to hang out and have a rest and when people want to do that, we make sure they can."

People told us they were treated with dignity and respect and staff were able to tell us how. "I always knock on the door before going in; I make sure X has their dressing gown on in the evening when they sit downstairs. I also remind people to do their teeth as this is important for their dignity." Another staff member told us they always ensured people were covered with a towel when they were helping them, and ensure I listen to them and what they want.

Care records emphasised what people could do for themselves and we saw people doing tasks about the house. For example, one person had the responsibility for the recycling of items in the house and we saw them doing this. We also saw this person cleaning their room, including dusting it. They also used the washing machine to do their own laundry. Staff told us they offered limited support with personal care, for example prompting people, and care records reflected this.

We asked staff how they met people's cultural and spiritual needs. They told us one person went to church weekly unaccompanied, but other people did not choose to practice a religion. We asked how the service supported people with friendships, including relationships. Staff told us people had family visit and on occasion friends. One person had a close relationship with another person "they would sit together and cuddle" but as this person then moved away from the locality, the relationship ended. Talking with staff, it was clear they understood issues of diversity and equality.

It was clear from documentation and by talking with people that people were involved in their care planning. Some of the documents were in an accessible format, they were signed by people and we saw that they had recently been reviewed and updated documents had been signed by people.

Meetings for people who lived at the house took place each month and people told us they could say what they liked at these meetings, and food was always discussed. The service shared a car with another local care home. This was positive for people as it meant they could go out to place more easily and as one person's mobility was reduced it meant they had opportunities to be actively involved in shopping and other activities outside of the service.

Is the service responsive?

Our findings

Care records were comprehensive, up to date and holistic. Elements of them were in an accessible format which meant people could understand what they were signing. The care records were person centred. For example, each person's care records highlighted their individual needs, how to meet them and guidelines for staff ensured that people's preferences were recorded and prioritised.

For example, in order to maintain a healthy diet, the care plan stated this person was to be actively involved in the weekly menu. Another care plan set out how a person was to have access to their money on a daily basis so they could buy items of their choice.

Care plans covered people's mental and physical health needs. One person's support plan related to their behaviours that could pose a challenge stated "Do not assume [person] is being deliberately rude or hurtful. Give [person] space away from peers. Speak in a calm manner away from others; make aware of impact on others; [person] likes to have responsibility and therefore involve them in doing a chore." This was an example of person-centred guidance written by staff who knew the person well.

Support plans also covered people's need for social activities and how they were to be supported. One person told us they both enjoyed and "was a steward" for a local football team. They watched football and attended matches with other local football supporters. Talking with us it was clear this brought them great pleasure. Two people played the game of boccia locally, and two people attended local centres where they enjoyed day care activities. On the evening of the inspection two people were going to a pantomime.

One person told us they went out to visit their family and they travelled confidently on public transport alone. Two other people wanted staff to support them, and they told us they went out with staff regularly to local cafes, to get the weekly shopping and to other social events. One person's recent increased health needs had impacted on their confidence to participate but the staff were sensitive to this and made sure they went out for a drive in the car they shared with another local service. People had a keyworker but in practice, in such a small service, people spoke with any of the staff if they chose to.

There was a complaints process at the service and it was written in an accessible format and on display in the hallway. People told us they would talk with staff if they were not happy and we saw there was a log of occasions when one person had made minor complaints; what the staff had done to resolve them and any lessons learnt. One person had attended "What do I do if I am unhappy" training which meant they knew what to do if they were not happy.

Care plans had a section for end of life wishes and we saw one person had chosen to state their wishes. For example, they liked particular roses and had made a choice between being buried and cremated. The registered manager told us they would raise the subject with the other people at the next review.

Is the service well-led?

Our findings

There were many ways in which the service was well led.

The registered manager told us the service aimed to make it possible for the people that use their service to lead good and fulfilling lives, and for making things possible for both people who use their service and those who also work in them.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. On the day of the inspection the registered manager was on leave; support staff were working at the service. Management cover was provided by another local service run by the provider.

Audits of key areas took place on a regular basis. For example, there were weekly checks for fire safety and monthly audits for building safety and the kitchen hygiene. Medicines audits were every second month as were infection control and health and safety. Care plan audits took place three times a year. We saw records of these haven taken place in 2018 and some for January 2019 had been completed. The registered manager had systems in place to prompt supervision and training. We saw evidence the provider audited the service a minimum of three times a year and looked at key areas including dignity and respect, person centred care, safety, capacity and consent and meeting people's nutritional needs. They also followed up on actions noted from the previous audit.

People told us they knew who the registered manager was and they were able to say what was important to them at the residents' meetings which took place each month. We saw on care records that there was an accessible questionnaire which people completed every six months and this covered areas such as: 'are you given choice and asked your views; are people treating you the right way and do you like the people you live with?'

Staff told us "the registered manager is quite open; I can give my opinion." They also said that management support was available at all times and "the managers across the other services are very helpful." Staff meetings took place on a regular basis and staff told us the staff team worked well as a unit to meet people's needs.