Lifeways Rose Care and Support Limited

Rosekeys

Inspection report

Gringley on the Hill
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Ratings

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

Overall summary

This inspection took place on 26 January 2015 and was unannounced. Rosekeys provides residential care for up to 13 adults with a learning disability or an autistic spectrum disorder. There was accommodation for up to ten people in the main house and three more people could be accommodated in two adjoining bungalows. On the day of our inspection eight people were using the service, six of whom were in the main house and two in the bungalows.

The service had a registered manager 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 and associated Regulations about how the service is run.

Staff knew the procedures they should follow to raise any concerns if someone was at risk of harm, but there had

Summary of findings

been a recent occasion where these had not been followed when they should have been. Staff recognised their error and said they had learned from this. Staff understood the risks people could face through everyday living and how they needed to ensure their safety. People did not always receive their medicines as prescribed.

People had staff available to support them when they needed this. More staff were being recruited to enable cover at short notice to be provided for any unexpected absences from work.

People were supported by staff who received training and support to deliver appropriate care. However there was a risk people may not receive the healthcare they require because the system in place to ensure this was planned and provided when needed was not followed.

People had their liberty restricted without the appropriate authorisation. However people were supported to make some choices and decisions about what they did and how they were supported. If they were not able to make a particular decision about their care and welfare the decision was made in their best interest. People's dietary needs were catered for, and people were encouraged to have a healthy diet and to eat well.

We observed people being treated with dignity and respect and enjoying interaction with staff. Staff knew how to communicate with people and involve them in how they were supported and cared for. People were encouraged to be independent where they were able to be.

People's care plans were not always kept up to date so they did not provide staff with the direction about people's care that they should. People had individual routines and they were supported to follow their individual hobbies and interests both in and out of the service. People could rely on any complaints or concerns they had been listened to and acted upon.

The systems in place to monitor the quality of the service provided, and identify any improvements that were needed were not always effective. People felt able to approach managers and discuss things with them, including any problems or difficulties. Staff were able to speak up if anything was not right.

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?
The service was not consistently safe.

People who used the service were usually cared for and supported by staff in a safe way. Staff had not followed the correct procedures when someone was not cared for appropriately, but they recognised they had not acted correctly and had learnt from this.

People received the support they required to do the things they wanted safely. There were usually sufficient staff on duty and arrangements were being made to enable any absences to be covered at short notice

People were not always given their medicines when they required them.

Requires improvement

Is the service effective?
The service was not consistently effective.

There was a risk people would not always receive the support they needed to promote their well-being and healthcare. Some people had restrictions placed on them without the appropriate authorisation.

People were cared for by a skilled staff group who had the knowledge and skills they required and people were supported to make decisions about aspects of their care and support.

People were encouraged to eat healthily and could have their meals at a time that suited them.

Requires improvement

Is the service caring?
The service was caring.

People received care and support in a kind and caring way which respected their dignity.

People were able to express their views on how their care should be provided.

Good

Is the service responsive?
The service was not always responsive.

There was a risk that people would not receive the care and support they needed due to a lack of up to date care planning.

People were supported and encouraged to say if anything was not right about the service, and there were systems in place for them or their relative to make a formal complaint.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

Systems in place to monitor and improve the service were not effective.

People who used the service and staff were able to speak freely and ways of improving the service were sought which included listening to people's views and understanding their experiences.

Rosekeys

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.

We inspected the service on 26 January 2015. This was an unannounced inspection and was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with four people who lived at the service, although they were limited in what they could tell us, so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us or were limited in the amount they could tell us. We also had a discussion with one person's relative.

We spoke with five members of care staff, the registered manager and a senior manager within the provider's organisation. We observed the care and support that was provided in communal areas. We looked at the care records of four people who used the service, as well as other records relating to the running of the service including health action plans, audits, staff training records and staff meeting minutes.

Requires improvement

Is the service safe?

