

# ROCCS Residential Community Care Services Limited

## Cromwell Avenue

### Inspection report

9 Cromwell Avenue  
Cheshunt  
Hertfordshire  
EN7 5DJ

Tel: 01992622032

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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?	Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection on 20 July 2016.

The service provides care and support to people with learning disabilities and/or autistic spectrum conditions. Five people were being supported by the service at the time of the 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from avoidable harm. The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People's medicines were managed safely.

Staff received regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this was managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives. People had adequate food and drinks to maintain their health and wellbeing. They were also supported to access other health services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were involved in reviewing their care plans. People had busy lives and were supported to pursue their hobbies and interests, including some of them taking part in competitive sports.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives and other professionals, and they acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. They had recently updated some of their audit forms and the manager needed more time to get used to the new system. Staff said that the manager provided stable leadership and effective support. They also promoted a caring and inclusive culture within the service.

## 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.

There were systems in place to safeguard people from avoidable risks that could cause them harm.

The provider had robust recruitment processes in place, and there was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, staff understood their roles and responsibilities to provide this in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health services when required to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind, friendly and caring staff.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported them in a way that helped them to develop independent living skills.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests. Some of them took part in competitive sports.

The provider had an effective system to handle complaints and concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager provided effective support to staff, and promoted a caring and inclusive culture within the service.

People who used the service and their relatives had been enabled to routinely share their experiences of the service, and their comments had been acted on.

Quality monitoring audits had been completed regularly and these had been used effectively to drive continuous improvements.

# Cromwell Avenue

## **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 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.

This inspection took place on 20 July 2016 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including the previous inspection report and notifications. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with one person who used the service, two care staff, the training coordinator, and the registered manager. We spoke briefly with some of the other people who used the service because they had limited verbal communication skills, and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at care records for three people who used the service. We reviewed the provider's staff recruitment, supervision and training processes. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

# Is the service safe?

## Our findings

The person we spoke with told us that they were safe living at the home. They said, "I like living here and I'm happy." We observed that people appeared relaxed and happy in the company of the staff who supported them. Staff we spoke with told us that people were safe. One member of staff said, "Clients are safe here." Another member of staff said, "Clients are perfectly fine here. I have never been concerned about anyone."

The provider had processes in place to safeguard people from the risk of avoidable harm or abuse. This included safeguarding guidance for staff and a whistleblowing policy. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Staff we spoke with showed good understanding of how to keep people safe and they had received appropriate training. They knew that they needed to report any incidents of concern to the manager and that where required, these could also be reported to the local authority safeguarding teams and the Care Quality Commission. A member of staff said, "I will report to the manager straightaway if I was worried about anything."

People had personalised risk assessments in place to minimise potential risks to their health and wellbeing. The identified risks included safety while accessing community facilities, use of kitchen facilities, physical health, eating and drink, and incidents when people are upset. We noted that the risk assessments included detailed information on how staff could support people in a way that minimised the risks, and these had been reviewed regularly. For example, a person who occasionally damaged things when upset had specific guidelines of how to support them to manage their distress in a more controlled manner. This provided staff with a consistent approach in helping the person to manage their behaviour.

The provider had systems in place to ensure that the physical environment of the home was safe. We noted that they carried out regular health and safety checks and there was evidence that gas and electrical appliances had been checked and serviced regularly. Also, there were systems in place to ensure that the risk of a fire was significantly reduced by regularly checking fire alarms, firefighting equipment and emergency lighting. The fire risk assessment had been updated in December 2015, and they had regular fire drills. Each person had a personal emergency evacuation plan (PEEP) to ensure that in a case of an emergency, staff knew how to help them leave the building safely. Additionally, people received training in how to prevent fires and keep safe. For example, we saw that the training coordinator had arranged with the local fire service to provide fire safety training to people the day after our inspection. The person we spoke with said that they enjoyed the various training provided to them. The service also kept records of incidents and accidents, with evidence that these had been reviewed and actions taken to reduce the risk of recurrence.

