

Rhodsac Community Living Ltd

Rhodsac Supported Living Services

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 ●

Summary of findings

Overall summary

About the service

Rhodsac Supported Living provides the regulated activity personal care to people living in their own homes. At the time of the inspection the service was supporting two people in two different properties, with the service's registered office on the same site as one of the properties.

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

People told us they felt safe and were happy with the support provided, which was flexible and always available.

Risks to people were identified and mitigated, including infection control risks. Positive risk taking was supported. Systems were in place to safeguard people from the risk of abuse. Accident and incidents were recorded, and action taken to prevent reoccurrence.

Staff were suitably recruited, inducted, trained and supported. People had access to staff support when required and continuity of care was promoted.

People's medicines were safely managed, and they were supported to access health professionals when required. People were supported to be independent, develop life skills, seek employment opportunities, access the community and leisure activities.

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

People's cultural needs, choices and lifestyle were promoted which offered people person centred care. People were provided with the information to raise concerns and their feedback was sought on the service provided to them to bring about improvements.

The service was suitably managed by a committed, enthusiastic registered manager who was proactive in bringing positive changes to the service to benefit people. Auditing and spot checks of staff practice was taking place to enable them to identify and mitigate risks within the service. People and staff felt the service was well managed and the registered manager was accessible, approachable and available to them.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service's was registered for the service user band learning disability and or autism. They were able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's choices, independence, dignity, privacy and human rights were promoted. The management of the service promoted an inclusive service which empowered people.

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

Rating at last inspection

This service was registered with us on 30/19/2019 and this is the first inspection

Why we inspected

This was a planned inspection to provide a rating for the service.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Rhodsac Supported Living Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in their own property, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed information we had received about the service since it was registered and used this information to plan our inspection.

During the inspection-

We spoke with the registered manager, deputy manager, assistant manager and a support worker. We spoke with a relative by telephone. We reviewed a range of records. This included one person's care records, medicine records, audits, accidents, incidents and complaints. We looked at three staff files in relation to recruitment, inductions, training and staff supervision.

We gave people that used the service the opportunity to speak with us and that was declined.

After the inspection

We spoke with a support worker by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at one person's care records, policies, training records and team meeting minutes. We sought feedback from people using the service in the form of a questionnaire, which was completed and returned to us.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. Staff had access to the local authority safeguarding policy, procedures and the organisations guidance on safeguarding people. They were trained in safeguarding procedures and were aware of their responsibilities to report poor practice.
- Staff commented "I have a responsibility to report any concerns and feel confident they would be acted on."
- People told us they felt safe. They commented "Yes, I feel safe with my support workers, they look after me," and "if I felt unsafe, I would whistle blow or call the managers for support." A relative told us they believed their family member was safe.

Assessing risk, safety monitoring and management

- Risks to people were identified and mitigated. These were person centred and provided specific detail and guidance to manage the risk. Positive risk taking was supported. Staff were aware of people's risks and how to respond to them.
- Risk assessments were kept under review and updated to reflect changes in people.
- People had personal emergency evacuation plans in place and environmental risks such as a balcony was identified and mitigated.
- The service had lone working risk assessments for staff. They carried out health and safety audits which included fire audits of premises to ensure other environmental risk were identified and managed.

Staffing and recruitment

- Sufficient staff were available to provide the agreed level of support to people. Staff support and intervention was flexible to enable people to have staff support for community activities as well as allowing people space and privacy to make their own choices on how to spend their day. Out of hours support and advice was available to people.
- Systems were in place to ensure staff were suitably recruited. Staff completed an application form and attended for interview. Prior to a new member of staff commencing work, checks were carried out such as obtaining references from previous employers and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. The staff files viewed did not have a recent photo on file. This was addressed and put in place at the inspection.
- The service considered the compatibility of staff with the people they supported as part of the interview process. People were empowered to be involved in interviewing staff and their feedback was taken on board in relation to the employment of new staff who would be supporting them.
- People told us staff were there to support them when required. A person commented "Staff are there

when I need them to be on shift hours and outside of shift."

