

Rhodsac Community Living Ltd

Rhodsac Care Home

Inspection report

24 Worrelle Avenue
Milton Keynes
Buckinghamshire
MK10 9GZ
Tel: 01908 666980

Date of inspection visit: 04 August 2015
Date of publication: 22/09/2015

Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 04 August 2015 and was unannounced.

Prior to our visit we received information of concern about the service from two different sources. This was in relation to potential verbal abuse against people using the service, inadequate staffing levels, poor recruitment practices, medication being administered by staff that were not trained to do so and people and staff being put at risk because of a lack of support and guidance. In addition, concerns were raised about the lack of leadership and frequent changes to the manager at the service.

During this inspection, we looked at these specific areas to check if the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Rhodsac Care Home is a residential home providing personal care and support for up to four younger adults with learning disabilities.

The service had a registered manager. 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.

Staff had a good understanding of safeguarding and who to report their concerns to. However, we were made aware of two incidents that had not been reported to the relevant authorities, by staff, which were potential safeguarding issues.

Summary of findings

We found the risk assessments in relation to people's behaviours that could challenge others, were not reviewed on a regular basis and lacked clarity about what staff members needed to do to reduce risk.

There were insufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment to service users.

Recruitment policies and procedures were not robust and did not ensure that staff were suitable to work with people at the service.

Medicines were not managed safely. The systems and processes in place did not ensure that the administration, storage, disposal or handling of medicines were safe for people who lived at the service.

We found the culture at the service was not open and transparent and we found a lack of leadership in the day to day running of the home.

Staff did not feel able to express their views and ideas and said they would not have confidence that the provider would address any concerns they raised.

We identified that the provider was not meeting regulatory requirements and was in breach of a number 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?

This service was not safe.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare. However, they had not reported potential safeguarding issues in practice.

Risk assessments lacked detail and clarity on the actions to be taken by staff to minimise risk to people.

Staffing numbers were not always adequate to fully meet people's needs.

Recruitment processes were not robust and did not ensure that people were suitable to work with people at the service.

There were systems in place in respect of medicines but these were not always robust in ensuring that people's medication was managed safely.

Requires improvement



Is the service well-led?

This service was not well-led.

The service did not have a registered manager in place and this was having an impact on the leadership and direction for people living in the service and staff.

We found the day to day culture at the service was not open and transparent. Staff felt there was poor communication and did not feel supported by the provider.

Requires improvement



Rhodsac Care 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 undertaken because of concerns raised about practices at the service. We wanted to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This inspection took place on 04 August 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we received information of concern about the service from two different sources. This was in relation to safeguarding, inadequate staffing levels, poor recruitment practices, unsafe medicine practices and risks to people using the service and staff. In addition, concerns were raised about the lack of leadership and frequent changes to the manager at the service.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had

been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during individual tasks and activities.

We spoke with one person who used the service, two relatives of people using the service, one member of care staff, the manager and the provider during the inspection. A further two staff members contacted us after the inspection.

We reviewed care records relating to two people who used the service and three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People were not always protected against the risks of avoidable harm or abuse because potential safeguarding concerns had not been reported by staff.

Staff demonstrated a good knowledge of safeguarding and were able to explain the different types of abuse and who to contact if they suspected or witnessed an incident of abuse. However, we found that this had not happened in practice. Two staff members, one of whom contacted us after the inspection, told us they had each witnessed separate incidents where a staff member had raised their voice to a person who used the service. The staff members had not reported this as a potential safeguarding issue. One staff member said, "I know nothing would be done."

It was clear from people's behaviour and manner that they were relaxed and comfortable within the service and in the company of the staff and their peers. One person said, "Yes" when we asked them if they happy and safe at the service. We saw this person enjoying some positive interaction with staff and laughing with them.

The three staff files we looked at showed that refresher Safeguarding training was required by two of the staff who had not completed this training for over 15 months. However, following the inspection we were supplied with up to date training information to demonstrate that staff had received safeguarding training between 02 February 2015 and 05 June 2015.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the risk assessments in relation to people's behaviours that could challenge others, were not reviewed on a regular basis and lacked clarity about what staff members needed to do to reduce risk. For example, in one file we saw the action provided to reduce risk was recorded as, "Staff to try and stop [person using the service] acting inappropriately towards staff/service users/public.' There was no information to explain how staff would achieve this.

