

Just Global Ltd

Rosglen Residential Home

Inspection report

2 Highfield Range
Darfield
Barnsley
S73 9BQ
Tel: 01226 752238

Date of inspection visit: 16 September 2015
Date of publication: 27/11/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 16 September 2015 and was unannounced which meant we did not inform anyone at the service that we would be attending. Rosglen Residential Home was last inspected on 2 April 2014 and was meeting the requirements of the regulations that were inspected at that time.

Rosglen Residential Home is a care home registered to care for people who have a learning disability. The service can accommodate up to six people. At the time of our inspection two people were living at the service.

There was a registered manager in place at the service. 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

Summary of findings

Recruitment procedures were not sufficiently robust to ensure new staff were suitable to work at the service. We saw instances where employment references had not been suitably verified as evidence of staff's previous employment history.

People did not express any concern with their safety. Staff knew how to identify and report abuse and unsafe practice. We saw a situation where the policy around 'management of service user's money' had not been fully followed which did not provide suitable financial safeguards to one person.

Staffing levels were maintained and of a suitable level to meet people's needs. People and staff told us there were no concerns with the staffing levels in place. We observed good interactions between staff and people who lived at the service although their comments about staff were neutral. Ways of improving the relationship between staff and people had been discussed where one person felt they did not get on with a staff member.

People did not express any concerns with their safety. Individual risk assessments were in place in order to minimise and manage risks to people. However, with some areas of people's care we saw separate risk assessment tools which gave conflicting levels of risk. Medicines were managed, stored and administered in a safe way.

Staff told us they received training for their roles. Staff said they had regular supervisions and appraisals. They said they felt supported by the registered manager and were also kept updated by way of team meetings. They felt as the service was small, they were kept informed about changes and information relevant to their roles.

The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed and people were not subject to restrictions. However, it was

not fully demonstrated that people did not have capacity to fully manage their own finances where one person had expressed a wish to have access to more of their money at times.

People had support with nutritional needs and to maintain good health and we saw evidence of involvement with various health professionals.

People's care records were reviewed regularly. They contained detailed information about people's personalised needs and preferences and how these were to be met. Both people told us they had considered, or were considering moving on from the service. One person felt they would like more independence and wanted to explore living alone.

People were supported to access various activities in the community and to maintain links with the community. One person often went out on their own and travelled across the county.

Feedback was sought by people on an informal basis. People told us they would tell staff if they had any feedback or concerns. There was a complaints procedure in place. There were no complaints at the time of our inspection.

The provider did not undertake any formal monitoring to assess how the service ran and identify areas for improvement in accordance with the service's statement of purpose which stated this took place. They agreed to implement this going forward. However, we saw that audits were undertaken at management level in a number of areas to identify areas for improvement. Incidents were monitored and overseen by the registered manager to look for trends.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Areas of the service were not safe. Recruitment procedures were not sufficiently robust to ensure new staff were suitable to work at the service.

Staff knew how to identify and report abuse and unsafe practice. We saw an instance where policy was not followed to ensure people were fully protected from financial abuse.

Staffing levels were maintained and of a suitable level to meet people's needs. Individual risk assessments were in place in order to minimise and manage risks to people. Medicines were managed in a safe way.

Requires improvement



Is the service effective?

The service was effective. Staff told us they received training for their roles and we saw evidence of training completed by staff. Staff had regular supervisions and appraisals.

The principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed and people were not subject to restrictions. However, processes were in place to manage people's finances without consideration of people's capacity to manage these.

People had support with nutritional needs and to maintain good health and we saw evidence of involvement with various health professionals.

Good



Is the service caring?

The service was caring. People's privacy and dignity was respected. Observations showed friendly interactions between staff and people./

Staff offered choice and explanations to people whilst providing support. People's independence was promoted.

Good



Is the service responsive?

The service was responsive. People's care records were reviewed regularly. They contained information about people's personalised needs and preferences and how these were to be met.

People engaged in social past times, took part in community activities and spent time out of the service.

Feedback was sought by people on an informal basis. People told us they would tell staff if they had any feedback or concerns. There was a complaints procedure in place. There were no complaints at the time of our inspection.

Good



Summary of findings

Is the service well-led?

Improvements were required as to how the service operated. Shortfalls in the recruitment process had not been identified. The provider did not undertake any formal monitoring to assess how the service ran overall and identify areas for improvement.

Incidents were monitored and overseen by the registered manager. Audits were undertaken in a number of areas to identify areas for improvement.

Staff spoke positively about the registered manager and enjoyed their roles. They told us team meetings took place regularly and they were kept updated about information relevant to the service.

