

The Alex Group







Rough Lee Home

Inspection report

Rough Lee Road
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Ratings

Overall rating for this service		Good	
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?	Good		

Overall summary

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. The last inspection was carried out on 18 October 2013. All areas reviewed met current standards.

Rough Lee Care Home provides accommodation and personal care for up to 15 people with physical disabilities. At the time of the inspection 14 people were accommodated in the home. The home is a detached purpose built property with large gardens and a car park. All accommodation and facilities are located on the ground floor. The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The people spoken with told us they felt well cared for and safe at Rough Lee. We saw that staff treated people with respect and were mindful of their rights and dignity.

Each person had an individual care plan which included risk assessments. These told the staff about the risks for each person and how to manage and minimise the risks to help keep people safe. However, one person told us their needs and wishes had changed. Whilst they had not previously mentioned these changes, the staff had not picked this up as the person's risk assessment was only reviewed once a year. Timely and frequent review of risk assessments is important to ensure people can take responsible risks as part of their daily lives.

We found people's needs were assessed before they started to use the service. Care records were personalised and identified people's personal preferences about how they liked their care and support to be delivered. People were supported to access health care and where people

had existing health conditions they were supported to manage these. People received care from staff who had received the training they needed to deliver care and they were well supported through supervision and appraisal.

People were served a variety of nutritious meals and were offered a choice each meal time. All people spoken with were very complimentary about the food and told us they enjoyed the meals provided.

Staff observed during our visit were caring. We observed positive interactions between staff and the people they supported. Staff spoken with had a good understanding of both people's care and support needs; and their individual preferences.

There were clear management structures offering support and leadership. We saw there were arrangements in place to check the quality and safety of the service provided. This included regular audits and consultation with people living in the home and their relatives.

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?

The service was not consistently safe. People told us they felt safe and secure in the home and staff knew how to recognise and respond to any evidence or allegations of abuse. However, risk assessments were not always up to date.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Whilst no applications had been submitted, relevant information, policies and procedures were in place. The registered manager and staff had been trained to understand when an application should be made, and how to submit one.

The registered manager operated an appropriate recruitment procedure, however, we noted one member of staff's application form only included a recent history of employment rather than a full history. This is important to ensure appropriate background checks can be carried out. We found there were sufficient numbers of staff to meet people's needs.

Requires Improvement



Is the service effective?

The service was effective. There were arrangements in place to ensure staff received and completed relevant training. Staff were well supported by the management team. All staff were provided with regular supervision and an annual appraisal of their work performance. They were also invited to attend staff meetings. This meant the staff had opportunities to discuss their work and the operation of the home.

People told us they enjoyed the food provided in the home.

People discussed their healthcare needs as part of the care planning process and we noted there was guidance for staff on how best to meet people's health needs. This meant staff were aware of people's medical conditions and knew how to respond if there were any signs of a deterioration in health.

Good



Is the service caring?

The service was caring. People spoken with were happy with the care provided in the home. One person told us "We are very well cared for. The staff are very nice". We saw staff were kind and attentive to people throughout the visit respected their rights to privacy and dignity.

People were encouraged to express their views and were involved in decisions about their care. People were supported to maintain relationships with their family and there were no restrictions placed on visitors to the home.

Good



Is the service responsive?

The service was responsive. People were supported to express their views and were confident staff would act on any concerns.

Good



Summary of findings

People's needs had been assessed before they were admitted to the service. Each person had an individual care plan, which provided guidance for staff on how best to meet their needs. People were provided with opportunities to be involved in a variety of activities both inside and outside the home.

Is the service well-led?

The service was well led. The home had a manager who had been registered with the commission since January 2011. All people and staff spoken with told us the home was well managed and organised.

The registered manager used a variety of ways to assess and monitor the quality of the service, which included the use of satisfaction questionnaires and regular audits.

Good



Rough Lee Home

Detailed findings

Background to this inspection

We visited Rough Lee Home on 30 July 2014. We spent time talking to 14 people living in the home, three members of staff, the registered manager and one relative over the telephone. We looked at communal and bathroom areas in the building. We also spent time looking at a sample of records which included three people's care records, one staff member's recruitment file, a sample of policies and procedures and quality audits. During the visit we observed daily life in the home and interactions between the staff and people living there.

The inspection team consisted of an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we contacted a number of professional staff involved in the service. These included a representative from the District Nursing Team, a social worker and GP. We also contacted Healthwatch and the

local authorities who contract with this service. We received positive feedback from all those contacted. We also reviewed all the information we hold about this service.

