

Roky Care Ltd

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Inspection report

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Date of inspection visit:
31 January 2022
25 February 2022

Date of publication:
17 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Roky Care Ltd provides care and support to people in a supported living accommodation for up to five people. The supported living accommodation comprised a terraced house with a rear garden. Each person had their own bedroom, en-suite and kitchenette. There was a large staff office at the rear of the house. The service worked with people living with a mental health condition. At the time of the inspection the service was supporting one person.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Feedback from relatives was positive about the quality of care the service provided. Staff showed a caring and kind attitude and were passionate about working at the service.

We found that people's personal risks were not adequately assessed, and not enough guidance was provided to staff to ensure they were aware of how to minimise the known risks. Systems and processes to monitor fire equipment were not in place. Recruitment processes were not robust, and we were not assured staff recruitment was safe. There were multiple audits to monitor the quality of care. However, audits failed to identify the issues found during the inspection.

Following the inspection, the provider submitted updated risk assessments and had addressed the issues found around fire safety. We also reviewed an updated risk assessment which provided more detail and guidance for staff.

Care plans were person centred as they contained people's views and opinions. However, they failed to explain how staff could support people to achieve these goals.

We have made a recommendation around person centred care planning.

There were systems and processes in place to ensure people received their medicines safely and on time. Staff had been trained in safeguarding and were able to explain to us how they would keep people safe from abuse and how to report any concerns. Overall infection control procedures were in place and we observed staff wearing masks appropriately. Staff had been trained in infection control. There were systems and processes in place to ensure people received their medicines safely and on time.

Staff received a comprehensive induction when they started work. Staff were supported through regular training and supervision. People were supported to eat and drink and maintain a balanced diet. 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.

Staff felt the service was a good place to work and were fully supported by the registered manager. There was an open and inclusive environment which allowed people and staff to share their views and opinions. The service worked in partnership with other agencies to support people's wellbeing.

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 27 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We found three breaches of regulation with regards to assessing risk, staff recruitment and good governance.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Roky Care Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in one 'supported living' setting, 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 48 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.

Inspection activity started on 31 January 2022 and ended 25 February 2022. We visited the location's service on 31 January 2022. We spoke with relatives and provided further feedback on 25 February 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our

inspection.

During the inspection

We spoke with the registered manager, deputy manager, one care staff and one person. We looked at five staff files including recruitment and supervision records, one person's care plan, risk assessment and medicines records, audits, infection control and other documents related to the running of the service.

After the inspection

We spoke further with the registered manager and the service manager to validate information we had reviewed. We looked at one person's reviewed care plan and risk assessment the registered manager had sent to us, training records, supervision records, policies and procedures and other documentation related to the running of the service. We also spoke with one more care staff and one relative.



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 of 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.

Assessing risk, safety monitoring and management

- Risk was not always appropriately assessed and managed.
- People's known risks were not adequately assessed. This included a significant risk around a person's mental health which staff would need to clearly understand and be able to respond to appropriately. There was a lack of guidance for staff on how to work with people to minimise the known risks.
- There was no risk assessment in place for a person receiving high risk medicine. This is important as it ensures staff understand the side effects and when they may need to take action if a person becomes at risk from this medicine.
- There were irregular tests of fire alarm systems to ensure systems were working properly. At the time of the inspection, there was no fire risk assessment in place.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. Following the inspection, the registered manager started weekly fire alarm tests to monitor the system. The registered manager had employed an external company to complete a comprehensive fire risk assessment of the supported living premises. Fire safety had been discussed with people and there had been a recent fire drill in January 2022.
- Following the inspection, the provider submitted updated risk assessments. People's risks were clearly documented, and guidance given for staff on how to recognise risks and respond appropriately. People's relapse indicators for their mental health were also clearly documented and information provided to staff on how to respond and which healthcare professionals should be informed.

Staffing and recruitment

- Staff recruitment was not always safe.
- Application forms were not always fully completed. There were gaps in applicant's employment and education history with no documentation of why there were gaps. Information to identify staff such as photo ID, proof of address was not always available. The deputy manager told us these had been seen as part of a criminal records application but had not been documented as part of the recruitment process.
- References did not always match what had been documented on application forms. One form had no referees documented. Whilst all staff files had two references, none of them had the referees' signature, how they were received by the provider or any company stamp. This was raised with the registered manager who said they had been received by email. However, there was no documentation to show this at the time of the inspection.

- Where a staff member had a minor criminal record, this had not been risk assessed by the provider to ensure people's safety. The deputy manager confirmed this had not been discussed and no risk assessment had been completed. Whilst this was a minor offence, we would expect the provider to discuss and explore this with the staff member and complete a risk assessment if necessary.

Systems had not been established to ensure safe recruitment. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager provided email evidence of the origin of references.
- The registered manager told us during the inspection, recruitment processes would be reviewed. This will be checked at the next inspection.
- Staff rotas showed there were enough staff employed to meet people's needs. As this was a small service the registered manager told us they were able to rota on extra staff when necessary, for example, to support people to attend appointments.
- All staff had received a criminal record check prior to starting work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Relatives told us they felt people were safe at the service. One relative said, "I've got no worries about [person] being there long term and that [person] is safe."
- Staff had received training in safeguarding and were aware of how to recognise different forms of abuse and who to report any concerns to.
- There was a clear safeguarding policy which staff were aware of.
- At the time of the inspection there had been no issues around things going wrong. However, the registered manager was aware of the importance of analysing issues, if they arose, and how to share learning with staff to help improve the quality of care for people.