Requires improvement



Rosglen Residential Home

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 was planned to check 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.

The inspection took place on 16 September 2015 and was unannounced which meant we did not inform anyone at the service that we would be attending.

The inspection team consisted of one adult social care inspector and a specialist advisor who was a registered mental health nurse. The specialist advisor had experience of working with, and managing services for, people with learning disabilities and mental health problems.

We did not ask the provider to complete a Provider Information Return (PIR) as part of this inspection. 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. This was because we brought this inspection forward in response to concerns we had been made aware of with the provider.

We contacted the Local Authority who made us aware of requests they had made to the provider in relation to contracts and commissioning arrangements. They were still awaiting a response at the time of our inspection. We also contacted Healthwatch who did not hold any information about Rosglen Residential Home. Healthwatch are the consumer champion for health and social care in England.

During our inspection we used different methods to help us understand the experiences of people living at the service. These methods included informal observations throughout our inspection. Our observations enabled us to see how staff interacted with people and see how care was provided.

We spoke directly with both people who lived at the service. We spoke with the provider, the registered manager and two support workers by telephone. We reviewed the care records of both people and a range of other documentation, including medication records, staff recruitment records and records relating to the management of the home.

Is the service safe?

Our findings

Observations showed that people felt comfortable in exchanges with staff. No-one expressed any concerns with regards to their safety.

We checked two staff personnel files for two employees. We saw each staff member had a Disclosure and Barring Service (DBS) check in place. DBS checks help employers to make safer recruitment decisions. Staff we spoke with confirmed they had their DBS in place prior to commencing employment at the service.

In the personnel files, we saw that although each staff member had an application form in place, one person's application form did not contain the dates of their previous employment. The second application form did not account for what the staff member had been doing for the previous four years at the time of their application as nothing was recorded. The registered manager said employment gaps were addressed at interview stage.

The recruitment policy stated that 'at least two written references must be obtained prior to appointment' one of which should be from the person's current or last employer. One staff member had two referees listed, one of which was from their previous employer. There was a written document to state that a reference request had been made on two occasions to one of the referees where the company had said they did not provide references. We saw another reference in place for this staff member which was from a 'support worker' who said they had not worked with the staff member. It did not state where the person was from and was unclear in what capacity they knew the staff member. It did not correspond to any information in the staff member's application and there was no official company stamp or letterhead as was requested on the document. The second reference was a character reference but was a documented conversation between the registered manager and the referee, despite it being said the referee would provide a written reference which there was no evidence of.

The second staff member also had two referees listed. One of these was a written character reference. The second was a verbal reference which had been obtained from the person's previous employer and had been documented by the previous registered manager.

The lack of robust checks and verification to evidence staff employment history and good character meant there was a risk they could be unsuitable to work at the service. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were no current safeguarding investigations on-going in relation to the service. Staff we spoke with understood safeguarding and what constituted abuse and said they would report any concerns to the registered manager. Staff also indicated a good level of understanding in relation 'whistleblowing' which means reporting bad or unsafe practice at work. The training matrix showed that staff had received training in safeguarding. The registered manager told us this training was provided annually. Two recent starters were booked onto a course in November 2015. There was a safeguarding policy and whistleblowing policy in place for staff to follow and sign to say they had read and understood this.

We found that people and staff both signed for receipt and issue of people's money and receipts were kept as reference and evidence of spending. We saw that in the past the provider had agreed, at the person's request, to loan one person money for items they wished to purchase. The service had a policy in place for 'management of service user's money' which said 'written records of all transactions with service users must be maintained and kept securely'. The person told us they disputed the amount the provider said was outstanding and produced some documentation but it was not clear when and how much of the loan had been repaid. We spoke with the provider about this, and although they produced further documentation, they agreed that from this information it was not possible to ascertain what amount was owed. Following further investigation the provider resolved this situation and gave written confirmation of the balance to the person which we saw evidence of. This practice, and the lack of accurate records, meant that safeguards were not sufficiently robust to protect people from the risk of financial abuse and/or errors. The provider told us they would cease this practice and would not provide any further loans. They made a request for the person's social worker to conduct an objective financial review of the person's finances.

