Care Quality Commission

Eleanor Nursing and Social Care Limited

Rose House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 02 August 2017. The inspection was unannounced.

Rose House is registered to provide accommodation and personal care for up to 18 people with a learning disability. There were 15 people living at the service on the day of our inspection who were of younger and older age groups. People had varying levels of care and support needs; some required staff support with their personal care needs and others required encouragement and prompts. The accommodation was spread over two floors with a lift to help people move between the floors easily.

At the last inspection, on 25 August 2015, the service was rated as Good. At this inspection we found the service had remained Good.
Staff spoke positively about the support they received from the manager and from the provider organisation. Although a manager was employed by the provider, they were not registered with the Care Quality Commission (CQC). The manager made the application during the inspection and this was now progressing. The provider had not returned a provider information return, requested by CQC prior to the inspection.

Risks were assessed and there were measures in place to minimise the risk to help keep people safe. Medicines continued to be administered by trained staff and administration processes were managed well.

People had the support they needed to access the appropriate help and advice to maintain their health and well-being. People said they were happy with the food and snacks available to them. People were involved in choosing the menus for the week.

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

Care plans were person centred and included people's life history and their personal preferences.
People were supported to get involved in a range of activities to suit their needs and abilities both inside and outside of the service.

People were comfortable in the company of staff, chatting and laughing together. Staff knew people well and supported them to gain greater independence. People had their own bedroom and could choose freely to spend time with others in the communal areas or on their own in their bedroom.

There were staff vacancies that the manager was in the process of recruiting to, however, staff worked extra hours at times to make sure people received the support they needed. The provider had robust recruitment processes in place to make sure only suitable staff were employed to work in the service.

Staff one to one supervision meetings had not been carried out as regularly as the provider's policy stated

they should. However, the manager had a plan in place with dates booked for the rest of the year. Training continued to be provided to enable staff to gain the knowledge required to support people on a day to day basis.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service did not have a manager in place who was registered with the Care Quality Commission.

The provider had not submitted information requested by CQC prior to the inspection.

Staff spoke positively about the support they received from the manager. The manager and staff said the provider gave them the support they required.

Systems continued to be used effectively to monitor the quality and safety of the service.

Care Quality Commission

Rose House

Detailed findings

Background to this 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.

This inspection took place on 02 August 2017 and was unannounced.

This was a comprehensive inspection. The inspection was carried out by one inspector.

Before the inspection, 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. The provider did not return the PIR as requested. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used this information to help us plan our inspection

We spoke with four people who used the service and three relatives to gain their feedback of the service. We also spoke with five staff including the manager and the provider's operations manager. We received feedback about the service from two independent advocates and two care managers.

We looked at the provider's records. We looked at four people's care records, which included care plans, health records, risk assessments and daily care records. We also looked at medicines administration records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the manager to send us information by email after the inspection. These documents were sent through in a timely manner.

Good

Is the service safe?

Our findings

Some people could not tell us verbally if they felt safe and happy living at Rose House. Over the day of the inspection we could see people interacting well with staff and smiling indicating they were comfortable in their environment. Other people could tell us if they felt safe and one person said, "Yes I feel safe" and another said "I'm sure I do [feel safe]". We spoke to people's relatives and they told us they thought people were safe living at the service. One relative said, "Oh yes, very safe" and "I am happy [relative name] is there, if I wasn't happy with it they wouldn't still be there". Another relative told us, "[Relative's name] is extremely safe with this service".

The provider continued to help to keep people safe with a safeguarding procedure in place for staff to follow if they had concerns or suspicions of abuse. The procedure included the telephone numbers staff could ring if they had a concern they needed to raise outside of the provider organisation. Staff received appropriate training to make sure they had the knowledge required to fulfil their responsibilities in keeping people safe. Staff were confident that the management team would deal with any issues quickly. One member of staff said, "The manager would be there 100% to address concerns straight away". The manager had raised safeguarding concerns with the local authority when incidents occurred or they had received information that led them to believe people were at risk of abuse.

Individual risk assessments continued to be in place with guidance and control measures to minimise the risks. For example, the risks associated with the administration of medicines; Some people may refuse to take their medicines, errors may happen or people may suffer side effects of their medicines; People helped to make their own lunches, the risks to each person had been assessed and measures were in place to minimise the risk of harm; For instance, to be supported when using sharp knives or the use of the oven. Staff had the guidance they needed through risk assessments to support people to stay safe.

Some people sometimes had behaviour that others may consider challenging to themselves or others. Risk assessments were in place in these circumstances to make sure that people received the appropriate care and support at those times to minimise the risk of harm. Known signs and triggers were detailed to help to reduce the number of incidences. Records were kept appropriately to monitor the frequency and type of incident. One person had no incidents recorded since March 2017 although there were regular recordings prior to this. Staff told us this was because the person was now receiving more one to one support from staff which had reduced their anxieties. Staff had also supported the person to seek advice from a health care professional who had reviewed the person's medicines to a positive effect.

