

# Lifeways Rose Care and Support Limited

# Rosekeys

## Inspection report

Gringley on the Hill  
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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Rosekeys is a residential care home providing accommodation and personal care to people with learning disabilities and autism.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles. However, shortfalls were identified as training had not been refreshed for all staff in this area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people. Seven people were using the service. This is larger than current best practice guidance. Staff did not wear anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found  
Some areas of the home were clean, however we found some areas were poorly maintained. We also identified poor infection control practices which hadn't been identified by the providers audits.

The property was large and spacious but needed redecoration and the gardens needed attention.

Staff were trained and knowledgeable in safeguarding people. We identified a shortfall in the safeguarding of one person's finances.

There were shortfalls in the audits which the provider needed to strengthen and embed into practice.

Risks to individuals and the environment were assessed and monitored. Fire equipment was serviced and regularly tested however, not all staff had taken part in a fire evacuation.

Refresher training had expired for a number of staff meaning they may not have been able to effectively carry out their role in supporting people with behaviours which challenge others. Staff told us they received regular supervision and support.

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 outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were enough staff on duty to meet people's needs and we saw staff were effectively deployed. There was a recruitment system in place that helped the employer make safe recruitment decisions when employing new staff.

Safe systems were in place for medicines and we saw people were receiving them on time and as they were prescribed. Staff received appropriate training and competency assessments in administration of medicines. People's physical, social and mental health care needs were met.

Staff were kind and caring and respected people's privacy and dignity. People were supported to follow their interests and take part in activities that were important to them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was good (published 7 March 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led sections of this full report. The provider acted to mitigate the risks we identified as part of 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](http://www.cqc.org.uk).

### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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.

#### 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 had a manager who was in the process of registering with the Care Quality Commission. This means that they would become, with the provider, legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 3 September and ended on 10 September 2019. We visited the office location on both days.

#### What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the manager, operations manager, assistant manager and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three 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.

# 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 good. At this inspection this key question has now deteriorated to 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.

### Preventing and controlling infection

- The environment of the home was clean in some areas whilst other areas were not clean and well maintained.
- During our tour of the building we pointed out various infection control issues to staff and then again to the manager. For example, we found that a shower chair had not been cleaned sufficiently, the underside of the chair was engrained with skin debris and dirt, also a toilet seat was very dirty and stained.
- In another bathroom the floor covering was heavily stained around the toilet and there was a malodour in the person's bedroom. The wet room had an open grate due to the cover being removed, this was unsightly and dirty and was not a nice environment to use.
- We saw in one bedroom the curtains were torn and hanging off the rails and that some furniture in another person's room was ripped and in need of replacement.
- These areas had not been identified on the providers audit which was completed in August 2019. The manager agreed the issues needed addressing. We visited the premises a week later and although the issues had been reported to the providers maintenance team there was no date for when the improvements to the bathroom were to be started.

The above information is a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks to individuals were assessed and regularly monitored.
- Risk to the environment were assessed and monitored. However, we did find that a storage room containing hazardous materials was left open. This was secured once it was highlighted. Staff said they didn't know why it was left open and showed us a sign on the door which said the room should be kept locked.
- Regular checks of the fire alarm and emergency lighting taking place.
- Each person supported had a personal emergency evacuation plan (PEEP) in place.
- Records showed that not all staff had taken part in a fire evacuation. One staff said, "I have never been involved in a fire evacuation." The manager told us they had a fire evacuation planned so they could ensure all staff and people would be captured in the drill.

### Systems and processes to safeguard people from the risk of abuse

- The provider had failed to identify and reduce the risk of financial abuse to one person. We highlighted to

the manager that the person's PIN number was known by all staff and there were no financial audits taking place on withdrawals from the person's account meaning there was no assurance that person's finances were safe.

- Once the manager was made aware of the risk they put in place checks to ensure the person's finances were better safeguarded. This was a shortfall in the governance and audit of the service and is further reflected in the well led section.
- Relatives we spoke with were felt people were safe. One relative said, "[My relative] is well looked after here."
- Staff were knowledgeable about what would constitute a safeguarding concern and were aware of how to respond and how to report it and received regular training in safeguarding.
- Staff told us they knew how to whistle blow (procedures used to report and escalate poor practice) and if there was anything they were concerned about they wouldn't hesitate to raise a concern. They told us that the providers whistleblowing information was on display for staff should they need to access it.

#### Staffing and recruitment

- We saw on both days there were sufficient numbers of staff to meet people needs.
- Relatives we spoke with told us there were usually enough staff available. One relative said, "I feel there are adequate numbers of staff."
- We spoke to an agency staff who worked at the service regularly since July. They said, "I have been given time to get to know people and the staff who work here are really helpful."
- We saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

#### Using medicines safely

- People received their medicines on time and as prescribed.
- Staff were trained, and competency assessed to administer medicines safely.
- People received 'as and when required' medicines when they needed them and protocols were in place for these medicines.
- Medication was safely stored in a locked medicines room. However, on one occasion during the visit we found the medicines room was not secured and the keys were left in the medicine room door. The manager brought this to the attention of staff and reminded them of their responsibility to ensure medicines were securely stored.

