

Roughcote Hall Farm Ltd

Roughcote Hall Farm

Inspection report

Roughcote Lane
Caverswall
Stoke On Trent
Staffordshire
ST11 9ET

Tel: 01782397440

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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:

Roughcote Hall Farm provides accommodation in a converted older property for people who require personal care with a learning disability. The service can accommodate up to eight people.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The values of choice, promotion, independence and inclusion, which the guidance promotes were being provided for people who used the service at Roughcote Hall Farm. This meant the people they supported with learning disabilities and autism were able to live as ordinary a life as any citizen.

On the day of our inspection eight people were using the service.

People's experience of using this service:

People were supported by enough staff to ensure their needs were met. Staff had time to interact with people in a positive way. People's medicines were managed safely. Risks associated with people's care had been identified and were managed in a way that did not restrict their freedom.

We carried out a tour of the home and found it was clean and predominantly well maintained. However, we identified some areas which required attention. The registered manager told us they had already made many improvements and had more planned to ensure the environment met the needs of the people they supported.

People were supported by staff to make their own decisions and choices. Staff were knowledgeable and understood the principles of The Mental Capacity Act. People received a nutritious and balanced diet and their dietary needs and choices were met.

Staff received effective training to fulfil their roles and responsibilities and there were sufficient staff to meet people's needs.

People spoke positively about the relationships they had with the staff team. People told us staff were kind and caring, maintained their dignity and respected them.

Care plans were person-centred and people were involved in developing their plans.

There was a varied and appropriate activity programme and people had regular access to the community.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

People's feedback was used to make changes to the service.

The home had a registered manager who conducted a range of audits in areas such as infection control, medicine management, health and safety and documentation. Actions raised as part of the audits were addressed.

More information in Detailed Findings below.

Rating at last inspection:

This was the first inspection since the new provider registered with CQC in September 2017.

Why we inspected:

This was a planned inspection based on the registration date. The service has met the characteristics of good in all key questions.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Roughcote Hall Farm

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Roughcote Hall Farm is a care home. People in care homes receive accommodation and nursing or personal care. 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.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with people who used the service and their relatives. We spent time observing staff interacting with people. We spoke with five staff including care workers, the deputy manager and the registered manager. We looked at documentation relating to two people who used the service, two staff files and information relating to the management 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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "I like it here, I feel safe." "[Relatives name] is definitely safe."
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported appropriately following procedures.
- Staff understood the importance of safeguarding adult procedures. They knew how to recognise and report abuse and were aware of the correct procedures to follow.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. People confirmed they were involved in fire drills and knew the procedures to follow.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.
- There were enough staff on duty to support the needs of people and keep them safe. Although further recruitment was ongoing at the time of our inspection.

Using medicines safely

- Medicines were managed safely. We saw staff administering medicines they explained what the medicines were and understood how people liked to take their medicines.
- People told us they were happy with the support they received to take their medicines. People's comments included, "I like the staff looking after my tablets I know I get them on time."
- We observed the medication storage was secured to the wall. However, was stored in a thoroughfare. The registered manager explained they were waiting for works to start to provide a dedicated medication room, which would ensure better safety and enable people to have their medication administered in private.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection.
- Staff were observed using good infection control and prevention practices.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as

learning opportunities to try and prevent future occurrences.

- Risk assessments and care plans were reviewed following incidents to prevent re-occurrence.

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

Good: 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

- Staff assessed people before they moved into Roughcote Hall Farm. This was to make sure staff could meet their needs.

Staff skills, knowledge and experience

- Staff were trained to be able to provide effective care. Staff told us the training was good.
- Relatives were confident in the abilities of staff. Their comments included, "The staff know [person's name] they are generally very helpful."
- Staff were supported and supervised. This ensured they had the skills and knowledge to support people.
- Staff told us additional training was provided so they could meet the needs of people using the service.

Supporting people to eat and drink enough with choice in a balanced diet

- People's care files contained information about their food likes, dislikes and any foods which should be avoided.
- People were offered a choice of meals and people told us the food was good. We observed the lunch time meal. People were given choices and all enjoyed the meal. One person said, "The food is always lovely."

Staff working with other agencies to provide consistent, effective, timely care

- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.
- Health care professionals we spoke with told us they staff worked well with other organisation to ensure people's needs were met.

Adapting service, design, decoration to meet people's needs

- General redecoration and refurbishment was on-going to make sure people were provided with a nice environment. The new provider had already carried out improvements throughout the service. For example, rooms had been improved with en-suite facilities and had improved the gardens to make them more accessible and safe.
- Specialist equipment was available when needed to deliver better care and support.

Supporting people to live healthier lives, access healthcare services and support

- When people required support from healthcare professionals this was arranged by staff with the person they were supporting. We saw staff supporting people to appointments on the day of our inspection. One person said, "I have been to the nurse, [staff name] always takes me I like them to take me."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and spoke to people in a friendly manner. It was clear that staff knew people well. Staff took time to explain things to people in a calm and patient way.
- Staff spoke to people in a respectful manner and knew how to position themselves to meet people's communication needs.
- People were content and happy in the company of staff. People we spoke with all told us the staff were kind and caring. One person said, "I have a key worker they are very good."

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

- Staff supported people to make decisions about their care. We saw staff asking for consent from people before supporting them, they clearly explained to people what they wanted to do and why. People told us they were always involved in decision making. One person said, "I go through my care plan, I am able to put my views and choices, staff respect that."
- People's diverse needs were recorded and staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.

Respecting and promoting people's privacy, dignity and independence

- All people told us that staff respected their privacy and dignity. One person said, "I get private time, staff respect that." However, we found two monitors in communal areas, we discussed with the registered manager who agreed to look at alternatives immediately to ensure people's privacy was maintained.
- People looked well cared for, they were dressed appropriately. One person told us, "I help with my laundry and cleaning, I also go shopping. It helps me be independent."
- Visitors were made to feel welcome and could visit at any time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's likes, dislikes and what was important to the person were recorded in their care plans. The plans were being further improved at her time of our inspection so they were more person-centred and with the involvement of individuals.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- Staff organised activities and social stimulation to keep people occupied. People told us, "I like to go out, I go out with staff." Another said, "We went to Blackpool and the sea side, I really liked it."
- People told us they were organising holidays for the first time. The new provider had identified people had not previously been on holiday. One person had a camping trip organised, as it had been identified at their review they would like to go camping.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with staff.
- The provider and registered manager had put systems in place to make sure any concerns or complaints were brought to their attention. This was because they were committed to listening to people and improve the quality of the service.

End of life care and support

- People were supported to make decisions about their preferences for end of life care if they wished. Care records showed discussions had taken place with the people and their relatives. Their wishes had been recorded.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a registered manager who was supported by a deputy manager.
- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement.
- The home was well run. The provider and the registered manager were committed to providing high quality, person-centred care. Although the provider was not local they still visited the service regularly. People were able to tell us who they were and that they spoke to them regularly.

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

- People who used the service received good quality person centred care.
- There was an open and honest culture in the home. People spoke highly about the registered manager and staff.

Engaging and involving people using the service, the public and staff

- People who used the service were involved in day to day decision about the service and their support.
- People using the service and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff meetings were held to get their views and to share information
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The provider and registered manager demonstrated an open and positive approach to learning and development.
- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives.