

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:
15 December 2015

Date of publication:
14 January 2016

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?	Good ●

Summary of findings

Overall summary

The inspection took place on 15 December 2015 and was unannounced. We last inspected the service in August 2014 when it was found to be meeting with the regulations we assessed.

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 to follow should an allegation of abuse be made.

We saw staff enabled people who used the service to follow their preferred interests and be as independent as possible. People told us they liked living at the home and felt staff met their needs and supported them appropriately.

There were enough skilled and experienced staff on duty 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. We found new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by refresher and specialist training to update and develop their knowledge and skills.

People received their medications in a safe and timely way from staff who 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. They 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.

Care files 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 participated in a varied programme of activities and outings that was tailored around their individual interests and preferences. People told us they enjoyed the activities they took part in and said they were fully involved in deciding what they wanted to do.

The provider had a complaints policy to guide people on how to raise concerns. There was a structured system in place for recording the detail and outcome of any concerns raised.

People who used the services had been encouraged to share their views on the service provided in 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 system was in place to check if company policies had been followed and the premises were safe and well maintained. However, areas identified as needing improving did not have planned timescales for completion.

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 respond to suspected abuse and they had a clear understanding of the procedures in place to safeguard people.

Care records identified potential risks and provided staff with guidance on supporting people.

There was sufficient staff employed to meet peoples' needs. We found recruitment processes helped the employer make safe recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications in a safe and timely manner.

Is the service effective?

Good ●

The service was effective

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

Staff had access to a structured induction and training programme, and felt well supported by the management team.

People were fully involved in planning and cooking meals which offered choice and promoted healthy eating.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were responsive to their needs, kind and caring. Staff communicated with people in a friendly and inclusive manner that reflected their communication needs.

Staff treated people with dignity and respect while offering privacy and encouraging independence. People were happy with

how staff supported them.

Is the service responsive?

Good ●

The service was responsive

People were involving in developing and reviewing their support plans, but this was not always clearly evidenced in the care files we sampled. Plans reflected people's individual needs and preferences in good detail, and had been reviewed on a regular basis.

People had access to a programme of activities and stimulation that was tailored to meet their individual needs and preferences. This included in-house activities' and outings into the community.

People were made aware of how to raise concerns and systems were in place to manage any concerns received.

Is the service well-led?

Good ●

The service was well led.

There were systems in place for monitoring the quality of the service provided. However, action plans did not give a timescale for identified shortfalls to be completed.

Questionnaires and meetings had been used to ask people if they were happy with the care and support they received and how the home was run. Relatives were also consulted about the service their family member received.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

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 was planned to check whether the provider was 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 was undertaken by an adult social care inspector on 15 December 2015, and was unannounced.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion we did not request the provider to complete a provider information return [PIR]. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were seven people using the service. We spoke with five people living at the home and spent time informally observing how support was provided, as well as how staff interacted with people.

We spoke with the registered manager, a senior care worker and two care staff. We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care records, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

Is the service safe?

Our findings

People we spoke with said they felt the home was a safe place to live and work, and our observations confirmed this.

Where assessments had identified any potential risks, clear information was available to provide staff with step by step guidance on how to minimise risks by avoiding triggers, and what to do if specific incidents occurred. For example, if someone living with diabetes had a high or low blood sugar level. Staff we spoke with demonstrated a good knowledge and understanding of the care and support people needed and how to keep them safe.

We looked at the number of staff that were on duty on the day of our visit and discussed how staff rotas were formulated with the registered manager. We saw, and people told us, there was enough staff available to meet people's needs. They said staffing levels were flexible to enable people to take part in their chosen social activities or stay at the home if they did not want to join group outings.

Policies and procedures were available about keeping people safe from abuse and reporting any incidents or concerns. The registered manager was aware of the local authority's safeguarding adult procedures, which helped to make sure any concerns would be reported appropriately.

Staff demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received training in this subject as part of their induction and at periodic intervals after that.

There was a satisfactory recruitment and selection process in place. The staff files we checked contained all the essential pre-employment checks required. This included at least two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy outlining the safe storage and handling of medicines and the staff we spoke with were aware of its content. There was a system in place to record all medicines going into the home, but not for any medicines returned to the pharmacy. The registered manager told us only three people were taking medication so it was rare that any medicines would need returning. However, they said they would acquire a returns book so it was available should they need to return anything to the pharmacy. Although no controlled drugs were in use we saw there was a specific cabinet available which met legal guidance. The service also had a controlled drugs register to record any such medicines. We checked all the medication administration records [MAR] which we found to be appropriately completed.

We discussed the process for administering medication with a senior care worker who demonstrated a good knowledge of the correct process to follow. They understood the importance of giving people their

medication on time and clear guidance was available to tell staff about any specific actions they needed to take. When people were prescribed medicines 'to be given when required' [PRN] protocols were not always in place to tell staff what the medicine was for and when to give it. For example, when paracetamol was prescribed for occasional pain relief. The staff we spoke with had a good knowledge of when to give these medicines and the registered manager said they would introduce protocols for all PRN medicines as soon as possible.

