

Mrs Yvonne Pointon

Roughcote Hall Farm

Inspection report

Roughcote Hall Lane
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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 6 October 2016 and was unannounced. We inspected to look for improvements following our previous inspection in March 2016 where we had found several breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to people not receiving care that was safe, effective, caring, responsive or well led. We had issued three warning notices and told the provider to make improvements. At this inspection we found that the provider had made some improvements and they were no longer in breach of any Regulations, however further improvements were required. This report only covers our findings in relation to the areas of concern. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roughcote Hall Farm on our website at www.cqc.org.uk.

Roughcote Hall Farm provides accommodation and personal care for up to eight people with a learning disability. There were seven people using the service at the time of the inspection.

The service was not required to have a registered manager and was being managed by the provider. 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.

People were still not always given the opportunities to engage in activities that met their individual needs and preferences due to the restrictions on times of any planned community activities and the amount of people attending the activity at the same time. The provider needed to seek advice and support to ensure people were receiving the financial benefits available to them.

People were safeguarded from abuse and potential abuse as the provider and staff knew what to do if they suspected abuse had taken place.

Staffing levels had been increased and there were sufficient staff to keep people safe and meet people's assessed needs.

People's medicines were being stored and administered safely. The provider had purchased new locked facilities to ensure medicines were stored safely and implemented a new medication audit to ensure that people received their medicines at the prescribed times.

Risks of harm to people were assessed and precautions put in place to minimise the risks to people.

The provider was following the principles of the MCA 2005 by ensuring that people who lacked the capacity to consent to their care were supported to make decisions that affected their care and welfare.

People were cared for by staff that were supported and trained to fulfil their roles.

People had access to health care when they became unwell or their health needs changed.

People's nutritional needs were met and people were supported to eat food of their choice.

People were treated with dignity and respect and they felt able to talk to staff or the provider if they had any concerns about their care.

The provider had made improvements to the systems they had in place to monitor the service and had been responsive to our previous inspection findings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safeguarded from harm and potential abuse.

Risks to people were assessed and minimised through the effective use of risk assessments.

There were sufficient staff available to meet people's needs.

People's medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

The provider followed the principles of the MCA 2005 to ensure people were supported to consent to their care.

Staff were supported and received training to be able to fulfil their role effectively.

People's nutritional needs were met.

People received health care support when they needed it or were unwell.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were offered choices about their day to day care.

People's privacy was maintained and their independence promoted.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Opportunities to engage in hobbies and interests of their choice were not always based on people's individual needs and preferences.

People knew how and who to complain to if they had any concerns.

Is the service well-led?

The service was well led.

The provider had responded since our previous inspection to improve the quality of service for people.

There were systems in place to monitor and continually improve the quality of service.

People and staff liked and respected the provider.

Good ●

Roughcote Hall Farm

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 had improved since our last inspection and 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.

This inspection took place on 6 October 2016 and was unannounced.

The inspection was undertaken by one inspector.

We reviewed information we held on the service. This included notifications of significant events that the provider was required to send us and the previous inspection report. We received information from the local authority following their checks of the service.

We spoke with six people who used the service, two care staff, the deputy manager and the provider.

We looked at three people's care records, staff rosters, medication storage and medicine records for all people who used the service. We looked at the systems the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

At our previous inspection we found that risks to people were not always minimised and people's medicines were not being managed safely. The provider had been in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made in both these areas. We found that advice and support from health professionals had been gained and staff had received training to be able to safely support a person whose behaviour challenged. Risk assessments had been implemented and staff were following them. We saw that there had been a reduction in incidents of aggression and harm to themselves and others since the risk assessments had been implemented. This meant that this person and others were being supported to remain safe.

One person told us: "The staff bring me my tablets in a little pot when I need them". We saw that people's medicine was now being stored in a locked medicine trolley and a locked medicine fridge. People's topical creams which had previously been stored in a communal bathroom were kept safely in the medicine trolley. The provider had implemented a new medication audit which ensured that any gaps or issues relating to people's medicines would be highlighted and acted upon. We saw where previously there was no recorded justification for the administration of 'as required' (PRN) medicines that staff now recorded why and when people had their PRN medication to ensure a clear audit trail. We checked the balance of one person's PRN medicine and saw that it was reflective of the balance recorded on the medicine record.

At our previous inspection we found that that there were insufficient staff to safely meet the needs of people who used the service. One person was not receiving the staff support that had been agreed with commissioners of the service and this had put them and others at risk. The provider had been in breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw that the staffing hours had been increased and we were able to see that all the commissioned hours were available to people at the times they needed them.

Previously the provider had not always recognised when they were required to report incidents to the local authority. We had seen incidents where one person who used the service had assaulted and caused distress to another person which had not been reported to the local authority for further investigation. Following our previous inspection the provider had made a referral of the incident and although there had been no further incidents of this nature this demonstrated an understanding of what was a reportable incident.

Is the service effective?

Our findings

At our previous inspection the provider had been in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they were not following the principles of The Mental Capacity Act 2005 (MCA). 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 least restrictive as possible.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Previously we had found that people were being unlawfully restricted of their freedom as the provider had restrictions in place which had not been agreed through the DoLS process. At this inspection we found that DoLS referrals had been made for people who were unable to consent to their care and treatment. We saw one person had a DoLS authorisation agreed and the provider had discussed with the DoLS assessor the possibility of having to put further restrictions in place. This showed the provider recognised and acted upon any restrictions being put in place and followed the guidance of the MCA 2005.

People told us they enjoyed the food and we saw they were involved in planning the menus at regular meetings. No one was on a special diet and people were able to eat independently with little support. One person had previously lost weight. We saw that this person was being supported to be regularly weighed and had now put weight on. We saw one person who was able to help themselves to drinks and their breakfast independently. The provider told us that people could help themselves if they wanted to however most people waited until mealtimes and when prompted to eat and drink.

