

ROCCS Residential Community Care Services Limited

Lammasmead

Inspection report

61 Lammasmead
Wormley
Broxbourne
Hertfordshire
EN10 6PF

Tel: 01992421020

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14 April 2016

22 April 2016

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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

Lammasmead is registered to provide residential accommodation and personal care for up to three older people living with a learning disability. At the time of our inspection three people were living at the home.

The inspection took place on 14 and 22 April 2016 and was unannounced which meant the provider or manager did not know we were coming. At the last inspection on 22 May 2013 we found the service met the required standards and also found at this inspection the required standards were similarly being met.

The home did not have a registered manager in post. The manager had been in post since March 2016 and was in the process of applying to CQC to register. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Shortly after our previous inspection, the provider changed their legal entity requiring a new provider registration following a reorganisation of the company.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Lammasmead and a number of these were pending an outcome.

People told us they felt safe living at Lammasmead. Staff were aware of how to keep people safe and risks to people's safety and well-being were identified and managed. Where people's needs changed staff ensured these were responded to and managed in a safe manner. There were sufficient numbers of staff deployed to support people, and the home was calm and relaxed throughout our inspection. There were suitable arrangements for the safe storage and administration of people's medicines, including controlled drugs and people's medicines were regularly reviewed.

People were asked for their permission before staff assisted them with care or support. Staff had the skills and knowledge necessary to provide people with safe and effective care and demonstrated this throughout the inspection. Staff received regular support from management which helped them feel supported and valued. People received appropriate support and encouragement to eat and drink sufficient quantities and people's nutritional needs were assessed and monitored effectively. People had access to a range of healthcare professionals when they needed them and feedback from health care professionals was positive and supportive of the care provided at Lammasmead.

People's privacy and dignity was promoted. People told us they were treated with kindness and compassion by staff that listened to them.

People and staff told us the culture in the home was open and supportive. The manager had identified a number of key areas for improvement in areas such as updating people's care records, and submitting notifications as required. Arrangements were in place to obtain feedback from people who used the service, their relatives, and staff members about the quality of care services provided.

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 was safe.

Staff knew how to recognise and report abuse.

People were supported by sufficient numbers of staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People's health needs were supported by a range of health professionals.

Is the service caring?

Good ●

The service was caring.

Staff spoke with and supported people in a caring manner and respected people's privacy.

People were well cared for and staff respected people's individual needs.

People were supported to maintain family relationships.

People's confidential records were safely stored.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their individual needs.

The home had an appropriate complaints procedure in place. People felt comfortable with raising concerns with the staff and manager if they needed to.

People were able to choose how they spent their time and staff supported them where required to pursue hobbies and interests.

Is the service well-led?

The service was not consistently well led.

There was not a registered manager in post and incidents that were required to be reported to CQC had not been completed in some instances.

There was a clear culture in the home that demonstrated the manager's approach was caring and inclusive.

People were encouraged to contribute their ideas about the service.

Staff and health care professionals spoke highly of the quality of care people received.

Requires Improvement ●

Lammasmead

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider met 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 under the Care Act 2014.

This inspection took place on 14 and 22 April 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information the provider submitted by their completed Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also 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.

During the inspection we observed staff support people who used the service, we spoke with two of the three people who used the service, two staff the manager, the development and training manager and the provider. We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us they felt safe living at Lammasmead. One person gave us a 'thumbs up' gesture, smiled and said, "Yes I am happy here, I like the people I live with and the staff are very nice." One health professional told us, "The residents are well cared for, and very well looked after, I should say they are exceptionally safe."

Staff we spoke with about keeping people safe from harm were confidently able to describe what constituted abuse and all told us they would escalate any immediately report any concerns they had to the manager, provider, CQC or the local authority. One staff member said, "If I thought anybody was being harmed I would speak straight to [Manager] or if they weren't here then I would phone [Provider], or [Company owner]."

People's finances were managed safely. Staff told us and showed us how each person's finances were separately logged and monitored. Monies brought into the home were logged in and signed out as and when people needed their money. Two staff members signed each transaction and people's money was regularly checked by staff to ensure there were no discrepancies. Where a person required a larger purchase, then appropriate arrangements were in place to seek the views of the person's social worker, family, themselves and, where needed, an advocate. This helped to ensure people's finances were protected to protect them from the risk of financial exploitation.