We found regular checks and audits had been carried out by the registered manager to make sure medicines had been given and recorded correctly.

Is the service effective?

Our findings

People we spoke with told us they were very happy with the care and support they received. They said staff were supportive and responded to their needs and preferences.

Files contained a health action plan which detailed how the person should be supported to maintain good health and access healthcare services. We saw people had been assisted to access health care professionals such as dentists, councillors, GPs, district nurses and social workers. People's weight and wellbeing had also been monitored regularly and action taken to address any concerns.

We found staff had the right skills, knowledge and experience to meet people's needs. Records and staff comments demonstrated that new staff had undertaken a structured induction that had included completing an initial induction checklist and the company's mandatory training.

The registered manager explained to us how new staff were also undertaking the care certificate, introduced by Skills for Care in April 2015. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The registered manager was using a matrix to track when staff had attended training and when updates were required. We saw there was a structured training programme in place that was undertaken by all staff, this included regular refresher training, as well as specific training in respect of their job role. Topics covered included health and safety, infection control, fire awareness, food hygiene, safeguarding vulnerable people from abuse and understanding people living with a learning disability. Staff told us they were also encouraged to develop their knowledge and skills in other areas. For example, a senior care worker described how they had completed a nationally recognised care award, as well as developing their management skills.

Staff told us they had received support sessions and an annual appraisal of their work performance. However, the registered manager said these had not been consistently recorded in the past. They described how they had formulated a plan that would provide every staff member with a structured supervision session at least every two months. We also saw they had developed new forms to facilitate this. All the staff we spoke with felt they had received enough training and support to enable them to do their job well.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Policies and procedures on these subjects were in place and guidance had been followed. All the staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be

respected. Care files provided details about people's capacity to make decisions. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. They confirmed they had received training in this subject to help them understand how to protect people's rights.

At the time of our inspection nobody living at the home was subject to a DoLS authorisation as assessments had shown none were required. The registered manager demonstrated a satisfactory understanding of the legal requirements regarding making DoLS applications.

People told us mealtimes were relaxed and arranged around the activities individual people were doing that day. Each day one person chose what the main meal of the day would be, they then helped to set the table, prepare and serve the meal. We saw the main meal for the day was displayed in picture format on a magnetic board in the dining room. People told us they could opt for an alternative meal if they did not want the meal provided. We saw one person preparing the evening meal for everyone with the help of staff. Kitchen cupboards had photos and signs on the outside identifying what was kept in each cupboard; this made it easier for people to find what they were looking for.

Staff said the main meal was served at teatime as most people were out in the community during the day. We also saw theme nights had been arranged, such as a Mexican evening with people dressing in Mexican clothing and eating a Mexican meal. People told us they enjoyed these evenings. Two people we spoke with said they had recently enjoyed a Christmas dinner at the home and talked about attending a Christmas party the next day. The staff we spoke with demonstrated a good knowledge of people's preferences and dietary needs.

Care records contained information about people's dietary needs and any specific guidance staff needed to make sure people ate a healthy diet. The registered manager told us about a recent health awareness month where posters and discussions had been used to inform people about things like the sugar content of different foods and drinks. They said they hoped this would encourage people to make wise choices when deciding what they would eat and drink.

Is the service caring?

Our findings

People told us they were happy with how staff supported them. We observed staff supporting people in a caring and responsive manner, while allowing them to determine how they spent their time. Throughout our inspection we saw staff interacting positively with people. People told us staff were "Caring". They said they could spend time in their rooms whenever they wanted to and staff respected their privacy. One person said the staff were "Fantastic." Another person who was changing their bedding commented, "I can choose what time I go to bed and get up, what I do and what food I eat."

People we spoke with said they were actively involved in planning and reviewing the support they received. We saw staff respected each person as an individual, asking what they wanted to do and acting on their answer. This meant that people had control over what and how things were done. One person told us how they liked to go out on their own, while another person said they enjoyed going bowling with staff.

People's needs and preferences were detailed in their care files. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs, and their likes and dislikes. We saw staff respected people's wishes and encouraged them to be as independent as possible. Throughout the day we saw people making choices and decisions about their everyday lives and going out into the community. This showed that people were treated as individuals and supported to do what they preferred.

In the dining room was a 'dignity board' which provided information about who were the 'dignity champions' at the home. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. There was also a poster that outlined what each person who used the service thought being treated with dignity meant. One person had said it meant 'having privacy and being treated with respect' while another person had said 'being friends and making my own decisions'.

Staff we spoke with gave clear examples of how they would offer people choice and respect their privacy and dignity. We saw them knocking on people's doors and waiting for a response before entering. One staff member said, "We talk a lot about dignity. I think about what I am saying, for example if someone might like a shower I ask them quietly. I wouldn't just shout it out in front of other people. I treat people with respect and respect their wishes and opinions."

Each person had their own accommodation. We saw people's rooms were personalised to reflect their preferences and interests. This included the décor, posters and family photographs.

