

Lifeways Rose Care and Support Limited

Rosekeys

Inspection report

Gringley on the Hill
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Tel: 01777816923

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosekeys is a residential care home providing accommodation and personal care to people with learning disabilities and autism. The service is a large home, bigger than most domestic style properties. Six people were using the service at the time of the inspection. The service can support up to 13 people.

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

We last inspected the service in June 2021 and at that time we had concerns regarding staff training and governance of the service and Rosekeys was rated requires improvement overall. At this inspection we found that improvements had been made and the home was no longer in breach of regulation, however further improvements were still needed to ensure they can be sustained by the new management team.

People told us that they felt safe with staff. Staff knew how to recognise a safeguarding concern and how to report this. Medicines were managed safely by staff who had now received appropriate training. There were enough staff to meet people's needs, although we were told by staff at times there had been some shortages. The provider was actively recruiting new staff.

People's care plans were comprehensive and gave staff all the information they needed about people. The management and staff had worked closely with outside health professionals to help people maintain their health and stay well. 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.

The provider had quality assurance tools in place to monitor the quality of care and support provided. The management team was open and responsive.

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.

Based on our review of key questions Safe, Effective and Well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Staff supported people in their independence and learning new life skills

Right care:

- People were supported to make decisions about their daily care and staff understood people's personal preferences and support needs

Right culture:

- The culture of the service was positive, person centred and promoted good outcomes for people

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 July 2021) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosekeys on our website at www.cqc.org.uk.

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.

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

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Rosekeys

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rosekeys is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. However, the new manager was appointed, who was in the process of applying to be registered with CQC.

Notice of inspection

This inspection was unannounced.

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 and professionals who work with the service. 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.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the manager, two deputy managers and a care worker. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

- People were safe from the risk of abuse.
- Since our last inspection there had been no safeguarding incidents recorded or reported to the Local Authority or CQC. Systems and processes were in place to monitor incidents by the management team. Staff had been trained in how to recognise potential abuse and knew how to report concerns should they have any.
- We saw evidence of management taking appropriate action to protect people when incidents occurred. Any learning from investigations was shared with staff in order to mitigate the risk of reoccurrences.
- People told us they felt safe at the service.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed safely.
- People had personalised risk assessments which were regularly reviewed by the management team. Where risks were identified, support plans guided staff to manage and reduce these risks. Staff were aware of people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks.
- Regular environmental checks were made to ensure the building and equipment remained safe. Actions identified in a fire risk assessment had been considered and had either been completed or were in the process of being completed.

Staffing and recruitment

- Since our last inspection staffing levels continued to vary. The management team told us they found recruitment of new staff difficult. This was due to the rural location of the service. The manager told us some staff had left the service because of the risks associated with the COVID-19 pandemic.
- Staff told us, on occasions due to last minute staff absence, the service ran 'short staffed'. Staff told us they had to adapt their ways of working to ensure people received the support they needed, were kept safe and able to follow their daily routines. The service continued to use agency staff to fill staff absence.
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). DBS checks are important as they help prevent people who may be unsuitable from working in care.

Using medicines safely

- Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.

- Since our last inspection there had been no medication errors. Staff who were responsible for administration of the medicine had their competencies assessed to ensure their skills and knowledge were up to date.
- Medicines were well organised and appropriate checks were completed by team leaders and the deputy manager to ensure there were no errors or discrepancies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff were trained and assessed as competent to deliver care and support in line with people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we identified staff had not received regular refresher training in non-abusive psychological and physical intervention and we found staff's training completion in other areas was low. Following our last inspection, the provider had sent us an action plan outlining their plans to ensure training compliance. At this inspection we saw evidence to confirm staff had now received the required training and a system had been implemented by the management team to monitor staff training.
- Staff who were new to the service completed an induction programme, and had not worked unsupervised until they and the manager were confident they can do so. New staff shadowed more experienced staff as part of their induction. This improved their knowledge of people, their routines and preferences.

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

- People's needs had been assessed and support provided was based on guidance and best practice.
- Pre-admission assessments were completed before people moved into the home to ensure staff could meet their needs. Care plans were developed based on this information.
- People's care plans were person centred and focused on people achieving positive outcomes.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Meals and drinks met people's assessed needs. When people's needs changed, such as their ability to swallow, they were reassessed by healthcare professionals and modified diets were provided.
- People could decide what food they wanted to eat. Weekly menus were planned based on people's preferences. People's cultural and ethical needs were taken into account when planning meals and people were encouraged to make healthy food choices.
- The service was rewarded the highest award for food hygiene by the Food Standard Agency, who inspected the service in September 2021.
- The service worked in partnership with external professionals, such as, speech and language therapists or

GP's to support and maintain people's long-term health and well-being. People received annual health checks and referrals were made to relevant health services when this was required.

- People's support plans covered their healthcare needs. We saw referrals were made to healthcare professionals where appropriate and in a timely manner such as for annual dental checks.

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

- Some areas of the home still needed updating and refreshing, and no changes had been made since our last inspection. For example, work was needed to refresh and redecorate some communal areas. The manager told us they had put a list together with the required work and will work with the provider to ensure the necessary refurbishment work is carried out.

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.

- The service had reviewed records related to mental capacity. People's mental capacity assessments and best interest decisions were reviewed and updated, and staff were now guided on how to support people in the least restrictive way possible.
- People who were subject to a DoLS had been reviewed where required. People were not restricted without relevant authorisations.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure sufficient audit and governance arrangements to suitably identify areas of the service that needed improvements. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17 however further improvements were needed.

- Following our last inspection, we served a Warning Notice to the registered manager, which required them to become compliant with regulation 17 by 20 August 2021. We also issued a requirement notice and requested the provider to send us an action plan telling us how they were planning to make the necessary improvements to staff training.
- At this inspection we found that the provider had made the required improvements to ensure staff had received appropriate training and to increase staff training compliance.
- The provider had implemented an action plan to address our concerns. However, some concerns were not always addressed promptly, for example some areas of the home still required refurbishment.
- There were very recent changes to the management at Rosekeys, which resulted in the service now being managed by a manager and deputy manager who were new to the provider. The manager told us they will work across Rosekeys and another service.
- The manager acknowledged there were certain areas of the service that still required improvement.
- The manager and deputy manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- The ratings from the last inspection were clearly displayed at reception and on the providers website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A staff told us, "Senior management never come over here, there is never any real leadership here. Over the last few years, it's been left to run itself." After the inspection, the provider responded to this and told us the support from the management team was consistent, however due to COVID-19 restrictions meetings with staff took place via video calls and/or local office. The provider told us staff were given senior

management contact details should this be required.

- There was a longstanding 'core' staff team at the service. Some staff had worked in the service for several years. This was important to people because it meant they knew the staff well.
- Staff continued to support people to achieve good outcomes. Staff encouraged people to improve their independence skills and to maintain people's routines. People were supported to access local communities and with a range of activities.

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 service continued to notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.

Working in partnership with others

- The service continued to worked collaboratively with external professionals and commissioners, to ensure people's needs were met.