We found that risks to people's health and well-being had been identified, although management plans were not always available in the accompanying care records. For example, one person who displayed challenging behaviour, particularly in relation to relationships, did not have a documented plan that addressed this specific area. The persons behaviour may at times leave them vulnerable to exploitation by people, however staff had worked diligently with the person and health professionals to provide them with awareness around how to remain safe, and to speak with staff should they not feel so. All the staff we spoke with were aware of the risks and they frequently discussed and reviewed the persons needs through daily handover and discussions with the manager, person and health professionals.

People said there were enough staff available to help keep them safe. One person was leaving the home for the day and said, "I think there are enough, they are always here when I want them, and they will take me where I want to go." Staff told us that there were sufficient staff. One staff member said, "It changes, but that's because of the people living here, [Person] is quite independent and is out most days or weekends with family, but [People] need more help, so we are more heavily staffed with a focus on supporting them because of the care they need." A second staff member said, "There are enough of us, we aren't ever short."

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. We saw evidence that identification checks and permanent address checks of applicants had been undertaken and all staff had undergone a criminal records check.

Staff were able to confidently describe the procedures to be followed in the event of an emergency, for

example in the event of a fire, and confirmed that regular fire alarm checks were undertaken to help ensure people's safety was promoted. People each had their own emergency evacuation plan should they need to leave the home in an emergency and arrangements were in place to ensure they were accommodated in case they needed to leave.

People's medicines were managed safely. People's medicines were checked in by trained staff and a medicines administration record was then developed. This was signed as medicines were given to people and checks were made by an appointed staff member to ensure that the stock of medicines tallied with the records. During the inspection the manager amended the stock checks and increased the frequency because we identified a discrepancy. They also said they had informed staff they needed to record the time they audited, not just the date, as this created ambivalence about the reliability of their count. Staff told us they received regular training to support them to administer medicines safely. There were lockable cupboards provided to people to self-administer and we saw one person managed their own medicines with support from staff. Staff continuously monitored and reviews this, and frequently checked their medicines records and stocks to ensure they were correct. Where errors were identified staff took action to remedy this. For example, one person who managed their medicine was found to have more medicines in their packets than required. This suggested they had not taken their medicine as required, so staff increased the frequency of checks to ensure they were taken as prescribed. In all examples of medication records we looked at the documentation had been completed correctly.

Is the service effective?

Our findings

People told us that the staff were sufficiently skilled to carry out their role. One person told us, "They are very nice and look after me well."

Staff told us that they were well supported and had the necessary skills to carry out their role. They told us that they had received an induction that was thorough and enabled them to provide care safely. We spoke with the training and development manager who confirmed the length and range of training and development that staff were provided with. One staff member told us, "Induction was the usual policies and things, but also about getting to know people and going on training around safeguarding, moving and handling, and awareness of people's needs, it was good but really in depth."

Staff were complimentary about the recently employed manager. They said that they felt supported to develop in their role and that they could take any concerns to the manager who would support them. Staff explained to us they had been trained in a variety of areas key to their role, including safeguarding, moving and handling, epilepsy awareness, and first aid. During the inspection we saw that a trainer had come to the service to support a staff member with the Care Certificate training they were undertaking. One staff member said, "[Manager] is there to help us when I want to talk to them, and if I need some support. I spoke with [manager] a while ago to say how I found the changes overwhelming and difficult, and it really helped to hear them say they felt the same, but we have supported each other."

The ability of people who lived at the home to communicate with us verbally varied, so we observed how staff interacted with and supported them in communal areas such as the lounge, office and dining area both during mealtimes and when people were relaxing. We saw that staff were patient and used a variety of both verbal and non-verbal techniques to communicate with people, establish their wishes and obtain consent before any care or support was provided. At the time of the inspection the manager had identified people's care records required reviewing and updating. They were in the process of inviting people's relatives to these reviews, however were explicit in telling us that families would only be invited at the express request of the person. This demonstrated to us that the wishes and consent of people was sought prior to any form of care or review of their needs being carried out.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection we found applications had recently been made by the manager for people they felt required a DoLS to keep them safe. The applications at that time were with the local authority awaiting assessment.