The provider had robust recruitment processes in place to carry out thorough pre-employment checks before any staff could work at the service. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The person we spoke with told us that there was always enough staff to support them and the other people who lived at the home. The duty rotas showed that sufficient numbers of staff were always planned to support people safely. There were always at least three members of staff to support people during the day and we saw that this could be increased to four if people needed support to attend activities outside of the home. Staff told us that the staffing numbers were sufficient for them to support people safely and they had never been concerned about this. There also occasionally had students on placements from a local college who were completing a course in Health and Social Care. A member of staff said, "We are flexible in how we work so that there is always enough staff. I'm happy to cover when someone is on leave."

People were being supported to take their medicines and we saw that this had been managed safely by trained staff. The person we spoke with did not have any concerns about how their medicines were managed. We saw that staff had previously supported two people to take their own medicines with minimal help, but this had been stopped due to safety concerns for one person and the other person choosing to be fully supported by staff. The manager told us that they would try again to support people to manage their own medicines in the future, particularly those who were suitable to move into their own accommodation. The medicine administration records (MAR) we looked at had been completed correctly, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors. However, where recording errors had been identified, these had been addressed with staff concerned to minimise the risk of recurrence. We also saw that there was guidance for staff on how to administer 'as and when required' medicines (PRN).

## Is the service effective?

### Our findings

The person we spoke with said that they were happy with how staff supported them. We observed that staff were skilled in supporting people with limited verbal communication skills and they understood how to provide the right support to each person. A member of staff said, "I would like to think we provide good care and support to the clients. All the staff I work with seem to work well in supporting clients to live happy lives."

Staff told us that the training had been effective in helping them to develop the skills and knowledge necessary to support people effectively. A member of staff said, "Training is good and I quite enjoy it. I'm doing a QCF level 2 and it has helped me to think more about what I do at work." Another member of staff said, "I enjoy training, it's always good to learn." They had received training in a range of subjects relevant to their role and these included health and safety, moving and handling, infection prevention and control, safeguarding, management of medicines, and first aid. We saw that most staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Frameworks (QCF). We spoke with the training coordinator who showed a lot of passion about their role in ensuring that staff had the training they needed to provide effective care to people who used the service. They told us that they planned training to fit in with staff's work schedules to ensure that staff were able to update their training in a timely manner. They also told us about some of the creative ways they used to make the training memorable and enjoyable, such as providing snacks and visual prompts to make it transferable to real life situations.

Staff told us that they had received regular supervision and appraisals, and we saw evidence of this in the records we looked at. A member of staff said, "The support from the manager and other staff is very good." Another member of staff said, "I get supervision every two months. There is good support from the manager. The support is always there when you need it."

Staff told us that they always sought people's consent before they provided care and support. We saw that some people had signed forms to show that they consented to their care and support, including being supported with their medicines and personal care. However, some of the people's needs meant that they did not have capacity to make decisions about some aspects of their care and they were not able to give verbal or written consent. In order to ensure that people's care was managed in line with the requirements of the Mental Capacity Act 2015 (MCA), we saw that relevant mental capacity assessments had been completed and decisions to provide care and support were made on their behalf. The 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 take 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 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 saw that the provider had taken appropriate steps



to refer people for assessment by relevant local authorities if the way their care was provided could result in their liberty being restricted. One person had a valid authorisation in place, but the manager was still waiting for responses for the other referrals they had sent.