People continued to be protected from the risks associated with the management of medicines. Medicines were managed well which helped to keep people safe from errors being made. All medicines were stored in a locked medicines trolley which was well organised. The medicines administration records (MAR) were neat with legible handwriting, reducing the risks of mistakes. No gaps in recording were seen, indicating that staff knew their responsibilities in making sure their record keeping was good to keep people safe.

The provider and manager continued to carry out safe recruitment procedures to make sure only suitable

staff were employed to support people living at the service. This included the continued checking of applicant's employment history and gaining references before employment commenced. Checks had been made against the Disclosure and Barring Service (DBS. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people.

The manager was in the process of recruiting staff and had recently appointed two new staff. Some staff worked extra hours if there was a shortfall in staffing numbers so there were enough staff to support people with their assessed needs. One person required one to one staff at the time of inspection and this was managed within the current staff team.

All essential servicing continued to be carried out to ensure the safety of the building and equipment. For example, portable appliance testing, gas safety, electrical installation and the servicing of fire equipment and appliances had been carried out at appropriate recommended intervals. Environmental risk assessments had been undertaken to minimise risks to people staff and visitors. An up to date fire risk assessment was in place as well as an emergency fire plan so that people and staff knew what to do in the event of a fire. Daily checks of the premises were undertaken by the manager or a senior staff member. A maintenance person attended the service three times a week to carry out all maintenance requests and maintain the garden. They also attended to any requests from people, for example if they wanted a shelf putting up in their bedroom.

People had a personal emergency evacuation plan (PEEP). This detailed the support people would need on an individual basis if there was a fire or other emergency situation where the premises needed to be evacuated. For example, when people had mobility needs and they needed staff available to assist their evacuation or if people required prompts and direction.

Accidents and incidents continued to be recorded well. A recording of the incident, including what happened and the action taken, was kept in people's care plans. The provider's reporting and recording system helped to keep people safe by capturing incidents and reported risks to enable the management and learning from events.

Good

Is the service effective?

Our findings

People were given choices and gave us some examples of the types of things they chose themselves. The comments people made included, "I like to go to the shops and spend my money", "I say what I want for my dinner" and "I go to bed when I want". We saw people choosing what they wanted to make for their lunch and asking for drinks when they wanted one.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities to ensure people's capacity to consent to care and treatment while living at the service had been assessed. Where people were deemed to lack the capacity to make this decision, DoLS applications had been made to the local authority supervising body in line with agreed processes. This ensured that people were not unlawfully restricted.

The manager requested a best interests meeting when people were facing decisions they would find difficult to understand fully. For example, a health care professional had advised one person had a procedure that would require an anaesthetic. A mental capacity assessment was undertaken which determined the person did not have the capacity to make this particular decision. A best interests meeting was held with the relevant people, including the health care professional, to determine whether the surgical procedure was in the person's best interests.

Staff had a good understanding of the MCA 2005 and could describe how they supported individual people to make their own decisions on a day to day basis. Choices and decision making was clearly recorded in people's daily records and care plans by staff. One person awoke at 02.20 one night and did not want to stay in their bedroom but wanted to stay in the lounge as they were anxious. Staff had recorded in the daily records that they stayed with the person in the lounge so they felt safe. Staff shared with us how they supported people to make choices. Staff said, "We use pictures sometimes, or [person's name] takes us to what they want and shows us" and, "We break it down into small chunks so they understand".

People continued to be supported to seek advice from health care professionals when they had specific health conditions or when they were feeling unwell. Most people required staff to make appointments on their behalf and to support them with their attendance at appointments. Staff kept a record of all appointments attended or telephone calls made. One person had difficulty swallowing so a speech and language therapist (SaLT) had given advice to staff about the consistency of food required to minimise the risk of choking. The SaLT had also advised the person must have one to one staff support when eating and drinking to minimise the choking risk. People had an up to date health action plan. This is a plan to help people to stay healthy and receive the help they needed. All people with a learning disability should have a health action plan. One person was reluctant to drink fluids at times and they had a fluid chart in place for staff to complete what drinks they had taken and the amount. This meant staff could check each day that they were taking enough fluids and to adopt strategies to improve fluid intake if it was found they had not.

People chose the meals they wanted to have on the menu each week. Most Sunday's people met with a member of staff to decide on the following week's menu. Photographs of different meals and foods were used to show people who needed a visual reminder. People helped to make their own lunch. At lunchtime, people went into the kitchen and chose what they wanted then made their lunch with support. People were making sandwiches, choosing the filling they wanted and any extras such as crisps or salad. Each person had their own snack box in the kitchen with the snacks they had chosen to go in it. People helped themselves when they wished. A health and social care professional told us that when they visited the service they had found, "Depending on individual abilities there is always residents in the kitchen with staff helping themselves to food and drinks".

