

Independence For Life Limited

Rotherview

Inspection report

54 Brown Street
Masbrough
Rotherham
South Yorkshire
S60 1JY

Tel: 01709559204
Website: www.independenceforlife.co.uk

Date of inspection visit:
16 May 2018

Date of publication:
17 July 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 16 May 2018 and was unannounced, which meant that nobody at the service knew we would be visiting. The last comprehensive inspection took place in December 2015 when the registered provider was meeting with the regulations and the service was rated as good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Rotherview' on our website at www.cqc.org.uk.

Rotherview Care Home is a two storey premises located close to Rotherham town centre. There are local facilities and public transport links close by. The home caters for up to nine people between the ages of 18 to 65 years of age who have a learning disability.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they felt safe living at the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding vulnerable people and were able to explain the procedures they would follow should an allegation of abuse be made.

People received personalised care which was based on their individual needs. People were involved in activities of their choice and had the freedom to lead a life without restrictions. The registered provider had a complaints procedure which was displayed in the home. People who used the service and their relatives were aware of this procedure and felt able to discuss any concerns with the staff.

We saw staff enabled people who used the service to follow their preferred interests and be as independent as possible.

Procedures were in place to ensure people were protected from the risk of infections.

There were enough skilled and experienced staff available to meet people's needs and enable them to follow their hobbies and interests. The company's recruitment system helped the employer make safe recruitment decisions when employing staff.

People received their medications in a safe and timely way, from staff that had been trained to carry out this role.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and people who used the service had been assessed to determine if a DoLS application was required.

People were fully involved in choosing what they wanted to eat and drink. Staff told us each person selected the main menu on one day each week, but alternatives were also available. We saw people were also involved in shopping and preparing meals.

Staff were trained to carry out their role and felt they had the necessary skills to do their job. Through our observations we saw staff knew people well and understood their needs. Healthcare professionals were accessed as required.

Care records reflected people's needs and preferences, as well as any risks associated with their care. These provided staff with detailed guidance about how to support people and keep them as safe as possible. Support plans and risk assessments had been reviewed and updated regularly to ensure they were meeting each person's needs. People had consented to their support.

People participated in a various activities and outings of their choice.

The provider had a complaints policy to guide people on how to raise concerns.

People who used the service had been encouraged to share their views on the registered provider via questionnaires and at regular meetings. Surveys had also been used to gain relative's opinion of the service provided to their family members.

We found a shortfall in the management audit systems and a lack of management oversight in some systems and processes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Requires Improvement ●

The service declined to Required Improvement.

Rotherview

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 checked 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 the 16 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the service. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We spoke with the local authority to gain further information about the service.

At the time of our inspection there were nine people using the service. We spoke with four people who lived at the service to gain their views and experience of the service provide. We also spoke to the registered managers, four staff and some relatives.

We spent time in communal areas observing the support and interaction between staff and people. We looked at three care plans, three medicine administration records, two staff recruitment records as well as staff training and supervision records. We spent time looking at the registered provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

Is the service safe?

Our findings

We spoke with people who used the service and their relatives and they felt they or their family member was safe living at the home. One person said, "I feel very safe living here. The staff talked to us about safeguarding. It's good that they do." One relative said, "I have never heard any raised voices or seen anything that worried me. It's great here."

People were protected from abuse. People who used the service told us they had a good understanding of safeguarding and it was regularly discussed in house meetings. The registered provider had a safeguarding policy and procedure in place. Staff we spoke with had good knowledge on how to recognise, respond and report various types of abuse. One care worker said, "I would report safeguarding concerns to senior staff without delay."

Training records confirmed that staff had received training in safeguarding. We saw that the registered manager had records of all safeguarding incidents that had been reported. The registered manager informed us how lessons had been learnt following internal investigations of incidents.

Risks associated with people's care had been identified and appropriate action taken to minimize the risk occurring. Care records we looked at contained risk assessments which showed how risks were managed. When staff completed risk assessments they considered the safety of people whilst balancing safety against the rights of positive risk taking. Risk assessments were in place for things such as bathing, safety outside the home, falls and choking.

Records showed that the registered provider's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for people who used the service, prior to employment. We could see there were sufficient numbers of suitably qualified staff to support people in line with their needs. People received one to one support when this was needed and staff had experience of providing person centred support.

There were systems in place to ensure people's medicines were managed safely; however, these weren't always effective in identifying and addressing errors. People who had been prescribed medicines had a medication administration record sheet (MAR's) in place, to record when medicines had been taken. However, we found on one occasion medication had not been signed for and this error had not been identified in the audit. The errors didn't impact on people negatively, and the registered manager quickly acknowledged and investigated the errors, and took appropriate action.

We saw medicines were stored safely in a locked medicine cabinet. We saw records were kept to show that temperatures were taken of the cabinet used for medicine storage. Temperatures were maintained in line with storing prescribed medicines. The registered provider had appropriate arrangements in place for storing controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage.

