

Roselock Limited

# The Old Registry

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service:

The Old Registry is a residential care home, registered to provide care and support for up to nine adults with learning disabilities in one adapted building. Eight people were using the service at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's medicines were not always managed safely because there were instances where prescribed medicines had been administered but not signed for. We also found people had not received their medicines as prescribed. This meant that procedures for administration of medicines were not being followed which put people at risk.

During the inspection we noted there was not an up to date gas certificate in place and three fire doors did not close against the frames and again this put people, staff and visitors to the service at risk. The provider had a range of audit and quality assurance procedures. However, we found these were not robust and had not identified the issues we found.

People were positive about the care and support they received from staff. There were safeguarding procedures in place. Staff had received training of what constituted abuse and how to report any concerns to keep people safe. Risks associated with people's care and support had been assessed. There was guidance to keep people safe. People were protected by safe recruitment procedures and there were enough staff to meet their needs. They were protected from the risks associated with the spread of infection.

People were supported by staff who had received appropriate training and support. 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. People's needs were assessed before they started to use the service. People were encouraged to have a healthy diet.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff knew people who used the service, well and they provided care and support to them in a kind and compassionate way. People were treated with respect and were given information regarding their care and

their views were taken into account. The service had a confidentiality policy in place. Staff was aware that people's information should be treated confidentially.

People received care and support in accordance with their preferences, interests and diverse needs. Care plans contained information about people's needs and were reviewed regularly to ensure people received the care and support they needed. Staff encouraged people to take part in activities of their choice and this helped to ensure they were not socially isolated. The provider had a complaints policy in place which included who to contact to raise a complaint and how it would be dealt with.

The registered manager operated an open and inclusive culture where people, relatives, staff and other professionals were encouraged to help improve the service provided to people. Staff had access to a range of policies and procedures and this helped them to carry out their role. The registered manager worked in partnership with other organisations to support and care for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection the service was rated good (published 17 October 2017). Since this rating was awarded the registered provider of the service has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This was a planned inspection based on the registration date of the service. You can see what action we have asked the provider to take at the end of this full report.

Enforcement:

We have identified breaches in relation to medicines management, safety of the premises and quality assurance at this inspection.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Old Registry

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

The Old Registry is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection took place on 13 January 2020 and was announced. We gave the service one hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before inspection:

We reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During our inspection:

We spoke with three people who used the service, one member of staff, one relative, the registered manager and office manager, who was training to take over from the registered manager. We 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 speak with us.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment, training and staff supervision. We also looked at records relating to the management of the service, including policies and procedures.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We spoke with two relatives by telephone to obtain their views of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People told us staff helped them to have their medicines when they needed them. One person said, "The staff normally give me my tablets."
- We noted three instances where prescribed medicines had been administered but not signed for. This meant that procedures for administration of medicines were not being followed by staff. There were no explanations of why the gaps were there and no actions were taken by the staff or management team to follow these up.
- Due to the nature of the service, it was difficult to ascertain if people had received their medicines where we had identified missing signatures on the MAR records. However, not having these medicines could have had a negative impact on people's health.
- We also found one person was prescribed a medicine to be administered once every two weeks. However, we noted staff had signed the MAR records once every week instead of once every two weeks. This meant the person had not received their medicines as prescribed by their GP.
- We discussed our concerns with the registered manager and office manager. They said they would take action to ensure people had their medicines as prescribed. They told us they would audit the MAR records daily and if there were any missing signatures, the staff concerned would need to record the reasons for the gaps. They also mentioned staff would be retrained in medicine management to ensure people receive their medicines safely.

Due to poor medicines management, people were placed at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- The provider had a system to ensure equipment at the service was maintained and serviced for the safety of people, staff and visitors. However, we noted the gas certificate had expired in October 2019. It is a legal requirement for providers to have all gas appliances checked every 12 months.
- We also found three fire doors did not close properly against the door frames and one of them was damaged. This could compromise the safety of everyone in the event of a fire.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people, staff and visitors at risk of harm.

This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to take positive risks. They had risk assessments which explained possible risks and the actions staff needed to take to reduce them. For example, people had risk assessments for when they went out in the community. This supported them to develop their independence while minimising any risks. Staff knew of potential risks to people and ensured they were safe when carrying out any task. For example, they gave an example where people were encouraged to make their own hot drinks under staff supervision.

#### Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse as the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The service had policies and procedures in place for safeguarding adults.
- People told us they felt safe using the service and did not have any concerns about the way they were supported by staff. One person said, "I am definitely safe here." One relative told us, "I have no concerns about the staff, [family member] will tell me if they did not feel safe."
- Staff were clear about their responsibilities and were familiar with the process to follow if any abuse was suspected. One member of staff said, "I would report any concerns I have to the manager." Staff had received safeguarding training. There were procedures for staff to escalate any concerns to external agencies.