Staff continued to receive a thorough induction where they completed training and were given the time to read all the care plans and other paperwork. They then shadowed more experienced staff for a period of time. The staff then shadowed the new staff member for a period of time to make sure they could put their learning into practice. A staff member said of their induction, "The staff team were so helpful, they supported me really well".

The manager had fallen behind in meeting each member of staff for a one to one supervision meeting. This is an opportunity for individual staff members to meet with their manager to discuss their work performance, training needs and any concerns they may have. However, the manager had a plan in place to recommence the supervisions in August 2017. We asked staff about not having received supervision recently. The staff we spoke with told us this was not a problem to them. One member of staff said, "I can always go to [the manager name] any time I want". The operations manager contacted us after the inspection to confirm that this was now going according to plan. All staff annual appraisals were planned to take place in September 2017.

Staff continued to receive the training they required to carry out their role. Staff told us the training they had attended gave them the knowledge and confidence to support the people living in the service. One health and social care professional told us, "I have always found staff at Rose House to be helpful, efficient and willing to go above and beyond for their residents".

Good

Is the service caring?

Our findings

People told us they were happy living at Rose House. One person said, "Happy, yes I'm happy" and another said, "I like it here". Some people could not tell us verbally and others did not to want to talk to us. Some people indicated they were happy by smiling and making signs that they were. A relative told us, "They know [relative's name] very well and know what they like and don't like, I couldn't fault any of the staff, they are lovely".

There was lots of chat and laughter all day between people and staff. People were chatting together and looking after each other. One member of staff said, "It is a caring place. People are happy and enjoy each other's company". Staff knew people very well and were able to joke with them and ask about the things that were important to them. People were comfortable and relaxed in their surroundings. Staff were clearly enjoying their work. One member of staff told us, "I love it here, you can come in feeling a bit down and miserable and within half an hour laughing and happy again".

People's person centred care plans described the areas of people's lives that they were good at and the areas that they required assistance with. This meant that staff had the information they needed to make sure that people continued to maintain their independence with the areas they were able to take care of themselves. Staff assisted with the areas people found more difficult, supporting people to increase their independence. One person's records said they were good at folding their own clothes, putting their clothes away and writing, among other things. A member of staff said, "The people who live here always come first. It is all about them as individuals".

People were involved in the writing of their care plans as far as possible, some people were able to be more involved than others. Where possible, people signed their care plan to show their involvement. An explanation wasn't given to describe how people who could not sign their care plan had been involved. The manager said they would address this and ask staff to include a record of people's involvement. A health and social care professional said, "Although the home is large their [the staff] approach is consistent".

People were not rushed and were encouraged to do things in their own time. There was an emphasis on maintaining and increasing independence. The manager told us, "We believe in participation as it's their [people] home".

When people did not have family members or friends to help them to make decisions or speak up for themselves independent advocates had been contacted. Records had been made in people's care plans when an independent advocate had been involved. The manager and staff helped to make sure their involvement continued as long as necessary to ensure people had access to the appropriate independent support to be able to make decisions. One health care professional told us, "The client I was supporting has really progressed in the last year and I believe this is due to staff maintaining a consistent approach with them".

Staff spoke about people with respect. Care plans described how to support people to maintain their

privacy and dignity. Most people spent a lot of their time in the lounge or kitchen and dining area. People's bedroom doors were closed however they chose if they wanted to leave their door open or not or if they wished to spend time in their room rather than in the communal areas. A staff member told us, "I have worked in a few places before coming to work here. Everyone is so friendly and the atmosphere is lovely".

Some people went out with family members, to visit their home or to go shopping or for a day out. Visitors were welcome to visit at any reasonable time with no restrictions. Relatives told us they called in at different times of the day on different days of the week dependent on their responsibilities. One relative said, "I visit regularly, at different times and I never see anything I am not happy with", and another told us, "I'm always made to feel welcome no matter when I go".

Good

Is the service responsive?

Our findings

People continued to receive the support they needed to take part in various activities to suit their interests. One person told us, "I like music and dance" and another person said, "I like to go shopping". A relative said, "They go out a lot, always out and about".

People enjoyed activities both inside and outside of the service. For instance, people regularly went to; the cinema, bowling, bingo and walking to the local high street shops to look around and choose to buy personal items if they wished. Regular days out were planned in advance, for instance, to the beach or places of interest, particularly in the summer months. Some people attended local day resource centres where they met up with friends and had the opportunity to take part in a range of activities and pursuits. People also had the opportunity to go on holiday and choices and decisions were made at the regular resident's meetings. 11 people went on holiday to Weymouth from 05 June to 09 June 2017. People who chose not to go out some days were supported to follow their interests in the service including various arts and crafts or baking. Structured group activities included 'music and movement' on Wednesdays, which people thoroughly enjoyed joining in with, or 'exercise Saturday'.

