

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

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

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. This is larger than current best practice guidance. The service can support up to 13 people.

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

The provider's quality assurance systems were not always in place to assure good quality. Policies and procedures were in place to help ensure the quality and safety of services however, these had not always been followed. Audits had not always identified shortfalls and had not led to improvements in the quality and safety of services.

Some staff's mandatory refresher training was out of date. People had person centred, accurate and up to date care plans. People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. People were provided with sufficient food and drink to meet their dietary needs.

People were not always protected from catching and spreading infections because the risks were not always appropriately managed. Safeguarding systems and processes were in place. People had received their medicines as prescribed for them. People were supported by a sufficient number of staff to meet their needs. Staff were recruited safely.

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.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 30 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 and 10 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, premises and equipment and staffing.

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 remained requires improvement. 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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staff training and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 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.

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 two inspectors.

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.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, team leader and care workers. We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at two staff files in relation to their recruitment and 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 three relatives and one professional 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 improvements. At this inspection this key question has remained the same. 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

At our last inspection the provider had failed to ensure the premises hygiene standards were maintained to a suitable standard. This was a breach of regulation 15 (Safe Care and Treatment) 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 breach of regulation 15. However, further improvement was needed because the premises were not always kept in a good state of repair.

- Following our last inspection in September 2019 the provider had addressed the issues we raised. The environment of the home was clean; however, we noticed some minor aesthetic issues around the home. The provider told us they had a plan to rectify this.
- We were somewhat assured the provider was meeting shielding and social distancing rules. Risk associated with COVID-19 pandemic had been reduced when people went on out of the home visits and upon their return to the home, however the risk assessments were not always promptly completed to guide staff.
- We were assured that the provider ensuring the safe use personal protective equipment (PPE). effectively and safely. We saw staff wearing face masks and additional PPE whilst supporting people with personal care or preparing food.
- Systems to prevent visitors from spreading infections were in place. Visitors were asked health screening questions, were asked to complete lateral flow device (LFD) test and had their temperature checked before they could enter. PPE was available for visitors to use.
- People and staff were taking part in the Government's whole home COVID-19 testing programme.

Assessing risk, safety monitoring and management

- Risks to people were mostly managed safely.
- People who displayed behaviours that challenged, had appropriate support plans and risk assessments to guide staff on what care actions they should take, to prevent the behaviour from escalating for people's safety.
- Regular environmental safety audits were carried out. This included weekly fire and water system checks.
- People had personal emergency evacuation plans which provided information about the support they would need, should an emergency arise requiring this.

Using medicines safely

- Whilst medicines were managed safely, we identified two omissions in recording in people's Medicine Administration Record (MAR) charts which haven't been reported to the manager. The registered manager told us they would address this issue with staff immediately.
- Medicines were stored securely in a locked trolley. Systems were in place to ensure all medicines were counted after each administration to check whether they had been safely given as prescribed.
- People had detailed medicines care plans and protocols to guide staff for medicines that needed to be given 'as required' (PRN). PRN medicines can be used to reduce agitation or to relieve pain. PRN medicines were used effectively to help people reduce their agitation and remain calm to ensure least restrictive interventions. Administration records showed when PRN medicines had been given, the reason for the administration and recorded outcome.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff knew how to recognise and report safeguarding concerns and were aware about whistleblowing procedures. One staff told us, "I would raise any concerns with the team leader, if they were not about, I would report to the management or safeguarding team".
- Concerns about people's safety were investigated, and where required, reported to the relevant agencies such as the Local Authority Multi Agency Safeguarding Hub and the CQC.

Staffing and recruitment

- People were supported by a mix of knowledgeable and experienced staff to meet their needs.
- Staff told us there were occasions when staffing levels were lower than planned, for example when short notice sickness occurred. However, staff worked hard to ensure each person still received the support they needed. The registered manager was actively recruiting new staff.
- Staff were recruited safely and employed following checks of their identity, criminal background and previous employment.

Learning lessons when things go wrong

- Accidents and incidents were investigated and reported to the relevant authorities where required. There were systems in place to review and analyse incidents to prevent them from re-occurring.

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 remained the same. 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

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 peoples' needs. Staff had carried out a physical care intervention whilst training was not refreshed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of regulation 18.

- Following our last inspection, staff had received required refresher training in non-abusive psychological and physical intervention (NAPPI). At this inspection staff training record showed NAPPI refresher training was missed due to COVID-19. After our visit, the registered manager informed us, they had contacted training provider and were in process of booking the required training.
- Training records showed some training deemed mandatory by the provider for staff to carry out their role was not up to date. Some refresher training such as 'protection and safeguarding' had been completed by 18 out of 24 staff and 'fire training' had been completed by 18 out of 24 staff. This meant staff had not always kept their professional practice and knowledge updated in line with best practice. This put people at risk of receiving inconsistent care that was not always effectively informed.
- Staff who supported people's medicines needs should have an annual review of their knowledge, skills and competencies relating to managing and administering medicines. We found two of the eight staff who administered medication were overdue their assessments and that learning, and development of staff needs had not been identified following medicine related safety omission. This meant staff had not been given the opportunity to identify their training needs and to ensure the most recent good practice requirements were being followed and this put people at risk.

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.