Our findings

People usually received their medicines as prescribed. However we found one person had an on-going health condition that required a prescribed cream to be regularly applied. This was recorded within their care records with an explanation of how the cream should be applied. We saw the condition had flared up and had not been treated for some time, which would have caused the person some discomfort. We saw the prescribed cream was not in stock and we asked a member of staff to contact the person's doctor to arrange for this to be ordered.

One person had support from staff to manage part of their medicines themselves. We saw staff support this person with this during the inspection. We also saw staff administer medicines to other people during the visit and this was done safely and sensitively.

We saw each person had a file detailing the support they needed to take their medicines which included any preferences, allergies and protocols to follow for any medicines that were taken as and when required. There was also an assessment where needed of the person's capacity to understand and agree to taking their medicines.

Staff who were designated to run the shift were responsible for administering any medicines. We saw there were records of staff training and competency assessments for those staff undertaking medicines administration. The manager told us how they had taken appropriate action when an error had occurred to ensure the safety of the person and minimise the risk of reoccurrence.

People felt safe at the service and we saw people responded positively with the staff they had contact with, and were comfortable in the company of the other people who used the service. A relative told us when their relation had a disagreement with another person who used the service this had been sorted out in a sensitive and appropriate manner by staff and they had been told about this. The relative said their relation, "Would tell me if anything wasn't right."

Staff were able to describe the different types of abuse people could face and they knew how to report any concerns. Staff said they would inform a manager at the service if they had any concerns, and they knew when these should be passed onto the local authority. However there had been an incident in the service and staff had not followed the appropriate reporting process for this. Staff told us they recognised this should have been done and they had learned from the error.

Staff knew how to raise concerns outside of the service by following the provider's whistleblowing policy if they felt people were unsafe or any concerns had not been acted upon. The registered manager understood their responsibility in protecting people from any harm or abuse, including notifying the local authority safeguarding team and ourselves when appropriate.

The risks to people were assessed and people were involved in making decisions about what risks they took. One person who used the service had gone out independently into the local community when we visited. A staff member described how they established if a person was able to go out independently whilst remaining safe, and we saw a care plan for this in their care records.

Staff told us how they planned any activity in the community to ensure this was carried out as safely as possible. This included assessing the destination and considering how each person would respond to this, for example if going on a shopping trip staff explained how they would identify when the shops would not be too busy for anyone who did not like crowds.

Staff told us they tried to work around any risks to keep people as safe as possible without restricting their independence. A staff member told us how they were looking at ways to safely enable one person to have a piece of equipment they had requested.

People had staff available to give them support when they needed it. One person who used the service told us, "I stay up at night and talk to night staff." A relative told us they thought there were enough staff around to meet people's needs. They said there had been a turnover of staff but this had improved.

Staff told us there was always a staff member present in the two adjoining bungalows in case people living there needed any help or support. Staff felt additional staff would help them to provide a better service for people and that taking people out into the community was sometimes difficult if staff called in sick and cover could not be found. The registered manager had recognised this and told us

Requires improvement

Is the service safe?

they in the process of recruiting new staff so they could build up some bank staff who would be able to work at short notice. There were interviews for new staff taking place during our visit.

Requires improvement

Is the service effective?

Our findings

People were at risk of not receiving on-going healthcare they required. Each person had a health action plan booklet which was designed to monitor their healthcare and ensure they received the healthcare checks and treatment they needed from external professionals. However we saw these booklets had not been completed properly and some had no entries in for over a year. Staff could not tell us which people had seen the chiropodist when they last visited and a staff member said the health action plans needed attention. The registered manager said they were in the process of introducing a new style health action plan and showed us the prepared files, but these had not yet been completed. A lack of records of people attending appointments and seeing external healthcare professionals posed a risk that people would not be supported with their on-going healthcare needs.

On other occasions people were supported to receive the medical care they needed. When we arrived at the service a person had been taken out to attend a medical appointment. A relative told us how their relation had been taken to hospital recently for some treatment. A person who used the service told us, "I saw a doctor before Christmas."