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. People told us there were enough staff to look after them. One person said, "Yes, there are always staff around." People were supported by the same staff members and this helped to ensure they received consistent care and support from staff who knew them.
- The provider had a robust staff recruitment system in place. Appropriate checks had been carried out such as criminal records, proof of identity and references before staff started work. These checks helped to ensure people were not exposed to staff who were not suitable to work with them. □□

#### Preventing and controlling infection

- The provider had systems in place to ensure people as well as staff were safe regarding the spread of infection. Staff knew what their responsibilities were, such as proper hand washing procedures. They had received training in this area. They were provided with personal protective equipment (PPE), such as gloves and aprons.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and were reviewed by the registered manager to prevent them from happening again, such as when people had displayed certain behaviours. This helped to ensure that people remained as safe as possible and actions taken to avoid any repeat events.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health, care and support needs were assessed to ensure staff could meet them and the service was suitable for people. Before a person started using the service, an initial assessment of their needs was undertaken. This involved the person and/or their representatives. The assessment covered areas such as person's care needs, wishes, and past histories.

Staff support: induction, training, skills and experience

- People and their relatives said they felt the staff knew what they were doing and had the skills and knowledge on how to care for people. One person said, "The staff are very good at what they do."
- Staff who were new to the service had completed a structured induction which included them attending some training. They also familiarised themselves with the provider's policies and procedures.
- The provider ensured staff had the necessary skills and knowledge to effectively meet people's needs. Staff had received training related to their roles, and this gave them the skills and knowledge to carry out their roles and responsibilities.
- Staff told us the standard of training was good. One staff member said, "I have regular training." Staff had attended various training, such as safeguarding adults, medicine management, infection control, moving and handling and health and safety. There was a system to monitor which training staff had and when they needed to have refresher training.
- Staff felt supported by management team. They had a regular one to one meeting with the registered manager to discuss their work or any concerns they might have. This helped the management team to monitor staff's performance and identify any shortfalls. A member of staff told us, "I had my supervision two months ago."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to ensure they ate and drank adequate amounts to meet their needs. One person told us, "The food is alright, I like the chicken curry." Another said, "The meals are okay, I can choose what I want or have something different if I don't like what's on the menu."
- People were offered choices of what food and drink they want to have. Staff encouraged people to eat a healthy and balanced diet. They knew what people's likes, dislikes and preferences were. People who were on special diets, these were catered for.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked closely with other professionals and had regular contact with them to

ensure people's needs were met fully. They sought advice and support from them as needed. For example, when people needed their medicines reviewed. Records showed people had access to a range of healthcare professionals.

- Relatives told us the registered manager and staff were good at keeping them informed of any changes in their family members' health needs.

#### Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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.

- People told us staff always sought their permission before they do anything. One person told us, "They [staff] do let me know what they are doing and they do check with me first."

- The registered manager and staff knew about the requirements of MCA. We found DoLS authorisations were in place where needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring and treated them well and respected their wishes. One person said, "The staff are nice." Relatives also said the staff had a caring attitude. A relative told us, "The staff understand [person] and look after them well."
- During our visit we saw staff interacted with people who used the service in a caring and courteous way. People were relaxed when speaking with the staff and registered manager. Staff had built up a good working relationships with people and were aware of their needs and preferences. For example, a member of staff told us, "[Person] prefers to have cereals and tea for breakfast."
- The provider promoted the equality and diversity of people. They ensured people were treated the same regardless of their abilities, background or lifestyle. For example, people had equal access to attend their places of worship or the types of food they ate to respect their religious needs.

Supporting people to express their views and be involved in making decisions about their care

- People were able to contribute and have their say about the care and support they received. They were encouraged to choose how they wanted staff to support them. One person told us, "I can choose things that I like to do." Relatives told us they were involved in planning and reviews of their loved ones' care and were kept informed of any changes. One relative said, "I visit regularly, but if there is anything, the staff will phone me." They also said they were able to discuss any issues with the registered manager.

Respecting and promoting people's privacy, dignity and independence

- People told us staff ensured their privacy and dignity was maintained. One person said, "When I am in my room, the staff always knock on my door before they come in." Staff understood the importance of respecting people's privacy and dignity. Each person had their own single bedroom and had a key for their rooms.
- People were encouraged to maintain their independence as much as possible, in all aspects of life. For example, people were encouraged to clean their rooms with help from staff. People also helped with certain chores within the service, such as laying the table at mealtimes. Information on what people were able to do by themselves were recorded in their care plans. One member of staff told us, "[Person] can brush their teeth by themselves. They just need supervision." This helped people to maintain and develop their independent living skills.
- Information about people was treated in confidence. Staff knew with whom they could share confidential information with as they had been provided with clear guidance in this area. They were aware that they should not share people's personal information unless the person had the right to access the information. One member of staff told us, "We should not talk about a service user [person] with another service user."