Staff received training about DoLS and how to obtain consent in line with the MCA. They were knowledgeable about how these principles applied in practice together with the circumstances in which DoLS authorities would be necessary. We saw that where people may have lacked capacity to make their

own decisions in certain areas, assessments and best interest decisions were properly structured, formalised and reviewed in line with requirements of the MCA. At the time of the inspection, the manager was in the process of reviewing and updating capacity assessments relating to areas such as medicines and was due to involve health professionals in arriving at a best interest decision. Furthermore whilst carrying out our inspection we saw one staff member receive a call from the local authority DoLS team, in relation to a recent application. They clearly through the phone discussion demonstrated a robust awareness of this subject and were able to clearly and articulately answer queries made of them.

People were positive about the food they were provided with. One person told us, "I like the food, and we can go out when we like for lunch and treats." Menus were agreed on a weekly basis with people who lived in the home, and were based upon both people's favourite selections and verbal feedback. Where people did not like or want a particular meal, staff were able to support them to prepare a more suitable option. As there were only three people living in the home, this meant staff were able to support people more flexibly with their meal choices.

People were supported to prepare the ingredients and cook and clear away their meals. Staff were seen to speak with people at lunchtime and see what they wanted to eat. When people made their choice, staff supervised and intervened where required to keep the person safe from scalds or sharp implements. For example, we saw one person choose a fried egg, toast and cup of tea for their breakfast. The staff member asked them to go to the kitchen and get the items together and they would assist them. Whilst the person cooked, the staff member intervened only to assist with the frying as the person may have been scalded by the hot oil. However, once their meal was prepared, the staff member sat with them at the table and they were both seen to then have a friendly and light hearted chat about the person's day.

We observed people being supported to eat both their breakfast and lunch. People chose whether they wanted to sit at the dining table with others, or watch TV whilst eating. The atmosphere was sociable, people were supported to eat in a patient and calm manner and were not rushed. People living at the service did not require staff to assist them with eating their meal however did require prompting, but this was carried out in a kind and sensitive manner.

Staff monitored people's weight and these were documented to monitor their weights over a period to identify any concerns such as weight loss or weight gain. Where there were concerns about people's nutritional needs, they were referred to dieticians promptly. One person had put on weight and was being supported with staff to lose weight by educating the person about health eating and empowering them to make these choices when choosing what to eat.

Peoples health needs were supported by a range of healthcare professionals. We saw that arrangements were in place with a local GP surgery and people were further referred for support to services such as district nurses, psychiatrists and social workers.

Is the service caring?

Our findings

People told us they thought the staff were caring and supportive. One person told us, "I love all the staff, they are brilliant and look after me."

We saw throughout our inspection that staff spoke with people and interacted with them positively. They took their time to ensure that people understood what they wanted to say and waited for them to respond either verbally or to indicate their response. Staff working at Lammasmead had done so for a number of years, and this was clearly evident with one staff member and a person they supported. We clearly saw that the staff member understood the person's specific needs, was able to pre-empt the person's requests for assistance and had clearly built a rapport with the person over a long period of time. The overall impression given to us by staff working in the home was that it was a family home that supported people in an instinctively caring and passionate manner.

People were involved with developing their care plans which helped to ensure that people's choices were respected about how their care was delivered. We saw during the inspection a staff member sit with a person and discuss their current medicine. They used an easy read format to discuss the medicine and its side effects and asked the person if they were currently happy with the arrangement. One staff member told us, "[Person] does a lot of nodding to us to tell us what they want, but when [Person] is verbal it's so lovely to hear them speak and actually tell us what they want." We saw the person asked questions and tried to explore how the medicine made them feel at that time. The staff member listened to them, and together they discussed various options they could explore together.

People had access to external advocacy support should they require this. Where decisions were required to be made that meant people may not fully understand the consequences, an independent advocate was sought to support the person. These were in areas such as money management, leaving the home unescorted or health matters.

People who used the service were able to come and go any time at any time of the day or night. We saw that people freely went to visit their families or friends in other local homes and that people's families were able to visit when they wished. Where people's families were a long way from Lammasmead, staff supported them to make phone calls or write letters as examples of supporting people to maintain family relationships.

Private and confidential records relating to people's care and support were maintained in a lockable office. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information. This helped ensure that people's personal information was treated confidentially and respected.

Is the service responsive?

Our findings

People were able to choose how they wished to spend their day with staff support. One person was heard to ask staff if they could visit the local town and a discussion was then held about times and who they wanted to go with.