Using medicines safely

- There were appropriate systems in place to manage medicines. This included, storage, stock control and disposal of medicines.
- At the time of the inspection, no people receiving a regulated activity were having medicines administered by the service. However, the registered manager told us this would change in the near future.
- Staff had received medicines training. However, there were no records of staff competency following medicines training to ensure staff understood how to safely administer medicines. This is discussed further in the well led section of this report.
- Staff we spoke with had a good understanding of psychiatric medicines and why they were prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing people from catching and spreading infections.
- The registered manager told us infection control had been fully discussed with people to ensure they knew how to keep themselves safe. There were hand sanitisers in the communal areas and information on hand washing clearly displayed.
- Staff had received training in infection control. Throughout the inspection staff wore masks in the correct way. Staff had also been kept up to date throughout the pandemic on government guidance and any changes. This was done through staff meetings and handovers.
- Staff were testing for COVID-19 three times a week with lateral flow tests. These were completed prior to

coming into work. However, there was no evidence to show the provider was checking results to ensure people's safety. This is discussed further in the well led section of this report.

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 needs were assessed in line with standards guidance and the law.
- Before starting to use the service people received an assessment to ensure their needs could be met. People were able to visit the house to have a look round before deciding to move in.

Staff support: induction, training, skills and experience

- Staff were fully trained and supported to carry out their role and support people appropriately.
- Staff received a comprehensive induction. Staff completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also shadowed more experienced members of staff before being able to work alone. A staff member said, "She [the registered manager] supports me through the care certificate and all the training, she is very supportive that way."
- Staff received training in core topics such as, safeguarding, mental capacity, medicines and infection control. The service worked with people experiencing an enduring mental health condition and staff had received training in mental health awareness.
- Records showed staff received supervision. The service had not yet been operating for a year and the registered manager told us they were starting to plan appraisals. Staff commented, "Yes, it [supervision] is helpful. It is always relevant to me" and "If I need supervision, I don't have to wait for once a month, they [registered manager and deputy manager] are really friendly and supporting."

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

- People were supported to eat and drink enough and encouraged to eat a healthy diet.
- Where people needed support in this area, staff helped them plan, shop and cook each week.
- Healthy eating was discussed in residents' meetings, including incorporating fruit and vegetables into meals. We saw a poster in the kitchen which gave people information of the different food groups like carbohydrates, protein and fats. Staff used this as a discussion point when supporting people to cook. Staff said, "Cooking with them [people] is nice, we have one to one sessions" and "I support [people], we look at simple recipes, use more vegetables and fruit. We make smoothies which they love, to make it more healthier!"

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

- People were supported and encouraged to access healthcare to maintain their physical and mental

wellbeing.

- Care records showed people were supported to attend routine healthcare appointments such as the GP and dentist. Staff had received training in oral health and hygiene and people were encouraged to take care of their oral health and encouraged to visit dentists.
- People were supported to attend appointments and maintain their mental health. Where people may be experiencing periods of mental ill health, staff understood people's triggers and symptoms of them becoming unwell. People were referred in a timely way to mental health services such as crisis teams, psychiatrists and community mental health nurses.

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 MCA 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 (CoP) for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection there were no people using the service subject to a CoP order.
- Where appropriate, people's relatives were involved in assessments and reviews of care. The registered manager was aware people had capacity and were able to decide if they wanted relatives involved.
- Where a person was receiving covert medicines, this had been assessed, a best interest meeting completed, and relevant healthcare professionals involved.
- Staff had received training on the MCA and understood how this impacted on their work with people. A staff member said the MCA was, "How much someone can do and decide for themselves and give them as much ability to make their own decisions and we support them in that as well."

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 were well treated, and their equality and diversity respected.
- Relatives and people told us they thought staff were kind and caring. One relative commented, "They [staff] are caring, they are kind, they look after [person] really well. They are really good with [person]." A person said, "One of the nicest places I've been in. One of the cleanest! I can talk to them [staff], yeah. If I have any problems, I can talk to them. They help me fill out forms and any problems they come and help me."
- The registered manager was passionate about providing care and support to people. The registered manager told us about Christmas 2021 where a person would be alone on Christmas day. The registered manager went to the service, ensured the communal area was decorated festively and cooked a roast dinner. Staff who were not on duty also chose to attend for some time to help the person celebrate the day and not be alone.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their view and were involved in making decisions about their care.
- People were fully involved in their initial assessment, care planning and reviews.
- Each person had a keyworker. A keyworker is a member of staff that is assigned to work with a specific person to support and encourage a person to meet their goals and maintain their wellbeing. There were records of key working meetings that looked at things such as activities, maintaining their mental and physical health and food. Key working sessions reviewed people's progress and helped people set goals.
- There were regular residents meeting where people were encouraged to express their opinions. The registered manager told us how important they felt these meetings were to ensure people were involved as much as possible in the service,
- People were respected as individuals and staff promoted dignity and independence. A staff member said, "I try to encourage [people] and give choices. I knock on their door and not just go in."
- Staff told us how they supported people to be as independent as possible. This included encouraging people to complete daily activities and do as much as they were able to. This included, laundry, cleaning their personal space and cooking. Staff told us this helped people focus on improving their ability to stay well.