Before the visit the registered manager completed a provider information return. This gave us information and numerical data about the operation of the home. We used this information as part of the evidence for the inspection.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who used the service told us they felt safe and secure in the home. One person told us, “It’s a lovely place, it’s very warm and friendly” and another person commented, “It’s the best care home ever, you couldn’t get better”. People said they could talk to a member of staff or the manager to raise any concerns about their safety. A relative spoken with during the visit expressed a high level of satisfaction with the service and told us they had no concerns about the safety of their family member. We observed from the good natured humour between people living in the home and the staff that there was a warm and friendly atmosphere.

We discussed safeguarding procedures with three members of staff including the registered manager. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. All staff spoken with had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received training on safeguarding vulnerable adults within the last year. We noted their level of understanding was discussed during staff supervision.

Safeguarding people was included in induction training for new staff and records showed that existing staff completed refresher training on annual basis. Staff also had access to detailed internal policies and procedures and information leaflets published by the local authority. This meant the staff had the necessary knowledge and information to ensure people were protected from abuse.

The registered manager confirmed there had been no allegations or incidents which required a safeguarding referral in the last 12 months. Prior to the inspection we contacted social services and received positive feedback about the service.

The registered manager and staff team had received training in the principles associated with the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who may to be deprived of their liberty in their own best interests. The staff spoken with during the inspection understood the importance of the MCA 2005 in protecting people and the importance of involving people in making decisions. Whilst no applications had been made

under DoLS, the registered manager had up to date information on this issue. We observed people’s capacity to make particular decisions was considered as part of the pre admission assessment and wherever possible people were involved in the care planning process.

The three care plans we looked at incorporated a series of risk assessments specific to the needs of each person. They included areas such as the risks around moving and handling, falls, nutrition and hydration and activities inside and outside the home environment. Risk management strategies had been drawn up to ensure staff managed any identified risks in a safe and consistent manner. Whilst the risk assessments had been reviewed, we noted one person’s risk assessment for going out of the home had been reviewed in November 2013 and was not due to be reviewed again until November 2014. The person told us their needs and views had changed; however, they had not mentioned this to staff and these changes had not been picked up. This meant the person may have felt unnecessarily restricted when going out of the home. We discussed this situation with the registered manager, who reassured the person there were no restrictions and their risk assessment would be reviewed. The registered manager should ensure all risk assessments are reviewed in a timely manner to ensure people are supported to take responsible risks as part of their everyday lives.

People told us there were sufficient staff on duty to meet their needs. One person told us, “There’s plenty of staff and always someone available if I want to talk to them about anything”. We looked at the staff rota and noted there were usually three care staff on duty during the week plus the manager and additional ancillary staff. The registered manager told us the staffing levels were flexible and could be increased in response to people’s needs. The registered manager also reported the staffing levels were being reviewed at weekends to allow people to pursue more individual activities. The management team were on call outside office hours and weekends. This meant staff were able to access advice and assistance as necessary.

We found there was a policy and procedure for the recruitment and selection of new staff. There had been one new member of staff employed in the home in the last 12 months. From looking at this person’s records we noted the recruitment process included an application form and interview. A person living in the home had interviewed the applicant with the manager, before the second interview.

Is the service safe?

This meant a person using the service was able to influence the choice of new staff. We could see from the interview notes the applicant had been asked a number of relevant and searching questions. However, the application form only included a recent history of employment and not a full history of employment. This is important to check where applicants have previously worked and ensure appropriate

background checks can be carried out. The manager assured us the application form would be updated and the staff member would be asked for a full history of employment. We noted two written references and criminal records checks had been obtained before the person started working in the home.

Is the service effective?

Our findings

People living in the home told us staff were well trained and good at their job. One person told us, “The staff are always very helpful” and another person commented, “We are well supported by staff. The night staff are good in particular, they always have time to talk”. All people were assigned a named member of staff known as a key worker, which enabled staff to work on a one to one basis with people living in the home. This meant they were familiar with people’s needs and choices. Staff members spoken with were knowledgeable about people’s needs and spoke positively about their personalities and attributes. One member of staff told us, “It’s such a pleasure working here, the residents and staff are lovely, friendly people”.

There were established systems in place to ensure all staff received regular training, which included moving and handling, fire safety, first aid, health and safety, safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff also completed specialist training on different communication techniques for instance Makaton and British Sign Language. Checks were in place to ensure staff completed all the training courses in a timely manner. This helped to ensure staff had the right competencies, skills and knowledge to meet the needs of people who lived in the home. Staff spoken with confirmed the training provided was relevant and beneficial to their role. During our visit we observed staff were efficient and worked well as a team.