Staff told us they felt supported and we saw they received regular training and support. There was schedule of on going training and since our last inspection staff had received training on how to support people whose behaviour challenged. We saw records that confirmed that staff utilised the training effectively and were supporting the person safely at times when they were anxious.

People's health care needs were met. One person told us: "If I'm poorly the staff will take me to the doctors". We saw that people had a health action plan which recorded the health care support they required. We saw one person had an 'epilepsy' care plan which clearly stated what staff needed to do if they had a seizure. We saw records that confirmed that staff followed the plan when the person was unwell. Some people wore glasses and we saw they attended the opticians. We saw one person had attended recently as their glasses kept falling off and they required tightening. One person required regular visits from the district nurses and we saw records that confirmed that these took place.

Is the service caring?

Our findings

At our previous inspection we had concerns that people were not always treated with dignity and respect as there were rules and restrictions which prevented them from making choices about their day to day living. We had found the provider in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection people told us and we saw they were being offered choices about their care and support.

We saw records that showed that since our last inspections people had discussed with the manager on an individual basis what routine they preferred in relation to getting up and going to bed. We saw that the records of discussion stated that staff needed to be aware that people could change their mind about the plan at any time. One person told us: "I go to bed when I like, I like to watch TV in my room". We saw another person was later getting up than other people. A member of staff told us: "[Person's name] always gets up a bit later, they like a lie in until the last minute".

We observed that staff and the provider interacted with people in a kind and caring manner. People were invited to speak to us and one person asked that a member of staff stay with them for reassurance. The staff member stayed with the person ensuring they were comfortable with our company. We saw that regular meetings took place with people who used the service and people were encouraged to have a say in how the service was run. We saw that people were offered more choices. We saw in one person's care records that staff had recorded '[Person's name] is much happier now they can choose their own breakfast in the kitchen'.

Previously one person had told us they had been stopped from seeing their pet in the garden and people were not always free to walk through the kitchen area. We observed the person with the pet freely going outside to see their pet before going out for the day. A member of staff told us: "[Person's name] enjoys doing everything for their pet we don't have to do anything". Another member of staff told us: "People are free to go through the kitchen; they often come through to the other lounge". This meant that people's rights were being respected.

Everyone had their own private room decorated to their own personal preferences where they were able to spend time alone if they wanted to. One person told us: "I've asked for some new furniture for my room the manager is going to get me some".

Is the service responsive?

Our findings

At our previous inspection we found that the opportunities that people were given were not always personalised and based on people's individual needs or preferences. We had found the provider in breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although we found some improvements we still had concerns that people were not always receiving care that was individual to them. Some people who used the service were older and more dependent on staff for their support and some were younger and were able to be more independent with staff support and guidance. However, everybody went out every day to the same places. For example; on a Thursday everyone went to town and they all had lunch at the same public house. On a Wednesday everyone went to a church hall for art and crafts and Saturday was a trip to the cinema. Although people didn't tell us they were unhappy with this arrangement, the provider had not considered people's individual ages and interests and people were in a routine of going to the same places week by week in a large group. Activities were still limited to the day time hours between 10am and 14.30pm, activities in the evening were still not being offered. A member of staff told us: "We sat in the garden through the summer in the evening", however activities in the community had not been arranged during the evenings of the summer months. The provider told us that some people did not have enough money to be able to participate in activities during the evening, however consideration to supporting people to go out in the evening occasionally instead of the day time had not been made.

At our previous inspection the provider told us they were going to speak to the local authority about people's finances as some people didn't receive enough benefits for them to be able to participate in all the activities that may be available to them. However this had not happened and the provider told us that on occasions they were paying for people to participate in some activities.

People's care was reviewed regularly and care plans were clear and comprehensive. We saw that improvements had been made in relation to ensuring that people's care plans were followed by staff. One person was receiving support with managing their anxieties and staff were following a new care plan that had been implemented. We saw that the amount of recorded incidents had reduced significantly due to staff being consistent with following the care plan.

The provider told us they had recognised that one person required more support to become independent than they were currently receiving, but because they had been experiencing a difficult time in their life they had not been encouraging this. They told us that the person's care was now being reviewed to ensure that their independence would be promoted as was agreed at their initial assessment prior to their admission into the service. We saw this person got themselves up independently with little staff support and we observed they used their own phone to call their relatives for a chat. A member of staff told us: "[Person's name] needs lots of encouragement to do some things for themselves such as a certain personal care task. We know they can do it but they just like us to do it for them".

People we spoke to told us they would talk to the staff or the provider if they had any concerns and we

observed that people were comfortable in the company of staff and the provider. The provider had a formal complaints procedure however there had been no recent complaints to investigate.

Is the service well-led?

Our findings

At our last inspection we found that the provider did not always follow correct procedures and the systems they had in place to ensure a quality service was delivered were ineffective. The provider had been in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer on breach of this regulation.

Improvements had been made to the systems the provider had to manage people's medicines and there was a comprehensive medication audit which was regularly completed. The provider had increased the staffing since the last inspection to ensure that people's assessed needs were being met safely and they had ensured that people were not being unlawfully restricted of their liberty and were following the guidance of The MCA 2005 by referring people to the local authority.

Since the last inspection the provider had accessed health professional advice and training for staff to be able to support people who used the service safely. We found that they had been responsive to our findings at our last inspection and had worked hard to improve the quality of care for people and to meet the Regulations, however further improvements were required.

The provider completed quality audits and regular surveys with people who used the service to gain their feedback and ensure a continuous plan for improvement. People who used the service who we spoke with spoke well of the manager and told us that they could speak to them if they had any concerns.