We saw each person had in place a wide range of individual risk assessments to cover a range of circumstances relevant to the person's needs. These were reviewed at regular

Is the service safe?

periods and in response to changes. However, in some instances, we saw that additional risk assessments for the same area of risk were included in which produced conflicting information. For example, we found two different risk assessments in place to assess each person's risk of developing pressure areas. One of these was a Waterlow assessment which had resulted in the person being assessed as 'no risk'. The second assessment was the Norton pressure score which had the person assessed as 'medium risk'. We also saw that two different nutritional risk assessments had been used to assess each person's risk of malnutrition. The use of multiple assessment tools for the same person is unsafe and can lead to confusion as to what their level of risk is what support they require as a result. We fed this back to the provider and the registered manager so they could address this accordingly.

We looked at how the service managed medicines. We found that medicines were stored safely and securely. Medicines were stored in a steel medication cabinet, located in a small ground floor office. The keys for the room were kept by staff who required access to this room. A drug fridge was also located in this room for medicines that required refrigeration. We saw that the room was secured when not in use. There were no controlled drugs being stored at the service. Room and drug fridge temperature were recorded daily. We noted that the room temperature was regularly recorded at 26 degrees which exceeded the safe storage recommendation that drugs should not be stored in excess of 25 degrees. We made the registered manager aware of this so that they could look at measures to reduce the temperature where required.

We looked at the current Medication Administration Record (MAR) sheets for both people living at the service. We found that these were completed accurately, and signed appropriately without any gaps. Photographs of each person were present in the MARs along with details of allergies each person had to help reduce the risk of medicines being administered incorrectly. Where people required medicines that were prescribed on an 'as and when required' basis, there was guidance in place for when people needed these to help ensure they were given safely.

We saw that all staff had completed the service's own medication training and had either completed or were booked on further accredited training. Staff were observed and reviewed for their competency to administer on an annual basis. For new staff we saw evidence of more frequent competency reviews and observations.

There were measures in place to assess and monitor that medicines were managed safely. We saw that management audits of medication were carried out on a weekly basis. No recent errors or issues were highlighted. It had been noted in June and July 2015 that some Medication Administration Records (MAR) sheets had not been signed. Management actions were recorded to investigate and rectify these omissions which showed the audits were effective in identifying issues. We were informed that the local pharmacy also carried out an audit in April 2015, although this could not be found on the day of our inspection. We subsequently received a copy of the service's own audit from April 2015 where the registered manager at that time had documented findings from a pharmacy audit.

On the day of our inspection there was one support worker on duty with the registered manager. The registered manager said that two support staff were scheduled but one staff member was off due to sickness. We saw that this did not cause any difficulties as the registered manager was available to assist if required. She told us that had another staff member been required, for example if both people needed support separately, then she could arrange cover. The registered manager and two support workers we spoke with all said that the staffing was suitable and they could always get extra support and cover where this was required. They did not have any concerns with staffing levels. We saw that people were appropriately supported by staff and did not have to wait to seek staff assistance. One person who lived at the home told us, "There are always staff here".

Is the service effective?

Our findings

The registered manager told us that all new staff received an induction. This involved familiarising staff with the service and environmental information as well as being provided with an employee handbook and code of practice. She said new staff completed a 'shadowing' period whereby they worked alongside more experienced staff to gain knowledge about what the role entailed. We spoke with a recent staff member who told us about their induction which corresponded to what the registered manager told us. The staff member said they had completed a shadowing period of two weeks. The registered manager told us this could be flexible dependent on each staff member's needs. This demonstrated that new staff were provided with support to gain an understanding of their role and their duties.

We saw a training matrix in place and looked at the training records for two staff. The matrix showed that staff received training in a number of areas to provide them with the skills required for their role. Subjects included training in: safeguarding and dignity, safe handling of medicines, lone working, food safety and epilepsy. All staff had either obtained, or were completing, vocational qualifications in health and social care. Recent starters were booked on courses where they had not yet received full formal training. We spoke with staff about training, they told us about the different topics they received training in. One staff member told us, "We do training regularly." Another said, "We can do further training. I've just signed up for more training. [The manager] is really good."

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff told us they had regular supervisions and a yearly appraisal. One staff member said about their supervisions, "We can discuss concerns, any improvements, any issues". Both staff we spoke with said they felt supported in their roles. We saw evidence in staff files of regular supervisions for staff. The current registered manager showed us that she was in the process of arranging appraisals with staff. We found that staff received suitable support within their roles and received training so they were equipped with skills and knowledge for their roles.

People told us they chose their own food and decided for themselves what they wanted to eat. One person told us, "Sometimes I'll go shopping with staff and choose my food." In the kitchen we saw on display people's food likes and dislikes which helped staff to assist people with their nutritional preferences. People's care records contained information about what support they required in relation to their nutrition.