The registered manager told us they had recently made some Deprivation of Liberty (DoLS) referrals for people who used the service where their liberty was felt to be restricted. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. The manager acknowledged these referrals should have been made earlier as the restrictions on these people had been taking place for some time before they made them. This meant people may have had restrictions placed on their movements without the required authorisation. The registered manager told us a DoLS assessor had visited one person that day to consider the application that had been made.

A relative told us their relation was able to make decisions to go out (accompanied by staff) if they asked to, and that they could make day to day decisions themselves. The person told us, "I like to stay up late at night." Staff confirmed that the person decided when they wanted to go to bed, and they often stayed up late.

People who used the service were supported to make decisions, where they were able, by staff. A staff member told us there were some people who provided consent verbally, and others who did so with the use of signs. We saw signs were available to use to help people to communicate. Staff told us they supported people to participate in decisions as much as possible and gave them choices. Staff spoke of people's rights to make choices and to decline things they did not want to do.

Staff were aware that the Mental Capacity Act 2005 promoted people to make the decisions they were able to, and where they could not, provided a support for decisions to be made in the person's best interest. There were mental capacity assessments in people's files to determine if people had the capacity to make some specific decisions for themselves.

People were supported by staff who had been trained in the types of physical restraint they were permitted to use and how to use these safely. Staff told us they would use calming or redirecting techniques to keep people safe and only if these did not work would they use the physical restraint they were permitted to use. Staff told us they felt happy and confident with the training they had received about this. They also said restraint was only used as a last resort to prevent someone from harming themselves or others.

During our observations we saw staff had the skills and knowledge to support people safely. This included supporting them with their daily routines and ensuring any specific needs were met appropriately. A relative told us, "Staff always seem to be having training days, about one a month I think."

Staff told us and we saw records which showed staff were receiving the training they needed to show them how to carry out their roles. New staff were prepared for the work they would be expected to do and how people needed to be supported. We saw one new staff member was given an induction to the service during our visit. A staff member said, "I think the training is good. I do learn from it and I think we have the training we need."

Staff had regular opportunities where they could discuss their work and responsibilities. Staff told us they received supervision where they discussed their work, role and responsibilities. A staff member said they could request a supervision session at any time if something was troubling

Requires improvement

Is the service effective?

them. We saw records were kept of what training staff had received and when they had supervision. There was also a training plan prepared for the training to be provided for the coming month.

People enjoyed their meals and mealtimes were flexible to suit people's preferences which helped encourage people to eat well. A person who used the service said, "I have my mealtimes when I want them." Another person told us, "I like Sunday dinner. Gammon is my favourite." We saw the person had a gammon joint the previous Sunday.

Catering arrangements were deliberately informal to allow people us much choice as possible about what they had to eat, unless they needed to follow a specific health related diet. Staff said there were always snacks available between meals. Staff said they promoted people to eat healthily and to have plenty of fruit, vegetable and salads. We asked the registered manager who was in charge of the catering arrangements and she replied, "The residents."

We saw advice provided from a dietician about some people's diets was followed to ensure they were eating appropriately according to their needs. A record was made of what each person had to eat each day so staff were aware of what people had eaten recently.

Good

Is the service caring?

Our findings

A person who used the service told us, "I get on well with staff." A relative told us their relation had a good relationship with the staff. They also commented that staff on duty at night spent time with their relation and all staff were friendly. The relative told us staff kept them informed about their relation when they came to visit or if something out of the normal happened they would telephone them to let them know.

During our observations we saw staff took an interest in what people were doing and used these as conversation points with people. This included what people had done over the weekend and discussions about their family. People received regular interaction from staff and had opportunities to sit and talk or suggest anything they wanted to do. We saw people who used the service related well with the staff and respond positively to the contact they had, which included joking and laughing with each other.