- Mental Capacity Assessments were not always in place. People who lacked the capacity to consent to take part in COVID-19 testing or to make a decision about receiving COVID-19 vaccine did not have appropriate assessment records in place.
- People who did not have the capacity to make specific decisions, for example about their finances or administration of medicine, had appropriate and detailed assessments. However, best interest decisions were not always recorded.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations. Some of the authorisations had now expired. The management team had re-applied for a new authorisation to the Local Authority, however due to the delays caused by the pandemic they had not yet been authorised.
- Staff knew how to support people in least restrictive way and had good knowledge on the Mental Capacity Act.

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

- People's needs had been assessed.
- People's care plans and risk assessments were person centred. Care plans included information about people's skills and achievements, and information about 'what is important to me'. We saw people were supported in line with their care plans.
- Care records showed people's mental health needs, psychological and emotional needs, including the management of behaviours that challenge had been assessed and guidance was in place for staff on how to effectively manage this.

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

- People were supported to enjoy a varied and balanced diet, sufficient for their needs.
- Care plans contained information about specific food preferences and were detailed about the support people required with their nutritional needs. People were encouraged to choose their favourite meals which were incorporated in the menu. Pictorial menus informed people about the available food choices for the day.
- Relatives told us the home is doing "a fantastic job" and "Rosekeys are superb" at supporting people. One relative told us, "My [person] lost a lot of weight. [Person] appears to be much happier and healthier, [person] still have a lot of food choices".
- Another relative told us staff worked well with their relative to encourage them to improve their physical health and learn new skills. The relative said, "[Person] started doing healthy eating, had been cooking and started cleaning".
- People's care records evidenced appropriate partnership working with health professionals. People were referred to external health care professionals when needed.
- We received positive feedback from one professional who told us the home worked well to accommodate new person moving in at short notice. The professional told us the person had settled in well and their complex health needs were being met.

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

- Some areas of the home needed maintenance and refurbishment.
- The outside garden was spacious and easily accessible to people; however, one block paving was missing outside one person's room which was a risk of trips and falls.
- People's individual preferences and support needs reflected in how the premises were adapted and decorated. Artwork of film characters was painted on walls in communal area. People were encouraged to choose their favourite character to be drawn on the wall.
- People's bedrooms were spacious and personalised. Whilst being shown around the home the staff member asked people's permission prior to us seeing their bedroom.

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 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 improvements were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remains in breach of regulation 17.

- Governance and performance management processes were not always effective.
- Following the last inspection, the provider sent us an action plan telling us how they were planning to make the necessary improvements, however we still found concerns about assessing and recording risks to people and staff training.
- Systems and processes to identify and monitor staff training needs were not always effective. Actions were not always taken to consider alternative ways to ensure staff training requirements and competence was maintained to carry out their duties. This put people at risk of receiving inconsistent care.
- The provider's own policy and procedure for reporting medicine errors had not always been followed and actions had not been taken in line with the providers own policy. This put people at risk of not receiving the correct medicine.
- Quality assurance systems to drive improvement were in place, however they were not always effective. For example, providers internal quality audit completed in July 2020 had failed to identify and address lack of best interest assessment records. This meant people and their relatives were not always involved in decisions about their care.
- The home had a registered manager who also managed another service. The registered manager told us they had not spent as much time at Rosekeys because they did not want to increase the risk of spreading the COVID-19 infection. There was a deputy home manager who handled day to day running of the home who was in regular contact with the registered manager.
- Staff told us they did not often see the registered manager; however, they found the deputy manager to be very approachable and supportive. Staff's comments included, "[deputy manager] is very open to having a chat when you need to" and another staff said "[deputy manager] will always come and support us if we are short staffed, [name] is great".

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

- Staff meetings were not held regularly and had not always provided opportunities for staff and managers to discuss issues or proposed changes within the service. The registered manager told us that other ways, such as communication book and memos were used to inform staff about changes affecting the service.
- People's involvement in shaping the service was not always clearly recorded. "Residents" meetings were not always held regularly, last recorded meeting took place in January 2021. The registered manager told us people were given regular opportunities to be involved in the development of the home, however, we saw no records to support this.
- Views of people, their relatives and staff were not always sought. The home had not completed any recent quality assurance surveys questionnaires. This meant people and their relatives views and experience was not always considered to shape and improve the services and culture.
- Policies and procedures were in place to ensure people's equality characteristics were considered.

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

- People were supported to achieve good outcomes. Staff encouraged people to improve their independence skills and to maintain people's routines.
- Most relatives we spoke with were happy with the home. Comments from relatives included, "They [staff at Rosekeys] are doing excellent job, the care is above and beyond" and another relative said, "I have no complaints or concerns, staff are fantastic".
- A professional we spoke with was happy with the service. They told us, "They are very responsive and are doing good job, I had visited the home few times and never had any issues".
- Staff we spoke with were positive about working at the Rosekeys and were very passionate about the people they supported. One staff member told us, "I love working here, every day is different, there is never a slow shift, they [people] keep us very busy".

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 had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.
- Relatives told us they were kept informed regarding incidents or concerns about their loved ones.

Working in partnership with others

- The service worked collaboratively with external professionals and commissioners, to ensure people's needs were met.
- Professionals we spoke with felt the service worked in partnership with them to achieve good outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 enforcement action we took:

We issued a Requirement Notice.