The Mental Capacity Act 2005 (MCA 2005) is legislation designed to protect people who are unable to make decisions for themselves, and to ensure that any decisions are made in people's best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

There was evidence in people's care records that their capacity had been taken into account in relation to different aspects of their life. People were not subject to unlawful restrictions and often left the service for trips out into the community. Staff asked for people's consent before providing care or assistance. We saw signatures of people in their care records which showed they had given consent and agreement in certain aspects of their care.

People's care records contained details about how staff were to support them with managing their money, for example assisting one person to the bank each week so they could withdraw their money. During our inspection we found that staff at the service managed people's finances with regards to keeping and allocating their money. People were still able to request their own money to spend. We asked one person about this who said they had signed to this agreement when they commenced living at the service. They felt that on occasions they would like extra money instead of a set amount that was allocated to them. There was no information, or capacity assessment in place to show that the person did not have capacity to manage their own finances themselves. People should be supported in making decisions relating to their care to the maximum extent possible. We fed this back to the

Is the service effective?

registered manager and provider who told us they would discuss this with the person and their social worker to establish whether this was the most appropriate method and consider other alternatives.

There was evidence in care records of involvement with external health professionals. Each person was registered

with the local doctor's surgery. People told us they were visited by their social workers and attended health and hospital appointments where required. Staff members told us they supported people to their health appointments. This meant that people were supported to maintain good health.

Is the service caring?

Our findings

We spoke with both people who lived at the service. Comments about staff were neutral. One person said of the staff, "There's only one I don't get on with. We clash". We established that the person was not fearful of the staff member in any way but felt they told them what to do. They felt they did not always allow them independence to do what they wanted. The person said they had raised this with the registered manager. We could see in documentation that discussions had been had with both parties to try to facilitate a way of improving the relationship. The person told us they would raise any further concerns with the registered manager.

Observations of staff interactions with people that we saw indicated a relaxed 'homely' environment. Communication between staff and people living at the service was friendly and good natured. Verbal interactions were at times humorous, but appropriate. Staff demonstrated familiarity with people's preferences and helped to support with these.

Both people at the service had flexibility in their lifestyle, with evidence of freedom to come and go independently. People had choice in their routines. One person told us their routine of getting up early in the morning and said this was something they liked to do. Review of the care plans evidenced that the overall aim was for people to retain as much independence as possible.

We found that the kitchen was locked at night time and people handed their cigarettes in to staff at night. When we discussed this further with the people and staff, they explained it was for safety reasons due to a situation that had led to a fire risk in the past. As one person liked hot drinks late, they were provided with a thermostat at night so they could still have these. The other person said they

had no concerns with this arrangement. We discussed this with the registered manager who said this arrangement had been in place since they started. They told us a staff member was available if the people wanted access to the kitchen. We asked them to consider if this arrangement was the most appropriate way to manage the safety risk whilst allowing independence.

People had their own rooms designed how they wanted them. Each person at the service had their own pet that they had bought and cared for. Communal areas had people's personal items around such as photographs of family members and certificates of achievements. One person told us they had lockable storage in their room where they could keep personal information such as important documentation. People could choose to spend time on their own, in their own space if they wanted and we saw people's privacy and dignity was respected. Staff also completed dignity training so they would be aware of the importance of this.

Care plans reviewed indicated evidence of awareness of people's personalised needs relating to their diverse needs. There was evidence that there had been involvement by the people themselves in developing the care plans.

Staff told us that it was up to people what they wanted to do with their day. A longer term staff member told us that as the service was small with only two people who lived there, they knew people well and knew their preferences, likes and dislikes. A more recent staff member told us they had got to know people well whilst supporting them and had also read each person's care plan. They gave examples of how people liked to be supported which corresponded to information in their care plans. They told us that staff and people at the service were "Like a little family." The registered manager described the service as a "homely" environment.

Is the service responsive?

Our findings

One person told us they were happy living at the service but also indicated that they were looking to move on as they felt they did not have enough room. Currently, the person was having a large screen television and satellite TV installed in their room. They had recently purchased a large sofa for their room, which was spacious. The other person at the service told us they were considering moving on in future. They felt they wanted to live more independently which was an option they were looking into with support from a professional involved in their care.

We looked at the care records of both people who lived at the service. Care records were maintained on an electronic care record system, although paper copies of assessments, and care plans and correspondence were also maintained in files for immediate reference. Daily care entries were made directly onto the electronic care system. We looked at print outs of these for the previous month prior to our inspection for each person.