An initial assessment was undertaken with people before they moved into the service to gather all the important information about them such as the level of support they required and their communication needs. This helped the manager to make an informed decision whether they had the appropriate resources available to support the person well.

People's care plans continued to provide the information necessary to enable staff to provide people's care and support in the way they wanted. Care plans were person centred, including all the important personal information about the person, including what is important to them, for example, personal belongings or favourite activities. A detailed description of people's life history and the relationships in their life such as family and friends was comprehensive. People's likes and dislikes were recorded to make sure staff could support them with the things they liked and help them to avoid the things they did not like. For example, one person did not like crowded places and another person did not like taking a shower. One person liked comic books and curry and another person liked traditional English meals. How people communicated was a key part of care planning as some people did not use verbal communication and instead would point or lead staff to what they wanted, or use sign language. Staff had the information they required to understand people's individual circumstances and needs.

Care plans were reviewed every three months and changes made where required. People had a named keyworker within the staff team. A keyworker is the focal point in the care team for an individual living in the service. Keyworkers kept the care plan up to date by meeting with people regularly, usually every month, and making sure the care plan was being followed. For example, where people had goal plans in place such as taking a train journey or having a haircut, keyworkers would check this had happened and how well the goal had progressed. They would then set the next month's goal with people.

The people living at Rose House met regularly with staff, as a group, to discuss the things that were

important to them about the service. For example, they discussed the places they would like to go on holiday. Items also discussed at meetings included activities, how to keep safe from abuse and reminding people what to do in the event of the fire alarm sounding. People were involved in the day to day running of the service to make sure it met their needs and wishes.

Although no complaints had been made, the provider had a complaints procedure in place that was up to date and gave the information needed to make a complaint. The relatives we spoke with told us that when they have raised concerns in the past they were always dealt with quickly and to their satisfaction.

People were asked their views of the service provided by way of a questionnaire. Relatives and friends were also asked to complete a questionnaire so the provider could find out what their views were of the service provided to their loved ones. The questionnaires were sent to people and relatives every year. Responses showed general satisfaction with the services provided. The provider completed an analysis of returned surveys to identify and action areas for improvement.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was not in place in the service. Although there was a manager employed by the provider, the manager had not registered with CQC. The service had not had a registered manager since May 2016. The application had recently been made and was in progress. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC had sent the provider a provider information return (PIR) on 08 May 2017, requesting information prior to the inspection, with a date to return the information by 09 June 2017. The provider did not return the PIR as requested.

Relatives told us they thought the service was well run. The comments we received included, "I think it well managed, yes", "The manager is always approachable and does a good job" and "I am very happy with this company. They are much better than previous homes [Relative's name] has been in".

The manager told us they were supported well by the provider, "[The provider] is a lovely company to work for. I get lots of support". The staff we spoke with also thought the provider gave them the support required. One member of staff told us, "The organisation is good, I have known much worse".

The provider continued to seek to make improvements to the service through a system of monitoring and auditing the quality and safety of the service. The audits undertaken by the manager on a monthly basis included; care plans including risk assessments and key working meetings, medicines, infection control, health and safety, kitchen area and food hygiene. The provider checked the quality of the service provided by continuing to carry out senior manager audits; a random audit of choice once a month, for example on 10 May 2017 an audit of health and safety, recruitment and four care plans was undertaken; finance and accounts every three months and a full audits of all areas once a year. Actions were recorded and plans put in place to improve standards where areas for improvement were identified. All copies of the provider audits were not available in the service and were sent to the CQC inspector after the inspection. The provider's operation's manager said they would ensure these were sent to the service more speedily in future.

The provider continued to have a range of policies and procedures in place describing how the service needed to be run. This meant staff had the information needed if they wanted to check their responsibilities or if they wanted to raise concerns about practice within the service. The provider was in the process of reviewing and updating all their policies.

Staff meetings continued to be held so staff had the opportunity to raise concerns or suggestions and ideas for improvement. The manager used the opportunity to share updates from the provider organisation and to share good practice and areas for improved practice. One member of staff told us, "It's brilliant team working here".

Staff were positive about the manager and thought they were supportive. The comments we received included, "The manager is always there if you need to speak to her", "Yes, it is well run, the manager is really good" and "If we raise an idea for improvements [the manager] always listens and calls a staff meeting to discuss with everyone".

The provider undertook a staff survey once a year to gauge the views of the staff about the service provided, training and development received and the support of the manager and the provider organisation. The responses showed that generally overall staff were happy in their position and with their manager.