Using medicines safely

- Safe medicine practices were promoted. People were assessed, and the level of support required with ordering, picking up prescriptions and taking their medicines was identified. People were consulted with and consented to the agreed level of support with their medicines.
- Staff were trained, and their competency assessed to administer medicines. A medicine administration policy was in place to support staff practice.
- The medicine administration records viewed showed medicine was given as prescribed. Medicine audits took place and where shortfalls in practice were noted these were addressed through further training and reassessment of staff members competencies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors to the office were screened. However, visitors to people's own homes were in line with the current government guidance on households mixing.
- We were assured that the provider was meeting shielding and social distancing rules. This was promoted within the office.
- We were assured that the provider was admitting people safely to the service. People would be admitted into their own property, so there was no impact on other people.
- We were assured that the provider was using PPE effectively and safely. Sufficient PPE was provided and worn by staff.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing took place for staff and people who used the service. People consented to the testing and this was kept under review.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Care plans and risk assessments were in place in relation to the risks and support required by people to minimise outbreaks.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. Staff were aware of their responsibilities to record all accident, incidents and communicate those to the management team. This enabled the registered manager to pick up trends or establish if other interventions were required. For one person the record of incidents had resulted in a request for a review of their medicines.
- The outcome of a local authority investigation showed actions and learning from the investigation to prevent reoccurrence.

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 were assessed prior to coming to live at the service. The management team were involved in carrying out assessments of people. This enabled them to ensure staff had the skills and training prior to a person moving into the service. A transition to the service was agreed with the person, their family and the funding authority and the person was supported to choose their décor for the property.
- Regular reviews took place and changes were made to the support and intervention required as people's needs changed.
- The assessment document showed that people's needs, and preferences were considered in line with the equality act.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably inducted and trained in their roles. The service had a new team that they were training and developing. All staff completed the care certificate training. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care' and should form part of a robust induction programme.
- Alongside this staff had access to on - line training on a range of topics which included mental health conditions, health and safety, food hygiene and positive behaviour training. New staff were observed and assessed during their induction and prior to working on their own with people. Records were maintained of their assessment which identified if any other training was required.
- Staff told us they felt suitably trained for their role. A staff member commented "I feel the training and induction has enabled me to do my job. I feel able to ask questions and ask for support," and "I feel supported in my role to develop."
- The registered manager was keen to develop their team. They worked closely with new staff during their induction to ensure they understood their role and to provide support to them. They were proactive in putting staff forward for training to gain qualifications such as National Vocational Qualifications (NVQ's) and all staff had a personal development plan.
- Staff told us they felt supported and received regular one to one supervision. A supervision matrix was in place which showed when supervisions were due. Staff files showed staff had one to one supervision every other month, three- and six-monthly performance reviews also took place. A staff member commented [Registered managers name] is so supportive and hands on. They have empowered me to do my NVQ. Their strengths are my areas for development."

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

- People's care plans outlined if support was required with shopping and meal preparation to promote a balanced diet.
- People were supported and encouraged to be involved in cooking to promote their independence and risks around that was considered and addressed.

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

- People were supported to access services to enable them to live healthy lives. People were registered with local GP's and were supported to access dental care.
- People's care plans outlined the key people involved with individuals. Staff were working to establish links with professionals involved in people's care, such as mental health teams, to ensure people got access to the support and intervention they required in a timely manner.
- A relative commented "Staff liaise well with health professionals."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 were actively involved in making decisions on their care. When required they were provided with information to enable them to make complex decisions on their care and well-being.
- Staff were trained in the mental capacity act. They understood the process for assessing capacity and making decisions as part of a best interest decision.

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 staff were caring. They commented "All the staff are caring; they listen to me and I feel heard. They allow me to vent."
- A relative told us they were happy with their family member's care. They commented "Staff supporting [family members name] are well informed, caring and have worked incredibly well with [family members name]. [Family members name] feedback to me and comments are all positive."