Staff said they identified any differences people had and respected their preferences. They told us how they supported people with individual needs and lifestyle. A staff member said if they did not know something they needed to in order to fully support a person they would find out about this.

Staff described the service as caring. They said the fact that the staff got on well made a pleasant environment for people. A staff member told us, "People enjoy spending time with staff, they want to do things." Another staff member told us a current favourite of people was playing board games together.

During our observations we saw staff asking people about what they wanted to do. Staff reminded people they could make choices, such as change the television channel if they wanted. A relative told us they and their relation had sat with staff and discussed their relation's care with them. A staff member said, "We sit and talk with people about their care, we include some people in writing their plans." Another staff member told us, "We ask people what they would like. They can usually tell us what their preferences are."

Staff told us they tried different ways of involving people in making decisions. One staff member said they watched how other staff did things and followed their lead if they had been successful in engaging someone. Staff told us about people who previously used the service who had moved into more independent or supported living environments, and said they were supporting some of the people currently using the service towards those aims.

A relative told us their relation was encouraged to be as independent as they could be over their daily routines. For example they were able to dress themselves in the mornings. During our observations we saw staff involve a person in making themselves a hot drink. They also told us their relation enjoyed the food and sometimes helped to prepare this.

Staff told us they asked people how they wanted to be supported and tried to comply with their wishes. They described how they promoted people's privacy and dignity and told us they knew this was important. A staff member said they always knocked on people's doors before entering their room and said who they were. Another staff member said they always explained to people how they were going to provide support to them. The registered manager said they had followed the dignity champion initiative previously but this had disappeared with the changeover of staff, and they told us they would be reintroducing this.

The registered manager told us an advocate had visited the service from time to time to see if they could provide anyone with additional support, but no one had taken up this offer. Advocates are trained professionals who support, enable and empower people to speak up.

Requires improvement

Is the service responsive?

Our findings

There was a risk of people receiving inappropriate care and support as people's care plans did not contain enough detail to describe how people's needs should be met. Staff said they thought there should be more in people's care plans and gave an example that there was not enough detail about what was appropriate restraint. We found the most suitable method of restraint for people was not described in their care plans. The registered manager told us, "The care plans aren't right. They need more depth." They told us they were in the process of updating these and we saw they were working on one of them.

We also found that care plans had not been reviewed regularly and some of the information in these was now out of date. There were evaluations of care plans taking place, but these were not completed accurately. We found care plans that had been evaluated but contained information about the needs of people which were no longer relevant. Staff knew the current needs of people but a lack of proper care planning posed a risk that new staff would not know the current needs of people. A staff member said, "Care plans need sorting out."

We saw one person had recently gone through their care file and highlighted things they did not feel were right. They had also commented they did not like how some of the information was presented as they did not need information to be displayed in an easy to read format. A staff member said the person had enjoyed making the comments.

People were able to spend their time how they wished and were able to follow their interests and hobbies. When we arrived at the service two staff had taken one person out on a planned activity. The person later told us about how they followed their hobby and said, "I go on trips out three times a week." Another person told us about some of the things they liked to do and we saw they were occupied in these during our visit. A relative told us their relation had a varied lifestyle which included activities they enjoyed in the service and going on outings, such as shopping trips and having meals out.

People were able to decide on their own daily routines. We saw some people were up and dressed when we arrived and others were getting up later. A person said, "I get up early, I like to." Another person who used the service told us, "I have got my own shower, I can have one when I want one."

People's concerns and complaints were listened to and acted upon. We heard one person complain to the senior manager about missing a regular social activity the previous week. The senior manager investigated the complaint and found out the reasons for this, and said this should not have happened. Arrangements were made to ensure the person attended the activity later that day. The senior manager said this would be recorded in the complaints record. A relative told us they knew how to complain if they needed to and would do so if necessary, but had not needed to up till now.