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 requires improvement. This meant people's needs were not always met.

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

- Whilst we were assured staff knew people well and care plans documented the basic support people required, care plans were not detailed.
- Care plans were not person centred. There was information on what people needed but no information to explain to staff how could support people to achieve that goal. For example, 'Monitor [person's] mental health', 'Assist [person] with shower and dressing up' and 'To support him with a healthy diet'. There was no information on what these statements meant for the person or guidance for staff on how to achieve this. We discussed this with the registered manager who told us this would be reviewed.
- People's views were clearly documented in care plans. However, this did not include how staff should support them.
- Following the inspection, the registered manager sent us an updated care plan, whilst this was more detailed on what people wanted to receive from their care and gave basic information, this still did not provide adequate person centred information on how these goals would be achieved.

We recommend the provider look at accepted guidance around person centred care planning in a community setting.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were no specific communication needs identified for people using the service at the time of the inspection. We saw people's communication needs had been assessed at the time of their initial assessment.
- We spoke with the registered manager about the AIS and the importance of reviewing this guidance when new people started to use the service.

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 encouraged to take part in activities that were meaningful to them.
- Although this is a supported living setting, the service also arranged group activities that people had identified during residents' meetings that they wanted to do. The registered manager told us, "We are

starting to arrange trips and BBQ's (now the pandemic is lessening). We consult and [people] have said what they want to do and where they want to go!"

- A staff member told us of the type of activities they supported people with and said, "I do activities, I help with cooking, pool, yoga, to maintain wellbeing."

Improving care quality in response to complaints or concerns

- There was a clear process and policy for making a complaint.

- People, and where appropriate, relatives were provided with clear information on how to make a complaint. People were given a handbook when they moved in which was clear on how people could complain if they were unhappy with something. We saw 'How to make a complaint' information clearly displayed on the communal notice board.

- At the time of the inspection, there had been no complaints.

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.

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

- The registered manager told us they visually completed medicine competency checks following staff receiving medicines training but confirmed these were not documented. We were not assured staff were appropriately assessed as competent to administer medicines.
- Fire audits had been completed and the section stating 'there is evidence of regular fire alarm testing' had been ticked as yes. However, there were no regular alarm tests taking place. This was confirmed by the deputy manager.
- There was no management oversight of COVID-19 staff testing. The registered manager had no system in place to check and document test results. The infection control audit failed to identify this issue found during the inspection.
- Audits failed to pick up the lack of appropriate risk assessments around people's personal risks, which was documented in the safe section of this report.

The failure of audits to identify issues found during the inspection including medicines, fire safety, infection control and assessing risk meant this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us staff now completed their LFT tests onsite before starting their shift. All results were now documented on a spreadsheet to provide an overview.
- Following the inspection, the registered manager told us a form had been put in place to start doing medicines competency assessments.
- There were numerous audits completed to monitor the quality of care

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

- There was an empowering culture, for both people and staff, within the service that was prompted by the registered manager.
- Relatives felt people were treated well and provided good outcomes for people. One relative said, "[Person] has been through a few services, and you can tell what is a good one and this is a good one. [Person] is doing a million times better since being there and out of hospital. They have been really great with him."
- Relatives were positive about the communication they had with the service. One relative commented,

"[The registered manager and deputy manager] have been absolutely amazing and they call and tell me what's going on. In terms of respect and communication, they have been really good."

- Staff told us they felt the service was a good place to work and were supported to ensure they were able to provide good care. One staff member said, "It's a really positive environment, service users are happy, and it is a nice place! They [staff] are always happy to help you if you want training or anything." Another staff member said, "It's a pleasant environment to work in. Management are very nice and professional."

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; Continuous learning and improving care; Working in partnership with others

- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.
- Throughout the inspection, the registered manager was responsive to issues and feedback raised with them. Following the inspection, as documented in this report, the registered manager sent us documentation that addressed our concerns. However, whilst information was sent, we will check this at the next inspection.
- The service worked in partnership with other healthcare professionals, and where appropriate, relatives.

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

- This was a small service that had been operating for less than a year. The registered manager told us there had been no surveys sent out yet. However, feedback was sought on an on-going basis when they spoke with people and relatives. Feedback received was positive.
- The registered manager told us there were plans to put a suggestion box in place for people to be able to write down their views and opinions.
- People's opinions and views of their care were valued and there were processes in place to ensure people were able to voice their options. This included, individual key working, resident's meetings as well as everyday discussions with people.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure appropriate assessment of risks relating to the health and safety of service users receiving care and do everything reasonably practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure effective auditing systems were in place to identify areas of improvement.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure recruitment processes were established and operated effectively to ensure people were protected from the risk of harm</p>