Records were kept locked in an office when not in use.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were complimentary about the way staff supported them. One person said, "The staff are very good here, they look after me well." One relative told us, "The staff do a great job, [person] looks much better."
- We saw people received personalised care and support that was tailored to their individual needs. Care plans were informative and covered a number of areas of the person's care such as, communication, mobility, behaviours, medicines management and any medical conditions. The care plans had sufficient instructions for staff on how to deliver care and support to people, in accordance with their wishes.
- Care plans were regularly reviewed to identify if the care and support being delivered continued to meet people's needs. Any changes in people's needs were recorded and staff were informed of them. This helped to ensure people who used the service received the care and support they needed. Staff also completed a daily record and this contained details about the care and support that had provided to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw staff had been provided with guidance on how to communicate with people. For example, one care plan said, "If [person] appears not to understand they are to be supported with pictures or prompts." ● Information was made available to people in an accessible format. For example, we saw the menu was in a picture format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to stay in touch with their relatives and to maintain relationships with the people who mattered to them. Relatives told us they could visit their loved ones at any time and were always made welcome.
- We noted some people visited their relatives and stayed with them overnights. A relative told us, "[person] always come and visit and they always look forward to come back to the home." This helped people were supported to maintain relationships and avoid social isolation.
- People were encouraged and supported to pursue their interests and maintain links with the community. One person told us, "I like going out to day-care." Each person had an activity timetable in place. They were

able to choose how they spent their time and lived their lives how they wanted. On the day of our visit, most people went out in the community to take part in different activities such as, bowling, swimming and exercise classes. Only one person stayed in as they had to attend an appointment.

#### Improving care quality in response to complaints or concerns

- The provider had policies and procedures for dealing with any concerns or complaints. People and their relatives told us that if they had any concerns about the service they would tell staff or talk to the registered manager. One person told us, "I will talk to [registered manager]" when we asked them who they would speak with if they had any concerns. A relative said, "If there is anything [of concern], I will contact the manager."
- People and their representatives commented positively about the service and did not raise any concerns with us. For example, one relative told us, "It is a very nice home, staff are brilliant, they look after the service users [people] very well."

#### End of life care and support

- The registered manager informed us that none of the people using the service required end of life care at the time of our inspection. People's end of life care wishes had been recorded and staff had received training in this area. These helped to ensure staff had the knowledge and skills to care and support people when they approach the end of their lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider had systems to assess and monitor the delivery of care and support. These included audits of training, medicines management and health and safety. However, we noted that audits carried out were not robust. During our visit, we found missing signatures on MAR records, an out of date gas certificate and fire doors not closing properly.
- We also noted the provider did not always monitor risks and the health and safety of people due to poor medicines management. This showed the provider had not adequately assessed, monitored and improved the quality and safety of the services provided, which could put people at risk of harm.

The quality assurance system was not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives were complementary about the service. They said it was a good home and the registered manager was approachable. One person told us, "[Manager] is very good." Another person told us, "The manager is fine." A relative said, "The manager is really good and always very helpful."
- The registered manager operated an open-door policy where people, relatives and staff were able to discuss any issues they might have. This helped to ensure the service ran smoothly. Staff told us the registered manager supported them in their roles. One member of staff told us, "I can talk to the manager if I need anything."

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had kept us informed about certain events or incidents, so that we could see the actions they had taken. They had provided with further details if we needed to follow up on any information they had sent to us.
- The provider had a range of policies and procedures and this gave staff guidance on how to care and support people in a safe manner.
- The provider also continually sought feedback from people, relatives and staff about the service through the use of yearly satisfaction surveys. We saw comments from the recent completed satisfaction surveys were positive about the service. The registered manager looked at the feedback that they had received to improve the quality of service.

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

- The registered manager encouraged people, their relatives and staff to be involved in how the service was run. There were regular meetings for staff where they had opportunities to discuss any issues or share any ideas. There were meetings held for people too.

Working in partnership with others

- The registered manager worked closely with other health and social care professionals to ensure the people received the care and support they needed. Records showed the registered manager was in regular contact with other health care professionals to ensure people's needs were met or to seek advice.

- The registered manager kept themselves up to date with best practice. They attended meetings run by local authorities or networking events. The provider had other services and the registered managers met on a regular basis to share ideas on how they could improve their services further. The registered manager told us they recently discussed how to achieve an outstanding rating with us.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The procedures for administration of medicines were not being followed and left people at risk of not having their medicines as prescribed. Regulation 12(1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had not ensured there was effective system in place to maintain the premises and ensure the safety of people, staff and visitors. Regulation 15(1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured there was effective governance and quality systems in place to ensure the quality and safety of care was assessed, monitored and improved when needed. The systems and processes did not

always mitigate risks relating the health, safety and welfare of people using services and others.

Regulation 17(1) (2)