Care records were very detailed and comprehensive and covered a number of areas. These were found to be specific, up to date with evidence of regular review. Care plans were personalised to people's individual needs. For example, one care plan for helping to manage the person's anxiety stated, 'Sometimes I get frustrated and distressed, please do not shout at me' and 'Ask me what is upsetting me'. Clear guidance was in place for how staff were to respond and how best to support the person in each situation. Records clearly indicated assessment of needs including physical healthcare needs, including immediate staff actions to take in relation to individual medical problems. For example, one person had asthma and there was a clear process outlined for dealing with this at various stages, up to ringing an emergency ambulance. There was evidence that people themselves had been involved in developing the care plans.

An individual weekly timetable was in place for the people living at the service, it was explained by staff that that this was not a set plan, and that it allowed considerable flexibility to suit people's choices. During our visit, both people left the home with a staff member so that one person could do their banking which was a regular routine they undertook. The people also went out again later in the day to shops with staff.

People told us about activities they enjoyed doing and what tasks they undertook at the service. One person said, "I go to bingo, do my shopping, do my banking." They told us they sometimes had their friends and family come to visit them at Rosglen. Another person liked to travel across the county on their own to visit shops and buy items. One person told us they were making arrangements for bonfire night and were planning to have some fireworks in the gardens. They told us this was something they did each year.

Due to the amount of people who lived there, there were no formal service user meetings. The registered manager and staff said that people would actively tell staff if they wanted to change anything about the service or do something differently. She told us she was looking to incorporate more formalised meetings in order to obtain their feedback. People said they would tell staff if they were not happy or had any complaints. Both people told us they were currently unhappy with the conservatory as this had been leaking. We spoke with the registered manager about this who was already aware. She had been on leave when this occurred and said they would get quotes to look at what was required to rectify this and would pass information on to the provider to authorise.

There was a complaints policy in place at the service. There were no complaints being investigated at the time of our inspection.

Is the service well-led?

Our findings

We spoke with the provider and asked them about their plans for the service. The service could accommodate six people but only two people had ever resided there full time. Another person had accessed the service to use for respite in the past. The provider told us they were not actively looking to increase numbers of people currently but this was something they were hoping to do in future.

There was a registered manager in place at the service. The registered manager had transferred in July 2015 to the service from the provider's sister home. She told us she had worked at Rosglen previously, in another role and was already familiar with some of the staff who worked there. She demonstrated knowledge of the two people living there and participated in supporting them. She accompanied one person on a trip out on the day of our inspection.

The registered manager showed us the record of a meeting she had with one person in August 2015 where she had covered any concerns the person had, including how the service was managed. She had planned to have a similar formal meeting with the other person in the home. They told us the registered manager was, "Not too bad. I get on OK with her."

Staff told us they felt supported by the registered manager. One told us, "I like my job, I feel supported by [the registered manager]" and the other said "I get good support." Staff told us they did not have a great deal of contact with the provider but that she would attend when the registered manager needed her. The registered manager told us that the provider was supportive.

Staff told us they had team meetings "every few months". One staff member told us that within these, "We can discuss concerns and issues as a group." As the service was small, staff said they worked closely as a group and information would be passed at handovers so they were kept updated about the service. The registered manager had not yet had a formal staff meeting since commencing her role but was intending to plan one.

There was a process in place for recording incidents. These were recorded electronically on the service's computer system. Each staff member had access to the system to document incidents and were overseen and reviewed periodically by the registered manager so they would be aware of any trends or themes arising.

We saw evidence of audits at the service which were completed at management level. These included audits in infection control, medicines, care plans and health and safety with areas for improvements identified. The registered manager had recently sent out quality assurance surveys to family members of people who lived at the service and was in the process of providing these to people themselves and stakeholders. We saw examples of the surveys.

The service's statement of purpose contained a section which stated that the service 'Received a formal visit each month from a director, or the proprietor' and that a comprehensive checklist was completed with actions identified where improvements were required. We found that this did not take place and the provider's role was more informal. This meant there was a lack of effective supervision at provider level to try to identify areas for improvement and implement actions where required. The shortfalls in the recruitment procedure had not been identified. Without external oversight or input, it was not apparent how such shortfalls would be effectively identified.

The statement of purpose also stated that the registered manager would receive professional supervision once a month from the proprietor. The registered manager told us the provider had been down a "couple of times" since they had started but this was not to complete a formal supervision. Again, this meant there was a risk that lack of management oversight may not identify any issues with how the service operated. We discussed this with the registered manager who confirmed the provider would be able to formalise these processes in accordance with the service's own statements and agreed to do this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

Recruitment procedures did not operate effectively in a way to ensure persons employed were of good character and had the qualifications, competence, skills and experience necessary for the work to be performed.