New staff undertook induction training, which took account of recognised standards and was relevant to their workplace and role. New employees completed a structured induction programme to ensure they understood the organisation’s policies and procedures and expected conduct. They also shadowed experienced staff to allow them to learn and develop their role and begin to build relationships with people living in the home.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. Staff also had an annual appraisal of their work performance and were invited to attend regular staff

meetings. Staff told us they could add to the agenda items to the meetings and discuss any pertinent issues relating to people’s care and the operation of the home. Staff attended handover meetings at the start and end of every shift. This ensured staff were kept well informed about the care of the people living in the home.

Everyone told us they liked the food provided in the home. One person said, “It really is fantastic” and another person said, “We have a great cook and we always have a choice”. We found the food looked appetising on the day of our visit and everyone told us they had enjoyed their meals. The menu was displayed on each unit so people were aware of what their next meal was going to be. People were offered three meals a day and were served drinks and snacks at regular intervals and at other times on request. A jug of juice was readily accessible in the main living area for people to serve themselves a drink at any time. Any risks associated with poor eating and drinking were identified and managed as part of the care planning process.

The home had a three week rotational menu which had been discussed with people at residents’ meetings. The chef was an integral part of the staff team and had a good knowledge of people’s likes and dislikes and any special dietary requirements. This meant the chef had up to date information about people’s preferences and nutritional needs.

We observed there was an unhurried and pleasant atmosphere at lunchtime and noted people were given appropriate support to eat their meals.

People discussed their health care needs as part of the care planning process and told us they would tell the staff if they felt unwell or in pain. On looking at people’s care plans we noted there was information and guidance for staff on how best to monitor people’s health. This meant staff were aware of people’s healthcare needs and knew how to recognise any early warning signs of a deterioration in health. We noted records had been made of healthcare visits, including GPs and the chiropodist. People confirmed the staff contacted their doctor when they were unwell. Before the visit we spoke with two visiting healthcare professionals, who provided us with positive feedback about the care provided in the home. One professional commented, “The residents appear to be happy and extremely well cared for. It is a very ‘home from home’ place”.

Is the service caring?

Our findings

During the inspection all 14 people spoken with told us the staff were caring. One person said, “The staff are very nice, you can have a good laugh with them. They are always there for you” and another person told us, “I think the staff are really good. They look after us and always make sure we are alright”. A relative spoken to over the telephone also expressed satisfaction with the service. They commented, “We have been very impressed with the care. Our family is very pleased with the overall service”.

We observed staff responding to people with kindness and compassion throughout the visit. People said they made decisions about how they were looked after. They told us they had a keyworker, who got to know them particularly well and made sure they had everything they needed.

People said the routines were flexible and they could make choices about how they spent their time. One person told us, “I can do as I please. The staff fit in with me”. We saw people being offered choices and staff often asked people if they were okay and if they wanted or needed anything.

People said the staff were very respectful of their religious and spiritual beliefs and several people were involved in the activities of a local church, including services and trips out.

The registered manager and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and staff understood the way people communicated. This helped staff to meet people’s individual needs. We observed staff using different communication skills, including sign language depending on people’s needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being.

People were supported and encouraged to express their views. This was achieved on an ongoing basis as part of daily conversation and more formally at residents meetings. We saw minutes from residents’ meetings during the visit and noted people had made suggestions for meals and activities. People were also given the opportunity to complete satisfaction questionnaires. People told us they were involved in the planning of their care and all people spoken with were familiar with their care plan. We saw one person discussing their plan with their keyworker during the inspection.

People were provided with appropriate information about the home, in the form of a service user guide. This ensured people were aware of the services and facilities available in the home. Information was also available about advocacy services. These services were independent and provided people with support to enable them to make informed choices. None of the people living in the home were in receipt of these services at the time of the inspection.

There were policies and procedures for staff about the philosophy of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and human rights in the care setting. The staff spoken with were aware of the philosophy of care and were able to give us examples of how they maintained people’s dignity and privacy. We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful way throughout our visit.

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home. Where appropriate, people were supported to travel long distances to visit their family and one person kept in touch with their parents using a face to face facility on the internet.

Is the service responsive?

Our findings

People told us they were happy living at Rough Lee. Several people described the service as “Home from home”. We saw staff were responsive to people’s requests and needs during our visit.

Before people moved into the home an assessment of needs was carried out and people were invited for series of visits so they could meet other people and the staff. We noted information was sought from a variety of sources during the assessment process including relatives and health and social care professional staff. We looked at a completed assessment during the inspection and noted it covered all aspects of the person’s needs.

