

Roughcote Hall Farm Ltd

Roughcote Hall Farm

Inspection report

Roughcote Lane
Caverswall
Stoke On Trent
Staffordshire
ST11 9ET

Tel: 01782397440

Date of inspection visit:
10 June 2021
30 June 2021

Date of publication:
09 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Roughcote Hall Farm is a residential care home providing personal care for up to nine people who were living with a learning disability and/or autism. Eight people were living there at the time of our inspection.

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

Quality assurance systems had not been fully embedded and some areas for improvement had not been fully identified but the registered manager had been making improvements since they started at the end of March 2021. Medicines were not always managed safely as there were some unexplained stock discrepancies, although we found no one had come to harm as a result of this and action was taken in response to this. There had been a high turnover of management and staff, so there was a reliance on agency staff, but recruitment was ongoing, although a registered manager had now started. There were enough staff to support people. COVID-19 testing for agency staff required more robust recording and the infection control policy required updating, however government guidance around COVID-19 was being followed.

Risks to people were assessed and planned for although one person had not had a professional involved in developing one part of their care plan to support them when they became upset. People felt safe and happy in the service. Staff understood their safeguarding responsibilities.

Lessons were learned when things went wrong. Care plans were in the process of being updated; those which had been updated contained personalised details. An action plan was in place to make improvements to the service. People, relatives and staff felt positive about the management and were aware of the improvements being made. Staff felt supported and able to approach the registered manager if they had concerns. The registered manager was aware of the duty of candour.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to be as independent as possible. People were supported with dignity. Staff knew people's needs and their preferences.

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

Rating at last inspection

The last rating for this service was good (published 12 March 2019).

Why we inspected

We received concerns in relation to the management and the way people were supported when they were experiencing periods of being upset. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. The registered manager was responsive and acted on our feedback.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Roughcote Hall Farm

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

Roughcote Hall Farm 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 registered with the Care Quality Commission. This means that they and the provider are 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.

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. The local authority shared information with us after they had visited the service prior to our inspection. 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 also asked Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not have any information to share. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, although not all of them were able to give detailed answers to our questions. We spoke with four members of staff including care assistants and senior carers (some staff included agency staff). In addition to this, we also spoke with the registered manager and team leader. We made observations in communal areas 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 files and multiple medication and some daily care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including building safety records, audits and accident and incident records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had a virtual meeting with the registered manager after our site visit to ask further questions and discuss our findings. We looked at electronic records relating to people's care. We looked at policies and procedures, training records and quality assurance records.

We also spoke with six relatives over the phone on 25 June 2021 and 30 June 2021 to gain their views as we were unable to speak with them during our site visit. We also liaised with a health professional after the site visit about one person's care.

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 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.

Using medicines safely

- Medicines were not always safely managed.
- Some stock levels of medicines were not correct when compared to records and there was no explanation for some of these stock differences. Whilst we did not find evidence of anyone coming to harm as a result of this, we could not always be sure people were receiving these as prescribed.
- Following our feedback, the registered manager told us about the action they had taken to address this and reduce the ongoing risk.
- Staff received training and had their competency checked prior to independently administering medicines. One staff member said, "I did an online [medication] course and I was here three weeks constantly observing, there was no rush to get used to it. If there are problems I go to see [registered manager] or [team leader]. I know I have back up."

Staffing and recruitment

- People were supported by enough safely recruited staff, although a number of agency staff were being used whilst recruitment was ongoing for permanent staff.
- Staff and relatives felt more permanent staff would be beneficial for people so they could get to know each other better. Agency staff working in the home were generally booked for longer periods to reduce the amount of different staff attending, but these would have to change if the agency staff member could no longer attend.
- One staff member said, "It would be good to have more permanent staff. Even though the agency staff are the same, it's better to have the rapport with people." Another staff member said, "We could do with more permanent staff. Some are agency and they come for a bit. It's hard for the residents to adjust."
- One person said, "I feel there are enough staff." People did not have to wait for support and staff told us they felt there were enough staff. One staff member said, "I feel it's enough [staff]."
- There were profiles in place which had been supplied by the agency to the home to check their suitability to work with people who use the service. It is the provider's responsibility to check these. We found one agency staff member did not have a profile in place, all others did. We raised this and the registered manager was able to show us this by the end of our visit.
- Permanent staff had been safely recruited including checks on staff employment history, references and criminal records. If a staff member had a conviction on their criminal record, this had been risk assessed to ensure they were safe to work in the service.

Assessing risk, safety monitoring and management

- Risks were assessed and planned for and staff knew people's needs well. Staff were also aware of health conditions. Whilst there were agency staff in use, they were still aware of people's needs although it was acknowledged that people would benefit from a full team of permanent staff so there were less changes for people.
- Where people could experience periods of agitation, staff were all aware of this and were consistent in their responses about how they would support people during these times. A relative told us about support measures in place and did not have concerns about these measures. However, these measures had not been discussed with an external professional to ensure they were appropriate. Despite this, the person appeared happy in the service and clearly had a positive relationship with staff. Following the inspection, we contacted a relevant health professional regarding this and advised the registered manager we had done this.
- Relatives felt people were safe there, although some relatives felt people's diets and healthy living could be improved to help keep people well. The registered manager explained to us steps had been taken to make healthy swaps, in line with people's choices, such as wraps instead of white bread and including vegetables in sauces, to support people to eat more healthily.
- Staff told us they had access to care plans which advised them of people's needs. One staff member said, "We read the care plans, we get time. It is detailed and tells us what we need to know."
- Checks were made on building safety. The fire service had recently visited and identified actions that needed completing and the registered manager explained what action they were doing to address these.