Some people had been prescribed medicines to be taken on an 'as and when' required basis, known as PRN medicines. People, who had been prescribed a short course of medicines or PRN medicines, had no protocols in place. This meant staff had no instructions to inform them when to administer this medication or how long to administer them for before seeking professional advice. A PRN protocol instructs staff when to administer medicines and how soon to seek medical advice when the PRN was not effective in alleviating the problem. People were being administered PRN medicines when they needed it, however there was no record to show why it had been administered, or what effect it had. The registered manager agreed to address this straightaway and look into the process of auditing the medication, to make improvements

The service enabled one person to be more independent with managing their medicines. The staff supported the person to develop skills to help them remember when their medicine was due and to take the prescribed amount. Regular checks were in place to see if the person was able to remember their medicines and to ensure their safety before they became fully independent.

The environment was safely maintained. The registered provider carried out various safety checks. The registered provider had an emergency plan which included how staff should respond to various emergency situations. There was also a fire risk assessment and personal emergency evacuation plans (PEEP's), were also in place to ensure people were able to evacuate the building safely if needed. People we spoke with could explain how they would evacuate the building in an emergency and confirmed that this was an area that was discussed frequently. We saw evidence that evacuation practices had taken place.

During our tour of the service we saw there were good infection control practices in place. The home was very clean and well maintained. We saw people being supported to be involved in their own cleaning and they told us they took pride in their home being clean and tidy. Soap for hand washing was available in the bathrooms and toilets and there were hand drying facilities to ensure people could wash their hands when needed, to reduce the risk of infection.

The kitchen area was clean and well equipped. People were supported to prepare and cook food by staff that were trained and in food hygiene.

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and they felt the staff were appropriately trained and supported them or their family member well. One relative said, "The staff here know what people need and know people very well. They [the staff] react well to people's needs." People we spoke with had confidence in the staff and felt they understood the support they needed and knew what their preferences were."

We spoke with staff and they told us they were supported by the management team, but also by their peers. Staff told us they received regular supervision sessions. These were individual meetings with their line manager to discuss work related issues. Staff also told us they received effective training which supported them to carry out their role. This included subjects such as safeguarding, moving and handling, food hygiene, fire safety and equality and diversity. Staff also told us they could request other training to develop their knowledge in specific areas.

People's support needs were assessed and reviewed to ensure regular and effective outcomes were being achieved. People were being supported to access community based activities and take part in community projects, which they enjoyed participating in. Activities were person led, meaning focus was placed on people doing what they enjoyed, trying new things and learning new skills.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection the registered provider was working within the principles of the MCA. Nobody was subject to a DoLS authorisation, as assessments had shown none were required. The registered manager had a satisfactory understanding of the MCA and DoLS, as did support staff. We saw that people were regularly given choices about their care.

People were supported to maintain a healthy and balanced diet. They were involved in planning shopping lists, menus and preparing and cooking their own food. People took it in turns to choose the menu for a full week. Alternatives were provided if the menu did not suit people's tastes or dietary requirements. We saw fresh fruit and vegetables were available. We observed a very relaxed lunch time meal, where staff and people who used the service sat together while they ate and discussed the morning's events.

We saw picture menus were in place and used to support people to decide what they would like to eat. The service recently had a Mexican night where people were able to try different Mexican foods. People we spoke

with told us they enjoyed their meals and were supported to eat healthily.

People were supported to maintain good health and were supported to use healthcare professionals when required. We looked at care records and found they contained information and advice from healthcare professionals.

Each person had an up to date health action plan which gave information about health needs and appointments that had been attended. For example, regular appointments were recorded when people had seen various professionals, such as doctors, dentists, opticians and chiropodists.

Individual's needs were met by the design, adaptation and decoration of the premises. The home was very clean and pleasant and had several communal lounges and quiet spaces. We saw the different areas being used by people. One person told us they liked the quieter room to use when her relative visited. We saw people's bedrooms were personalised to meet their needs and preferences.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives. Without exception, everyone we spoke with was complimentary about the service and the caring and supportive nature of the staff team. One person said, "I like the staff they are very friendly and helpful. I need instructions to follow so that I can do things and the staff are good at this." Another person said, "I like the staff they are nice." Another person said, "The staff feel like family to me, they are so easy to get on with."

We spoke with people's relatives and they all told us the staff were caring. One relative said, "It's one happy home here. The staff genuinely care. [My relative] is happy here and if they are happy so am I." Another relative said, "The staff are simply superb."

We observed staff interacting with people who used the service and found they were kind, compassionate and dedicated to support people in a person centred way. The staff ensured people's preferences were maintained and sought ways of achieving this. For example, people who used the service had devised 'our charter.' This was a list of what people expected and how they wanted to be treated. This included things such as expecting staff to be respectful, kind and considerate, turn mobile phones off when supporting them and respecting people's personal space. During our inspection we observed that staff were mindful about the charter and conducted themselves in accordance with it.