#### Learning lessons when things go wrong

- Accidents and incidents were reported, and they were then analysed by the manager. The incidents were cascaded to an operations manager and analysed for themes and trends.



# 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff supported people who displayed challenging behaviour and were required to be trained in NAPPI (non-abusive psychological and physical intervention). According to best practice guidance NAPPI training should be refreshed annually.
- We asked to see the providers staff training information which identified 8 out of 19 staff training had not been refreshed annually. The mandatory training for staff was completed with some small gaps which staff needed to complete.
- One staff said, "My NAPPI [refresher training] has been 6 months out of date and I have flagged it [to the managers]. Some of the other training is out of date too but the issue is the computers don't have volume, so I can't do the eLearning here. That's the main reason I've been avoiding it." Another member of staff said, "NAPPI is due for renewal, it ran out a few months ago. The deputy manager is trying to get us booked on. Quite a few staff are not up to date with it and we have no date yet for the next training."
- We saw that an incident had taken place where staff carried out a physical intervention. The training for both staff had not been refreshed which places people at risk of harm.
- The manager gave assurances that staff were now booked onto the next available training, which was taking place over the following two weeks.
- Staff told us they had regular supervisions and appraisals with their managers and were able to have regular ad hoc meetings if they needed them in between supervisions. Staff had received an induction to the service and this was linked to the Care Certificate.

The above demonstrated the provider had not ensured staff were trained and assessed as competent to deliver care and support in line with peoples' needs. Staff had carried out a physical intervention whilst training was not refreshed.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The property had enough space to meet people's needs. There were large bright and airy rooms and activities were available for people to take part in. For example, table top and computer games.
- Peoples bedrooms were decorated in colours they liked and contained items such as pictures and ornaments, to make it personalised.
- During our tour of the property we found that the property needed redecoration in some areas and the grounds needed attention. Nettles had grown high and grass needed cutting back as it was overgrown.

- We spoke to one relative who said, "They [the provider] are doing a bit of work on the environment at the moment and things do need updating. The outside looks scruffy and the gardens are a mess. I think it all needs doing up and they [the provider] could do with spending a bit of money on it."
- We saw glass in a patio door had been smashed and the door had been boarded up and was awaiting replacement. The glass on the inside of the home had been cleaned away, however there was a substantial amount of broken glass outside on a patio area which had not been attended to leaving a hazard to people.
- The manager told us they had plans to redecorate the property and people were involved in choosing fixtures and fittings and they were in the process of getting a new gardener who could take care of the grounds.

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

- Eating and drinking support plans showed if people needed support from staff to maintain a healthy balanced diet. Where it was identified as a need, the support required was detailed and included information about food texture and any swallowing issues.
- People were involved in choosing the food they wanted to eat and to take part in shopping and cooking their own meals.

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

- People's physical, mental and social health care needs were met.
- We saw staff supporting people in line with their health needs.
- Personal records showed that people were supported to take care of their health. People had a record of health professionals they had visited, such as GP, opticians and dentists. There was clear information in people's care plans on what health care support they needed and how this was provided.

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

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.

- People's capacity was assessed and applications for DoLS had been made where it had been assessed that they lacked capacity to consent to their care and support.
- Prior to admission to the service, people's needs were assessed. People's preferences and choices were taken into consideration. Each person and their relatives or circle of support were consulted with about their care needs, this ensured that people's needs were met.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives described the care provided as being "Very good." Comments included; "I like it here," and "Yes, that staff are very good. Some have been there a long time. I'm pretty happy with everything." Another relative said, "It's a better quality of life living there for [my relative]."
- Staff knew about people's cultural and diverse needs and their preferences. Staff told us that one person liked to eat a meat substitute and they had an ample supply of the food in stock to meet the person's need.
- We spoke to a member of staff who said, "People are happy here. Staff have positive interaction's with people, they know them well and are able to support them. The staff are kind and caring."