Preventing and controlling infection

- We were generally assured that the provider was accessing testing for people using the service and staff. The provider had been less robust with the recording of agency staff tests. Agency staff told us they had been completing these COVID tests and informing their agency of these, one told us, "I do a PCR [COVID test] once a week, I do lateral flows tests twice a week at home." The registered manager explained what action they would take to resolve this and put a monitoring chart in place to record test results.
- We were not fully assured that the provider's infection prevention and control policy was up to date as it did not incorporate guidance regarding COVID-19 and did not designate staff to specific roles, as prompted by the policy. However, a COVID-19 guidance folder was in place and this guidance was being followed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules, where possible.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, relatives felt people were safe and we saw referrals were made to the local safeguarding authority when concerns were identified.
- One person told us, "They've [staff] never shouted at me, I shout at them I don't mean it in a nasty way. They never grab me. I like all the staff." Other comments included, "They [staff] don't treat me badly" and, "They [staff] treat me nicely." Another person commented, "Staff are brill."
- Staff understood their safeguarding responsibilities. They knew of different types of abuse, how to recognise this and their responsibility to report these.

Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Accidents and incidents were recorded and analysed to look for trends and action taken to reduce the ongoing risk of repeat occurrences was documented. Staff were aware of how to respond to incidents and were aware of their responsibility to record things.
- The registered manager was open to feedback and took action to resolve any concerns found.

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 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; Continuous learning and improving care

- Quality assurance systems were not fully embedded and some improvements needed had not yet been identified.
- There had been a number of manager changes in the 12 months prior to the registered manager starting. The registered manager explained new audits had been introduced which had only just started, but had not consistently been completed prior to this.
- There was a suite of compliance checks, but these had not been reliably and fully completed and the provider had not carried out a recent check. The registered manager again explained these were going to start.
- Medicine audits and systems in place had failed to identify some stock levels did not match.
- The registered manager had explained that they were in the process of updating every person's care files, such as care plans and risk assessments, but some had not yet been completed. Despite this, staff knew people's needs and how to support them.
- Whilst some checks had not been completed recently, staff had commented on the difference in the service already and had noted improvements since the new registered manager had started.
- Staff told us, and the registered manager explained about the changes happening in the home to improve their support to people and oversight of the quality and safety of care. One staff member said, "Things are changing, I'm looking forward to them. The registered manager is bringing in new policies and getting a new team. Everyone working together for the good of people." Another staff member said, "[The registered manager] has a lot to do, I really think they will turn it around."
- An action plan was in place to address improvements needed in the service.
- A refurbishment was underway in the home. Some people had already had their rooms redecorated and had been involved in choosing their décor. Other structural work was planned to extend some rooms and configure some bathing facilities and replace carpets.

Working in partnership with others

- People had access to a range of health professionals to help monitor their needs. However, we found one instance of an appropriate professional not being consulted about the content of one person's plan and the approach being used by staff to support them.
- The registered manager and team leader were proactive following our feedback and updated us following the inspection about the action they were taking or had planned to make improvements. They responded to

requests for information.

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

- People, relatives and staff had not been consistently asked for their opinion about the service, so their feedback could not be acted upon. The registered manager showed us their 'to do' list for the service and surveys were being planned. Following our visit, relatives told us they had recently received a survey to complete.
- Despite this, people, relatives and staff all felt positively about the registered manager and felt they were approachable. Staff felt supported in their role and felt able to offer ideas about the service and team meetings were held so these could be discussed.
- One person said, "[Registered manager] is very nice. I could go to them." A relative told us, "I feel able to go to [registered manager]. I brought up a couple of issues with them [registered manager], it wasn't their fault. They didn't waste any time in getting it sorted. [Registered manager] is more responsive than other [previous] managers." Another relative said, "[Registered manager] is quite approachable. I feel we can call them."
- One staff member said, "[Registered manager] is lovely. Yes, I could absolutely go to them." Another staff member said, "[Registered manager] is lovely. They are very approachable and funny."
- One staff member gave us an example where they had fed back a concern to the registered manager and the staff member said it had been rectified.
- Staff had received training around equality and diversity. People were supported to access places of worship should they choose to.

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

- People were happy living in the service and despite there having been a high staff turnover over recent months, people and relatives still complimented the staff team, including longer-term agency staff.
- People told us they liked the staff. A relative told us, "I just think it is a nice place and a nice atmosphere, the staff are lovely." Another relative said, "It is friendly, it doesn't feel like a home. My relative can come and go out of their room as they please. They are not just stuck in their room in front of TV. They can talk to their friends."

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 registered manager was aware of their duty of candour. They explained, "It is someone being open and honest." They were aware of the need for an investigation and apology if something went wrong; "We would send outcome letters after an investigation and explain what we've put into place and apologise."
- The registered manager had been honest with us about the work that was still required to improve the service and ensure people's plans were up to date. They said, "I'm going to be truthful now... I have updated some people's care plans but not all. Everything needed a good overhaul when I started." A staff member told us, "[Registered manager] came into a hard job to turn this place around, but they are doing good so far."
- They also acknowledged recruitment of permanent staff was an ongoing priority to reduce the reliance on agency staff.