People had been provided with a variety of nutritious food and drinks, and they were supported to choose their meals on a daily basis. The person we spoke said, "The food is very nice." They further told us about the foods they liked and what they didn't like. A member of staff told us, "Definitely, clients have enough good quality food. They have a choice of food and they will tell us if they don't like something." Another member of staff said, "We do try to have a variety of food for the guys to choose from. They can choose what they want to eat. We show pictures to the person who can't communicate verbally to help them choose their food." We saw that food cupboards, the fridges and the freezers were well stocked with a variety of food, including fresh vegetables. The manager told us that they had a rough weekly meal planner, but this could be changed if required. Staff promoted healthy eating and various leaflets and magazines were available to prompt people when planning what to cook. Staff supported people to cook meals for everyone and some of the people were able to do more tasks than others. None of the staff had concerns about people not eating or drinking enough and the care records we looked at showed that they had maintained stable weights. Where required, they had supported people to keep active in order to maintain their weight within recommended ranges.

We noted that people had been supported to access other health care services, such as general practitioners (GP), dentists, and opticians when required. There was evidence that staff worked collaboratively with other professionals to ensure that people's health needs were being met to maintain their wellbeing.

## Is the service caring?

### Our findings

The person we spoke with told us that staff were very kind and caring towards them. They also said, "Staff are good and kind." They then happily told the manager that they had told us that "staff were all nice". A member of staff said, "I feel that all staff are caring and compassionate towards clients."

We observed positive, friendly and respectful interactions between people who used the service and staff. The person we spoke with told us that they enjoyed good relationships with staff and the other people who lived at the home. It was evident that staff were able to communicate effectively with people who had limited verbal communication skills. There was a lot of chatter when people were at the home. The person we mainly spoke with spent a lot of time telling us about all the things they did and enjoyed, their plans for the future and what they were saving money to buy next. Staff told us that people were happy at the home and they got on really well, despite having moments where they disagreed about things. A member of staff said, "Clients are always happy and content. They all get along really well, and always laughing and joking. There is never a dull day."

The person we spoke with told us that their views were listened to and they were able to make choices about how they lived their lives, including how they spent their money. They had been able to buy and keep a number of pets including two cats, three rabbits and a guinea pig. They said that their pets helped them to calm down and they keenly groomed and fed them. A member of staff told us that they supported people to make choices and to be as independent as possible, and we observed this on the day of the inspection. Another member of staff told us that where necessary, they also worked closely with people's relatives, friends or social workers to ensure that their individual needs were met in a way that protected their rights.

Staff told us that they protected people's privacy and dignity by ensuring that personal care was provided in private. Additionally, they told us that they spoke to people in private if they needed to remind them to behave in a way that was not affecting others. Staff also showed that they understood how to maintain confidentiality. They told us that they would not discuss about people's care outside of work or with anyone not directly involved in their care. We also saw that people's care records were stored securely within the service.

Most of the information given to people was in 'easy read' format so that they could understand it in order to make informed choices and decisions. There was a 'service user guide' available to people and their relatives. This included information about the service and where they could find other information, such as the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. Additionally, there was information about an independent advocacy service that people could contact if they required additional support.

## Is the service responsive?

### Our findings

People's needs had been assessed prior to them using the service and care plans had been developed so that they received appropriate care and support. The care plans we looked at were person centred and detailed people's life history, hobbies and interests, how they communicated with others, their preferences, wishes and choices. The care plans were also 'user friendly' because they were written in an easy read format, with pictures to enable people to understand their plan of care. These identified what support people needed, and they had been reviewed and updated regularly by people and their keyworkers. A member of staff told us that they were a keyworker for one person and that they were mainly involved in planning and reviewing that person's care plans.

The person we spoke with told us that staff supported them well to meet their needs. They said, "Staff help me a lot and they take me out to different places." A member of staff told us that they knew people they supported well and were able to provide care in a way that was preferable to each of them. They added, "We try and get everyone involved in telling us how they want to live their lives. We appreciate that everyone is different and we want to make sure they are all happy."