One staff member who was present during our inspection, described a situation when they had been at the service on their own and three of the people who use the service had become anxious. They said there was no guidance for them to follow and they had had to use their own initiative to

resolve the situation. The staff member said, "They [people who use the service] started kicking off. I wasn't sure what to do so I asked them to come into the office and discuss things. It ended up with everyone calming down and saying sorry. I was lucky it didn't get any worse."

We looked at records of recent incidents that involved the same person using the service. Different staff had approached the situation differently and there was no consistency. Some of the incidents had been resolved successfully. Others had resulted in the person becoming more anxious. The lack of guidance for staff meant that there was no consistent approach about how to support people to manage their behaviours.

One member of staff told us their personal circumstances had changed significantly and would affect the way they worked at the service. They told us the provider was aware of this but had not implemented a risk assessment to ensure the person was still safe to work at the service.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we received information of concern in respect of inadequate staffing levels.

One member of staff who was present during our visit told us there were times when the service was short of staff and they often had to work long hours. They said, "There have been occasions when I've been left on my own." Another staff member who contacted us after the visit said, "Sometimes it stops them [people using the service] going out."

We looked at the rota for the service. This demonstrated that there were usually two or three staff on duty during the day and one at night. We saw that at weekends there were usually two staff on duty. During a staff meeting we heard staff talking about how difficult it was to take people out with only two staff on duty. One staff member at the meeting said, "If one person doesn't want to go shopping, it means that one staff member has to stay behind. That means the second member of staff has to take three people shopping which is not easy."

We saw that some staff worked long hours. For example, we found one person had worked six consecutive night shifts, often arriving for their shift at 17:00hrs and finishing at 09:00am.

Is the service safe?

We looked at records which staff completed on a daily basis called a shift report. These recorded the day's events and which members of staff were on duty. We saw that on the 29 July 2015 the records indicated that one staff member had been on duty after 09:00am until the afternoon. On the 28 July 2015 the records showed that one person was on duty alone from 09:00am until 11:00am and on 31 July 2015 there was one person working alone from 18:00pm until 22:00pm. We also found that a staff member had worked alone, despite guidance in one person's care plan that stated this member of staff must not be left alone with the person using the service.

Following our inspection the provider supplied us with up to date information to demonstrate that three staff were on duty in the evening on 31 July 2015.

One person smiled and said, "Yes" when we asked if there were enough staff. A relative we spoke with said, "There are usually enough staff on duty. Sometimes [relative] doesn't manage to go out because of staff shortages, but to my knowledge it doesn't happen too often." Another relative didn't raise any concerns with staffing numbers and said, "It seems okay."

During this inspection we found one staff member and a newly appointed manager at the service. In addition, the provider arrived later in the morning. Three people had gone out to the day centre and one person remained behind at the service.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we received concerns that staff were working at the service before the necessary employment checks had been completed.

One staff member who contacted us after the visit informed us, "I know some staff have started work before their Disclosure and Barring Service (DBS) checks and references have come through."

We looked at three staff recruitment files. We found that where a DBS disclosed a staff member had received a conviction in the past, this had not been explored by the provider to check if the potential member of staff was suitable to care for people at the service. We also found that one person's DBS check had been received two months after the start date of employment recorded in

their file. In the third file we found that all checks were recorded as received before the person commenced work. However, when we spoke with this staff member they told us they had started work at the service, four months prior to the receipt of their DBS and references. This was confirmed by the fact this member of staff had a record of completing training at the service three months prior to the recorded start date. Staff rotas also demonstrated this person had been working at the service during this time.

The provider told us the discrepancies were due to incorrect dates recorded on the records. We found that the recruitment process was not robust and did not ensure that only appropriate staff were employed to work with people at the service.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we received information of concern in respect of poor medication practices.

All three members of staff told us that not all staff were medication trained, but had been required to administer people's medicines. The manager told us only staff trained to give medicines would do so. We were unable to clarify this, as there were gaps and omissions on the Medication Administration Records (MAR).

We found that medication was not stored safely for the protection of people who used the service. The cupboard to store medication was not attached to the wall, but sat on top of a cabinet in the staff office. Temperatures had not been recorded of the areas where medicines were stored so we could not be assured these were within acceptable limits.