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

- Staff were seen talking to people about their day and what their plans were. People had daily activities and were involved in choosing what they wanted to do each day.
- People told us they chose what they wanted to wear, where they wanted to go, and how they wanted their rooms furnishing. They were encouraged and supported to make choices and to maintain independence.
- People had regular reviews to discuss their health and support needs, and to make decisions about how their care should continue to be delivered.
- People's relatives told us they were involved in their family members life. One relative said, "I attend all the meetings and I've been to every review."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Support plans gave staff information about how to support people to maintain this. Support plans had a detailed description of what people could do for themselves, this included washing and dressing, eating and drinking and engaging in activities.
  - People were supported to maintain relationships with those that mattered to them. Friends and family could visit people when they wished. Private areas were available for people to spend time together when needed or requested.
  - Staff were keen to ensure people's rights were respected and they were not discriminated against regardless of their disability.
  - People's right to privacy and confidentiality was respected.
  - Staff were seen to be discreet when asking people if they required support with personal care.
- Confidential paper and electronic records were safely and securely stored to maintain confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received care and support in a way that was flexible and responsive to their needs.
- One person said the home was "very nice" and they had everything they needed. Relatives also confirmed the home was suitable for the complexities of people's care needs and cared for people well.
- A relative said, "Staff have been incredible. They really know [name] and really know how best to support [name] and they're really settling in well."
- Each person had a detailed care plan which clearly described their health and support needs. Care plans covered topics such as people's physical and mental health needs, their life history, activity engagement and hobbies, daily routines, preferences and risk assessments.
- People's care plans were reviewed regularly, and any changes were recorded.
- There were various activities which people took part in which were socially and culturally relevant to them. Staff said, "What I most enjoy about my job is actually seeing people fulfil something they want to achieve."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's specific communication needs were met by the provider. Information was available in a variety of formats to meet people's needs.

### Improving care quality in response to complaints or concerns

- The provider had a complaints process and people and relatives told us they would speak to the manager or staff if they had a problem. People and relatives all told us they were happy and had nothing to complain about. The complaints policy was available in an accessible format for people.
- The service had no log of previous complaints recorded. So, we were unable to check if the manager had responded to complaints according to the providers policy in a timely way. The manager gave assurances that a complaint log would be made.

### End of life care and support

- The manager told us there was no one currently receiving end of life care.
- Staff told us they had cared for someone at the end of their life, and the McMillan nurses and GP had

supported the person's care, so they could remain at home for as long as possible.

# 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 good. At this inspection this key question has now deteriorated to 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; 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

- Since the last inspection the service has had a period where there had been no registered manager in post. The management responsibilities were overseen by an operations manager and the assistant manager. In April 2019, the provider recruited a new manager who is currently in the process of applying to become registered manager.
- The manager was eager to make improvements to the service and had some great visions of how to do this. However, they had failed to pick up the issues we identified on inspection. For example, the infection control, environmental issues and lack of safeguards for one person's finances. The manager was responsive to acting once these issues were pointed out.
- The provider's quality team conducted an audit on 5 August 2019 and the service scored a rating of good. This means that the providers quality assurance processes had not been effective in identifying and addressing issues. These needed further strengthening and embedding into practice to ensure issues in the service were identified, improved and monitored.
- We asked to see the providers training matrix and were told the manager didn't have access to this at the time of the inspection. Upon receipt of the matrix a significant number of staff training had not been refreshed annually. The manager said the frequency of refresher training in NAPPI was every 18 months. We raised questions in relation to this as best practice guidelines state training in physical interventions must be carried out annually and the manager was asked to refresh their knowledge of best practice and the providers policy.
- The manager was aware of their statutory duty to inform CQC of specific incident but had failed to do so in a timely way for one incident which was brought to their attention on inspection. A notification was made during the inspection.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was an open culture within the service. People knew the manager, the assistant manager and operations manager and felt they could approach them for support.

- The manager regularly sought views from people, their relatives, staff as well as external healthcare professionals to monitor and improve the home.
- Surveys were used to formally seek people's views. Staff felt they were involved in the running of the service through regular supervisions and team meetings.
- It is a requirement that providers display their latest inspection rating on any website ran in relation to the service and within the home. We found that the provider was meeting this requirement.

#### Continuous learning and improving care

- The manager told us they had a vision of how to improve the service and were committed to achieving that vision. They had plans in place to make the service homelier by introducing a bistro style dining room and a country themed living room.
- They were working on a transition plan and ensuring that the transition worked for the individual so that their experience was positive from the start.
- The manager had an open-door policy and staff told us they always had the chance to discuss any concerns and felt listened to.

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

- We observed staff working well together, they promoted choice and inclusion. We observed friendly conversations being undertaken with people and their families.
- We saw staff supported each other and it was evident that an effective team spirit had been developed. Staff told us that moral was very good and they all told us they really enjoyed their job.

#### Working in partnership with others

- We received positive feedback from professionals. One professional said, "I have not been to the provision for some time, however on placing a resident there just over two years ago and monitoring progress I felt that the provision was well lead, and our resident who has complex needs and can be challenging settled in really well. They had developed a very person-centred intervention plan for her and the manager was very enthusiastic about demonstrating this. I know that family remain happy with the placement."
- People were an active part of their community. They regularly took part in community activities and events.
- Relatives told us they were included and welcomed to the home and staff were good at involving them in their loved one's lives.

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
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the premises hygiene standards were maintained to a suitable standard.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have sufficient audit and governance arrangements to suitably identify areas of service improvement. The manager had failed to notify the Commission of a notifiable incident.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff had up to date training to deliver safe care.