People had access to information about how to contact independent advocacy services should they need additional support. Advocates can represent the views of people who are unable to express their wishes. One person told us how they had received support to move from where they lived previously to Rotherview care home. The registered manager told us some people had also attended 'Speak up' which is a group who support people to speak up for themselves.

Is the service responsive?

Our findings

During our visit we saw staff provided care and support to people in a personalised and responsive way. People we spoke with said they were happy living at the home and complimented the staff for the way they delivered their care and support. One person told us, "People go out a hell of a lot here [meaning there were a lot of opportunities to go out into the community to follow their interests]." Another person said they thought Rotherview was better than the last care home they had lived in. They added, "I get to do stuff like cooking. I want to be more independent and they help me with that."

We saw care interactions between staff and people using the service were very good and focused on the individual needs and preferences of the person being supported. Care workers were responsive to people's needs, respecting their choices. Staff we spoke with demonstrated a good knowledge of people's preferences, which were recorded in the care files we sampled. Care records demonstrated that needs assessments had been carried out before people had moved into the home. We saw the information collated had been used to help formulate the person's support plan.

Care files contained detailed information about the areas the person needed support with and any risks associated with their care. We found support plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required. Monthly evaluations identify when something had been changed in the plan but mainly consisted of comments such as 'no change to plan' rather than a meaningful evaluation of the previous month. However, we saw monthly reports had been completed by care staff which detailed how each person had progressed that month and any changes in their wellbeing. The registered manager told us this information was used as part of the evaluation of support plans but they would ensure the monthly evaluations were more detailed in future.

Each person had a programme of social activities that was tailored to their specific interests and hobbies. People were also involved in day to day tasks such as cleaning their room, cooking, and organising their laundry. During our visit we saw someone cooking a meal and another person returned from visiting their family. A third person had been out for a manicure ready for the forthcoming party, while other people relaxed in their rooms.

Most people were supported by staff to go out into the community to go shopping, swimming, for pub meals and for walks. People told us they enjoyed the activities they chose to join in with especially outings. We saw lots of photos of people enjoying outings to places of interest and the coast, as well as in-house events. For example, people had enjoyed a Mexican evening and celebrated the Chinese New Year. One person said they attended a college course which they really enjoyed.

People we spoke with were excited about forthcoming Christmas events. They said they had enjoyed a Christmas dinner at the home recently and were looking forward to the Christmas party at a local restaurant the following night. Some people told us they were looking forward to going to visit their families for Christmas.

The provider had a complaints procedure which was accessible to people using and visiting the service. There was also a pictorial version of the complaints procedure available. The registered manager told us no complaints had been received since our last inspection, but we saw a system was in place to record any complaints received and the outcomes.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People we spoke with told us they were very happy with the care and support they received and how the service was run. They were also complimentary about the new manager. We saw one person be openly affectionate with the registered manager. They told us, "It's nice to live here" and describing the registered manager they said, "She's lovely."

We saw people living at the home had been encouraged to be involved in care reviews and the registered manager told they had discussions with people on a daily basis so they could gain their views.

The company had used questionnaires to ask people using the service, and their relatives, for their views on the service provided. We sampled returned questionnaires from a survey the registered manager told us had taken place in 2015. They contained positive responses and comments to the set questions. However, we noted there was no date on the questionnaire to evidence when they had been completed. The registered manager told us they would add a space for the date, so it clearly showed when it had been completed.

We saw regular meetings had been held to enable people to be involved in how the home operated and to discuss ideas or plans. The registered manager told us they also observed how support was provided on a day to day basis as they worked around the home. The service also issued a monthly newsletter to keep people informed about events at the home. The December edition included information about activities that had taken place the month before and what was planned for December. There was also a Christmas poem, the words to a Christmas song, Christmas jokes and some puzzles for people to complete.

Staff told us they took part in staff meetings and supervision sessions where they could voice their opinions freely. They said they felt they were listened to by the registered manager and the home owner. Staff told us they felt the home was well run and the registered manager was approachable and very involved in the day to day running of the home. One care worker said, "The manager has improved things, such as brightening up the home, and she is hands on, working with staff and residents." Another staff member told us, "There is more stability and consistency with the new manager in post. She is making things better for everyone, such as painting the office so it's nicer for the staff and the service users."

Internal audits had been used to make sure policies and procedures were being followed. This included health and safety, infection control and medication checks. This enabled the registered manager to monitor how the service was operating and staffs' performance. We found that any shortfalls had been identified and signed for once completed. However, there were no timescales identified on outstanding areas needing attention. This meant that shortfalls had not been formally prioritised to make sure they were addressed in a timely manner. The registered manager told us they would ensure timescales were added to action plans.

When we asked the registered manager what their biggest challenge was for the future they said they wanted to improve the general environment of the home. When we looked around the home we noted a lot of homely improvements had already been made since our last inspection.

At their last visit the Environmental Health Officer had awarded the service a five star rating for the systems and equipment in place in the kitchen. This is the highest rating achievable.

Policies and procedures were in place to inform people using the service and provide guidance to staff. The registered manager told us they had been recently reviewed and updated as needed.