We looked at the MAR charts for all the people using the service. We found that when medicines had not been administered to people, the reason why had not always been recorded. We could not account for all medicines used, disposed of or returned. When people were prescribed medicines in variable doses, for example, 'one or two tablets', the actual quantity given was not always recorded. This could result in people receiving too much or too little medication.

Is the service safe?

The MAR charts also contained numerous hand written entries. These had not been signed or dated by two staff to minimise the risk of error when transcribing in line with current best practice guidance.

We saw that some people had not been given their medicines in line with the prescriber's instructions. For example, one person was prescribed a pain relieving gel three times a day. Staff had crossed out the midday application so it was recorded to be given twice a day. We could not find any documentary evidence to support this variation in the prescribed instruction.

Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was insufficient guidance for staff on the circumstances these medicines were to be used. We were therefore not assured that people would be given medicines to meet their needs.

We looked at the training records for three staff members who were authorised to handle medicines. We found that these staff had received appropriate training but they had not been assessed to be competent to handle medicines. This meant that people may be given their medicine by staff that were not suitably qualified and competent.

The provider told us that they carried out monthly checks on the quality and accuracy of medication records. We looked at the last audit undertaken in July 2015. One of the questions in the audit asks, 'Does the MAR chart use clear, type written or computer generated labels from the pharmacy and not hand written entries'. The provider has answered yes to this question. However, we found that the majority of entries on the MAR charts were hand written.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

At the time of our visit there was no registered manager in post. There have been two registered managers at this service in the previous two years. When we arrived we found a new manager in post who was in their second week working at the service. Prior to our visit we received information of concern about the service from two different sources.

We were informed that staff were working at the service before the necessary employment checks had been completed. We looked at three staff files and found the recruitment process was not robust and did not ensure safe recruitment practices were followed.

We were also informed there were inadequate staffing levels at the service which may put people and staff at risk. One staff member who contacted us after the inspection told us, "I have worked on my own many times." They also told us this had happened to a member of staff who was new at the service. We found that some staff were working long hours and records indicated there were, on occasions, just one staff member on duty.

We found the culture at the service was not open and transparent and we found a lack of leadership in the day to day running of the home. There was no clear vision and set of values among the staff team, and one member of staff who contacted us after the inspection told us, "You basically do what you're told." Staff were not empowered to question practice and a second staff member who contacted us after the inspection said, "If you don't want to lose your job you just keep quiet."

Staff felt they were not encouraged to express their views and ideas. One staff member who contacted us after the

inspection said, "The provider is not approachable." Staff told us that the frequent change in managers made them feel frustrated. There was no visible leadership to inspire them to provide a quality service. There was a lack of support and uncertainty among the staff team. The staff we spoke with during and after the inspection told us they were aware of the provider's whistleblowing policy and they would use it to report any concerns. However, we were informed of two incidents that had not been reported to the local authority as potential safeguarding issues. Staff did not feel they would be supported if they raised concerns and felt they may not be dealt with in an open, transparent and objective way.

The provider told us that a range of audits had been carried out on areas that included falls, medication and care plans. We found that some of the audits did not always identify areas for improvement and had been completed incorrectly. Despite monthly medication audits taking place, these had failed to identify some of the issues we found in relation to the poor recording of medicines, lack of guidance for the use of 'as needed' medicines and hand written entries. Therefore, the systems in place were not always used as effectively as they could have been.

We found that risk assessments in relation to behaviours that could challenge others, were not reviewed on a regular basis and lacked clarity about what staff members needed to do to reduce the risk to people. In addition, some of the risk assessments had not been reviewed and updated following an incident of concern.

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

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People who use services and others were not protected against the risks of potential abuse because Systems and processes at the service did not support staff to report their concerns.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not protected people against the risk of unsafe care and treatment that included the unsafe management of medicines and inadequate systems in place to protect people against risks by timely and robust risk assessment.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person has failed to ensure that there are sufficient numbers of suitably qualified, competent, skilled and experienced persons providing care or treatment

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

The registered manager has failed to ensure robust recruitment procedures are followed to ensure only suitable staff are employed at the service.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems were not effective in terms of assessing, monitoring and improving the quality and safety of the services provided.