We looked at three people’s care files in detail. From this we could see each person had an individual care plan which was underpinned by a series of risk assessments. The care plans, known as “All about me”, were well presented and easy to follow. Staff spoken with told us they were useful and informative documents. We noted people were asked about the gender of staff who provided their care and they had signed consent forms to confirm their choice. The plans were personal to each individual and contained information about people’s needs and preferences. The plans also provided guidance to staff on what was important to each person and their preferred routines. However, in order to further develop the care plans it would be beneficial to include information about people’s histories and personal aspirations.

We noted the care plans were reviewed on annual basis and were discussed during monthly keyworker meetings. We saw records of the key worker meetings and noted people had contributed their views on the care provided. Staff maintained records of care throughout the day and night. These provided staff with information about changing needs or any recurring difficulties.

People had access to range of activities, which were displayed on an information board near their bedrooms. Activities included quizzes, bingo, snakes and ladders, card making and baking. On the day of our visit we saw that people participated in a game involving bean bags on the patio. People also participated in activities in the local community such as garden club and events at the local church. They also used community facilities such as restaurants, pubs, shops, cinema and bowling alley. Two people were volunteers working with children and one person was due to attend the local college in September 2014. People told us they were contented with the type and frequency of activities, however, the service could be further developed by ensuring staff had more information about people’s aspirations and ambitions through the care planning process.

People had access to appropriate equipment to assist with their mobility. Bathrooms were fitted with tracking hoists and assisted bathing facilities. Notice boards and furnishings were installed at a suitable height for people using wheelchairs.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how any complaints would be managed and investigated and a complaints procedure. The procedure included relevant contact details and timeframes and was also available in an easy read version. The manager told us there was a record of complaints, but no complaints had been received in the last 12 months. No concerns about the service had come directly to us at the Care Quality Commission. We saw a number of cards complimenting the service during the visit.

Is the service well-led?

Our findings

People and their relatives confirmed the home was well led. One relative said the registered manager knew the home and people “very well”.

The home had an established manager who had been registered with the CQC since January 2011. The manager had a detailed knowledge of people’s needs and said she continually aimed to provide people with good quality care.

All staff had clear job descriptions, which set out the line of responsibility and delegation. Staff spoken with were aware of the decision making arrangements in the home. Three members of staff spoken with told us the home was well managed and organised. One member of staff told us “The manager provides leadership and is very open to new suggestions”.

All staff spoken with were motivated and caring towards people living in the home. One member staff said, “I really like my job. It feels very homely here and we all get on so well together”.

We saw policies about whistle blowing and safeguarding people from abuse were available and accessible to all members of staff. All staff spoken with were aware of the whistle blowing procedures and knew who to contact if they had any concerns about the operation of the service. There had been no whistle blowing concerns raised with the Care Quality Commission during the last 12 months.

People and their family members were given the opportunity to complete satisfaction questionnaires on their experiences of living in the home and the provision of leisure and social activities. We saw the returned questionnaires from 2013 during the inspection and the registered manager sent us the collated results following the visit. We noted all people indicated they were satisfied with the service provided. Action plans had been devised in response to suggestions for improvement. As a result of comments made by people using the service a new wet

room facility had been installed in the home. This meant the registered manager and the Board of Trustees had responded to people’s views and people were able to have input into the development of the service. People were also invited to attend regular meetings. We looked at the minutes from a recent meeting and noted a range of topics had been discussed including the menu and activities. People were able to add any items of their choice to the agenda. This ensured the meetings were meaningful for the people living in the home.

Accidents and incidents had been reported and recorded. However, to develop the service further an analysis should be undertaken of all accidents and incidents in order to identify any trends or patterns.

The registered manager carried out a number of audits in order to monitor the quality and safety of the service. These included medication, care plans, staff training, supervisions, meetings with staff, health and safety, the environment and safety checks on equipment. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. The action plans included timescales for action and were monitored and reviewed to ensure all actions had been carried out.

The registered manager prepared a detailed report for the Board of Trustees every month and an overall report once year. This report set out the plans for the service over the coming year. The annual general meeting was open to everyone involved in the service to attend. We looked at past monthly and annual reports during the inspection and noted they were broad ranging and covered all parts of the service.

The service had received a recognised quality award, following an assessment by an independent assessor from an external company. The assessment covered all aspects of the operation of the service and was reviewed annually. This meant the quality of the service had been assessed by an organisation not working for the home.