People who used the service were at the heart of it and were involved in the dignity challenge. The service showed the service had a focus on people's dignity being upheld. One person said, "I am a dignity champion and we talk about dignity in our meetings." This included keeping bedrooms private, taking personal alarms in to the community and asking other people living at the service for their views about dignity. One person said, "Staff respect our dignity. They knock on doors and wait for an answer before entering. They don't just walk in."

A keyworker system was in place, where staffs hobbies and personal characteristics were matched to people to ensure they received support from staff that they were best suited to. "

Staff knew people well and respected their personal preferences. We saw people were supported to do the things they wanted to and staff gave them time alone when people wanted less support. People were encouraged to be as independent as possible. The service used mobile phones and personal alarms to keep people safe when having unsupported community time. This promoted their independence and reassured them that staff were available should they need support. We saw rotas were well planned so staff were matched to people to support them with their hobbies and activities.

People had information available to them on external services that were available should they need to discuss their support options.

People were actively involved in having making decisions in the way their service was run, giving them an active voice. We saw regular service user meeting took place. People supported took turns to chair the meetings and lead the agendas. This enabled the staff to focus on what changes were important to the people living there, to enable improvement.

People's relatives and visitors were welcome to visit the home at a time to suit them and were greeted in a positive way. One relative said, "I can visit at any time and families are welcome to join in special events."

Staff were observed supporting people in a way which promotes their independence and choice. Interaction between staff and people seemed effortless. They showed impressive skills in team working and managed potentially challenging situations by using distraction techniques. This meant they were able to defuse possible incidents before they posed a challenge to people using the service or staff.

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they told us that staff responded well to their or their relative's needs. One relative said, "I can't fault the staff or the manager. I know who the owner is and they are very helpful too." One person who used the service said, "I know I have a support plan and staff talk to me about it and ask if I am happy with it or if I need to change anything. It's my plan." Another person said, "The staff are supportive and always around if I need them. I can chat to them and get things off my mind."

We looked at support plans and found they were person centred, easy to read and reflected people's current needs and wishes. People were involved in writing their support plans, to ensure they received the right support. One person said "They [the staff] do things with me, not for me." Staff were aware of people's needs and respected their choices. The support plans detailed things that were important to people and how they liked to spend their time. One person's plan indicated that they enjoyed their own company and spending time in their room and staff respected this.

People knew how to make complaints and felt confident that they would be acted upon in a reasonable time frame. Information on complaints was available in easy to understand format. One relative said, "If I wasn't happy about something I would say so, but I don't have any complaints." The registered manager told us there had been no complaints made.

People's support records included a section called 'my last wishes.' This showed that people's preferences and choices around end of life care, had been discussed. This had been done in a sensitive manner and documented details such as what music people would like playing, what the funeral service would include and how they wanted their family and friends to celebrate their life.

The service had thought of ways to give people information they needed in a way they could understand, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported to have information made available to them in easy read or pictorial formats. We saw throughout their home pictures were displayed to make information easier for people to understand and to help with their communication.

Is the service well-led?

Our findings

At our last inspection of December 2015, this domain was rated as good. However, at this inspection, we found this domain had declined to requires improvement.

At the time of our inspection there was a registered manager in post. 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.

The registered manager was unable to show us they had an effective system in place, to enable them, to monitor the quality and safety of the service. We saw that there were some internal audits being completed on areas such as medicine management. Audits that were in place were not robust and had not identified all the issues we found on our inspection. We also found that there was a lack of PRN protocols, which had been identified in the previous inspection in 2015, and not been addressed. The registered manager agreed that they needed to be in place and agreed to complete these as soon as possible.

The registered provider had a service plan in place which had been devised to show how improvements were being made. We found this had not been fully completed, and action dates had not been met and were outstanding in some areas. This meant that changes were not been made in sufficient time, to drive improvement.

We saw that accidents and incidents were being reported and recorded but there was no evidence to show they were being evaluated and monitored to ensure themes and trends were identified and appropriate actions taken. Systems and processes of quality monitoring needed further development and embedding into practice.

We spoke with people's relatives and they were complimentary about the management team. One relative said, "The manager is really good you can speak to him any time, although we speak to all the staff. We have no concerns or worries about [our relatives] support." Another relative said, "The manager is a nice guy, there's been a few changes in management but it's settled down."

The registered manager was able to lead the team effectively. We saw that people approached and interacted with him and knew him well. Staff were comfortable around him and he was observed interacting with people and encouraging their independence.

The service was person centred and placed focus on people's outcomes by working in partnership with them. We saw people were involved in regular meetings about their home and they were able to offer opinions and suggestions to make any improvements they felt necessary. The service had a monthly newsletter which informed people about what had taken place in the service. The registered manager demonstrated their person centred approach by encouraging and enabling people to live a full and active life. It was clear that people were at the heart of everything and their views and opinions were valued.