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

- People's care plans showed that they were actively involved and supported in making decisions about their care.
- During the inspection we saw a person's choice to be left alone was respected. People's daily records and handover records further evidenced that people made choices on all aspects of their life such as leisure activities, their environment, friendships and relationships.
- People told us they were given choices. One person commented "I would like to be more involved in the care that is provided." The registered manager was made aware to explore that further with the person.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. They commented "Staff provide me with privacy whenever needed," and "Yes, I am left in peace and staff always knock on my door before entering."
- People's care plans showed that their privacy, dignity and independence was promoted. Staff entered a person's property with their permission and prior agreement. One person told us they would like to know in advance who was coming into their property and the time. The registered manager agreed to explore that further with the person.
- The service carried out monthly dignity audits. These were direct observations of staff supporting individuals to review if the persons dignity was promoted. If issues were identified they were noted and followed up with the staff member.

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

- Person centred care was promoted. People had detailed care plans in place which took account of their needs, abilities and aspirations. These were updated in response to changes in the way people wanted their support provided.
- People who required it had positive behaviour care plans in place, which enabled staff to support people consistently during periods of distress.
- People's records showed the progress they had made since been supported by the service and the service was committed to enabling people to go on to live independently.
- People told us they were involved in their care plan and staff work to it.

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.

- The provider had an Accessible Information Standard policy in place. The registered manager was aware of the accessible information standard and what that meant for the people they supported.
- People's communication needs were identified on assessment and a communication plan agreed. The people using the service currently were able to communicate verbally and they maintained regular communication with staff through daily face to face contact, texts or phone calls.

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

- People were supported to engage in community activities such as going to the cinema and bowling.
- The service had agreed an education plan with one person and encouraged and supported a person to go for a job interview and obtain work.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and a record was maintained of complaints made, investigation, actions and outcome.
- Staff told us if people raised any concerns with them, they would inform the registered manager. They confirmed that issues raised was always taken on board and acted on.
- People told us they would talk to the manager with any concerns or complaints. A relative told us they if had any queries, concerns or complaints they would contact any of management team.

End of life care and support

- The service did not support people on end of life care.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us the manager was accessible and approachable. A person commented "Yes, the manager is available at all times, day and night. They make me feel well supported, treated as an equal and safe."
- Staff felt the service was well managed. They described the registered manager as available, accessible, supportive, capable and empowering. Staff commented "[Registered managers name] is a great manager, always available to support and advice," "The service is well managed. [Registered managers name] is always supportive and there for all us," and "I am clear of my role and supported to do my job. [Registered managers name] is a positive role model, strong mentor, has no status about them. She shows us what to do, go over it more than once if needed and breaks it down to ensure we understand."
- The registered manager was clear of their role. The aims and objectives of the service was to provide person centred care to enable people to develop and achieve their objectives.
- Records were well organised, accessible, suitably maintained and up to date.
- The registered manager audited aspects of the service, such as health and safety, infection control, medicines and care plans. They carried out spot checks on staff practice to ensure staff were working in a safe way. Improvements from audits were identified and actioned.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place and the registered manager was aware of their responsibilities to be open and transparent when things went wrong.

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

- Systems were in place to promote people's and staff involvement in the service. The registered manager kept in regular contact with people and people were able to contact the registered manager directly if they wished too.
- The service held meetings with individuals to establish their view of the service and the support they were getting. The outcome of those meetings was recorded, and suggestions taken on board. A person did not feel they were asked for feedback on the service, but confirmed they are asked their opinion on staff and the service they provide.

- The registered manager confirmed that surveys had been sent out to people and their relatives but at the time of the inspection none had been returned.
- Monthly team meetings took place and systems were in place to promote good communication across the team, such as handover records and out of hours support was provided. A staff member commented "Communication is good, good communication prevents misunderstandings."

Continuous learning and improving care. Working in partnership with others

- The registered manager was proactive in putting staff forward for training to develop them. They worked alongside staff during their induction to promote person centred care and to ensure staff understood the expectations of their roles. A staff member commented "I have been supported to get qualifications and better myself."
- The service was developing relationships with other health professionals involved with people. This was evolving as new health professionals became involved.