People were able to join in a range of group activities such as barbecues, visits to other services, sporting events, birthdays, takeaways and visits to the cinema or shopping. Staff told us that people had a personalised weekly schedule that they had chosen themselves. This provided a structure for the person but this also allowed for flexibility and for people to change their minds. On each day of our inspection, people were either out and about or being supported with a specific activity that was individual to them. For example, people were able to volunteer with local organisations, attend college, have lunch in town, make puzzles, watch films, listen to music or socialise. Staff supported people to do the things they wanted to do. People were also supported to remain independent where possible with household tasks such as laundry, cleaning and cooking. Where people were able to staff supported them in the kitchen to assist with meal preparation or hang out their laundry and tidy their rooms. Staff told us it was important to ensure that people helped with household tasks as this enabled them to maintain their independence.

Care plans, much like people's activity plans, were developed to reflect people's individual needs. At the time of the inspection staff were in the process of reviewing and developing new care plans following a review by the manager that identified these were out of date. We saw that one person was being supported with their mobility due to an increase in dizzy spells and losing their balance. Staff told us clearly how they had noted a slight deterioration and how they were now more aware of the person when walking around the service. They told us they had referred the person for assessment to ensure there were no underlying issues with the person's neurological needs. Staff said the changes to the person were slight and developed over a period of time, however were able to quickly identify and monitor this because they had a clear understanding of the person through daily care. This meant that staff noted and responded to people's developing needs in an individualised manner. It was clear when we asked the staff about each of the people living in Lammasmead that they knew and understood what their varying needs were.

People told us they would be confident to raise anything that concerned them with staff or the manager and provider who they knew well. The manager and provider told us that people were encouraged to come to the office and raise any concerns or grumbles with them before they escalated to a complaint so they could support. One person said, "I will talk to [staff member] if I am not happy and they will sort it out for me, or I will talk to [provider]. People were provided with a copy of the complaints procedure and staff assisted them with understanding the content. Staff additionally revisited the complaints procedure with people regularly to help them keep refreshed with the arrangements. The complaints log we looked at did not contain any current complaints, however historic complaints received had been appropriately investigated and responded to.

Is the service well-led?

Our findings

People and staff were positive about the management of the home. Staff told us that the manager was approachable, supportive and knowledgeable. Staff told us that the approach of the manager was caring, open and transparent and inclusive. We observed through the inspection that both the staff team and manager ensured their practise reflected the ethos of the manager when supporting people. We saw that the manager was equally proficient in the caring manner they supported people living at Lammasmead and the staff who worked there.

However, at the time of the inspection the home did not have a registered manager in post. The manager had been recently recruited and had submitted their application to CQC the week before we inspected the home.

The provider had a range of systems in place to assess the quality of the service provided in the home and we found that these were in effective in identifying areas that required improvement. However, since being in post the manager had carried out a range of audits and assessments of the quality of care provided in Lammasmead. We found areas of people's care planning did not always accurately record their needs, and in some examples, did not record a specific support plan to address an identified need. For example, staff told us about one person who could be at risk from exploitation from people at the day centre they visited or within the home. We saw, and the manager agreed, that a specific care plan had not been developed for this. They told us that since being in post they were reviewing and updating peoples care plans and also they had identified a number of areas that required improvement. At the time of the inspection they were in the process of developing new systems to address the areas identified. They provided us with a copy of a service improvement plan that identified areas such as care plans, medicines management and mental capacity assessments as areas they were currently addressing.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The previous registered manager had not always informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken. For example, where DoLS are authorised the provider is required to inform CQC of the decision. However the current manager since being in post had informed CQC of incidents that had occurred, albeit the incident reported did not require the manager to send it to us as it did not meet the necessary requirement. However this did demonstrate that the manager was aware of the obligations, and they told us they would ensure notifications were made appropriately in the future.

The provider told us that following recent inspections by CQC and the local authority they were reviewing the systems they used to monitor and improve the quality of care people received. They told us that they had implemented a line management system where a senior manager supported another manager with their service. They were able to carry out audits, reviews and assessments of the home, identify areas for improvement and support their colleague to make the improvements. The findings were shared among managers for learning and development, and for the provider to quickly identify any emerging trends.

Staff told us that they felt valued and were actively encouraged to contribute ideas they may have for

improving the service. Staff told us they attended regular meetings with the manager, and regularly spoke with the provider which gave them an opportunity to contribute ideas and suggestions about the service people provided to people. A health professional confirmed that the staff and manager were approachable, listened to their views and were receptive to feedback. They commented that, "I like visiting the home, I feel welcome and it feels as if we are working collaboratively for the benefit of the residents living there."