The manager told us that none of the people who used the service attended day centres because they did not enjoy this. However, we saw that people had busy schedules and most of them took part in competitive sports. For example, one person's activities schedule showed that they enjoyed playing tennis, swimming, hockey, cricket, basketball, athletics, and football tournaments. The person we spoke with told us that they enjoyed taking part in various sports. They said, "I like my sports. I am in the Special Olympics and we have championships in August." They further told us that they would be competing in the Shot put. We saw photographs of people competing in various sports and a person was proud to show us the trophies they had won. A cabinet in the lounge was full of trophies people had won, and the manager told us that they had won for two years in a row in the 'Learning Disabilities' games. We saw a photograph of when some of the people who played football had met the sporting personality David Beckham and this was a subject of a brief with a person who was on the photograph.

The manager told us that the service was led by people who determined what they wanted to do on daily basis. They also told us about a theatre group funded by the provider, where people acted in shows planned to promote healthy lifestyles. People were also involved in making costumes and props for the shows and the person we spoke with said that they enjoyed this. A member of staff said, "As a staff member, it is really an enjoyable place to work. We are always busy with clients going out and doing different things." Another member of staff told us, "Clients are all busy and enjoy it." On the day of the inspection, staff supported people to go and play tennis at a local sports club. On return, they were all excited because they had been given t-shirts by the staff there. We saw that people and staff had gone to the Isle of Wight for a holiday last year and they were planning another holiday for either later this year or early next year. The person we spoke with told us about shopping trips, cinema trips and that the manager was in the process of arranging a trip to the theatre to see a show "with Whitney Houston music".

The provider had a complaints procedure in place so that people knew what to do if they had concerns

about the service. The person we spoke with said that they had nothing to complain about because they were happy with their care. There had been no recorded complaints in the 12 months prior to the inspection. However, we saw that the service had a system to record minor concerns that people might have. For example, we saw that a person had raised five concerns about their peers' behaviours since January 2016. Appropriate action had been taken to investigate and respond to these.

## Is the service well-led?

### Our findings

The service had a registered manager who provided effective support to staff. Staff told us that the service was well managed and they were happy with the support they received from the manager. They also said that the manager promoted a caring and inclusive culture that put people at the centre of everything they did. A member of staff said, "It's a nice environment here and I enjoy it. I always look forward to coming to work. To be honest, I think everything runs really smoothly." Another member of staff said, "It's brilliant here. I really can't think of anything that needs improving." We observed that the service provided a loving and empowering environment, where people felt able to show their individual personalities.

Staff told us that they felt valued and they were able to discuss with the manager any ideas they might have for the development of the service. A member of staff said, "I am allowed to give my opinion and suggestions about things." They were confident that their comments would be acted on. They also held regular team meetings where a variety of relevant issues were discussed and we saw the minutes of the last few meetings.

There was evidence that the provider sought feedback from people who used the service and their relatives so that they had the information needed to continually improve the service. Regular meetings gave people the opportunity to discuss issues about their day to day care and support, and to suggest changes they wanted to their routines and activities. The provider also sent annual surveys to people and their relatives, and we saw the results of the one completed in 2015 which showed that everyone was happy with the quality of the service. They also sent quarterly easy read questionnaires to people and the most recent ones had been completed in April 2016. The questionnaire asked for people's views on a variety of issues, including whether they were happy with other people they lived with, the staff who supported them, the activities, their house, and whether they had any concerns. Additionally, a number of compliments had been received by the service. The service had been rated as 'excellent' when they were reviewed by the local authority in 2015 and they were waiting for report of this year's review in May 2016.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. They had a number of new audit forms introduced in April 2016 and the manager said that they were still getting used to these and would seek further support from the person who developed them. Following monthly audits in late April, the manager had developed an action plan, with a completion date of end of July for some of the areas that needed improving. The manager told us of some of the areas that had been rectified, but longer time was needed to paint communal areas of the home as this needed to be done when people were away from the home for a few days. The manager said, "Clients tend to get upset when there is too much activity and different people coming in and out. They went on holiday last year when we refurbished the kitchen and we will need to plan another one so that painting can be done."