Staff were aware of people's right to complain and knew how to respond if anyone made a complaint to them. There were some complaints recorded in the complaints file and records showed people's complaints had been investigated and resolved. The complaints procedure was displayed in one of the corridors and in the service user guide to inform people of how they could make a complaint. There was also a folder with the complaints procedure in by the front door so any visitors would also know how to raise any concerns. The provider had recently introduced a pictorial complaints procedure but this had not yet been displayed in the service. The senior manager told us this would be done soon.

Requires improvement

Is the service well-led?

Our findings

Although audits were being carried out to monitor and improve the service, these were not always effective. We found care plans were being audited to check their accuracy but we found care plans were still not up to date with the current needs of people. One of the care files we looked at had a care plan audit at the front. This had highlighted what needed to be done to make the file up to date and accurate. The actions highlighted had not been acted upon.

The registered manager told us part of the responsibility of the staff member in charge on each shift was to carry out a daily "walk around" of the service to ensure everywhere was clean and identify any tasks that needed to be allocated to staff on duty. A staff member told us they relied on the duty person in charge to allocate the work that needed to be done The registered manager said there had been some occasions when this had not been carried out, resulting in cleanliness of the service not being maintained as expected. The registered manager told us they had taken action to ensure this did not happen again.

Changes to the management of the service over recent months had led to some standards falling. The registered manager and the senior manager told us there had been some recent difficulties but they had taken actions to improve things. There had been a number of management changes within the wider provider's organisation over the last year which had led to some adjustment of practices, policies and procedures. The provider had based an additional manager (integrations project manager) at the service to assist with the changes. A staff member told us, "It has been hard with all the comings and goings."

There was a registered manager employed at the service who was aware of their responsibilities. The registered manager had sent us notifications when required. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us.

During our observations we saw people who used the service freely approach the registered and senior managers and were relaxed in their company. When a person told the senior manager they wanted to attend a particular activity later that evening they arranged for them to do so. One relative said they were able to discuss anything they wanted with the registered manager and thought she was approachable. The relative said they thought the service was run well and they were grateful their relation lived there.

Staff said they felt supported by the management team and they felt they were listened to if they raised issues. Several staff said they felt the long shifts (14 hours) were too long and staff found these tiring and had informed the management team of this. The registered manager told us they were looking at ways to change these shifts and they agreed they were too long and made staff tired and we saw the idea of changing these had been discussed at a recent staff meeting.

Each team met together each month for a staff meeting. An acting team leader told us they had introduced a daily meeting for their team to pass on any information and ask if anyone had any questions issues or problems they wished to raise. A staff member told us there was always a manager available they could call for advice when they were not at the service.

Staff comments and suggestions were listened to, considered and acted upon. A staff member said they could go and see one of the managers about anything and they would endeavour to help, listen or advise. The registered manager said staff had raised issues about the rota and holiday destinations and the suggestions made by staff were currently being acted upon. A staff member told us they had suggested introducing a new information system and this had been agreed. Staff told us they were encouraged to say if they had made a mistake so this could be corrected. One staff member said the registered manager did their job well, and they felt the staff worked well together as a team.

We saw the new policies and procedures had been put into place for staff to refer to, and all staff had been given a copy of the provider's staff handbook. Staff were given guidance about following these. Staff told us they had been reminded about workplace confidentially and given guidance on how to complete records. Part of the senior manager's role was to ensure the policies and procedures provided an effective service and they would make any changes if this was not the case.

The registered manager told us they were required to complete the provider's quality assurance system. This required them to input any incident, events and other

Requires improvement

Is the service well-led?

occurrences into the system which was then reviewed and an action plan prepared of any improvements needed. Relatives had recently been sent quality assurance questionnaires and the senior manager said these would be analysed and an action plan made of any improvements needed when these were returned.

The senior manager said the provider organised a forum for people who used any of their services in this area. There was the opportunity for anyone who was interested to accompany the quality officer on their inspection visits to services within the area and talk to people about their experiences of living in their service.