

Rhodsac Community Living Ltd

Rhodsac Care Home

Inspection report

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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

About the service

Rhodsac is a residential care home that can provide long and short-term residential care for up to four people with learning disabilities, autism and mental health conditions; at the time of our inspection four people lived at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People told us that staff were kind, caring and respectful and they had good relationships with staff.

People were supported to stay fit and healthy. Staff encouraged people to live healthier lives, encouraged healthy eating and supported people to attend all medical appointments. Staff were committed to enabling people to socialise and develop and maintain relationships

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's care plans included assessments of risks associated with their care. Staff followed the risk assessments to ensure that people received safe care. Staff knew how to respond to and report any concerns about people's safety and well-being.

People were supported by sufficient number of staff who were safely recruited to meet their needs. Staff supported people to take their prescribed medicines safely. Staff followed good practice infection control guidelines to help prevent the spread of infection.

People were supported by staff who had the right skills and knowledge to provide care that met people's

assessed needs. Staff were alert and responsive to changes in people's needs. They liaised with relatives and health professionals in a timely manner which helped to support people's health and well-being.

The provider monitored the quality of care and support people experienced and acted on their feedback to drive improvements in the service.

Policies, procedures and other relevant information was made available to people in the format that met their needs, such as easy read styles and pictures.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 July 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 15.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Rhodsac Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by two inspectors.

Service and service type

Rhodsac is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support that people receive. We used all this information to plan our inspection.

During the inspection we spoke with four people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- The provider had policies and systems in place to safeguard people from abuse and they followed the local safeguarding protocols.
- Staff were trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments detailing how to care and support people safely.
- Risks to people's safety and well-being were understood by staff but at times their care records lacked clear up to date information. For example, when a person displayed behaviours that challenged the information was not consistent and a person's risk assessment had not been updated after an incident. The registered manager agreed to update both straight away.
- The premises were risk assessed and safely maintained.
- People had personal emergency evacuation plans so staff knew how to assist them to leave the building safely in the event of an emergency.

Staffing and recruitment

- People and relatives told us staffing levels were good. A person said, "The staff are wonderful, if I call they always answer." A relative told us, "Staff here are lovely, so responsive."
- Staff recruitment procedures were consistently followed to ensure people were protected from unsuitable staff. New staff only started the induction training upon receipt of satisfactory pre-employment checks.
- There were enough staff to meet people's care and support needs. Staffing levels took account of people's activities and the gender of staff required to support people.

Using medicines safely

- People received appropriate support with their medicines.
- We looked at people's medication records and this evidenced that staff managed medicines consistently and safely.
- People's independence to manage their own medicines was encouraged if safe to do so. Any changes were made with people's full consent.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and staff knew what action to take if they made an error. Records we looked at

confirmed this.

Preventing and controlling infection

- The home looked clean and well maintained. Cleaning schedules were completed daily.
- Staff were trained and followed infection control procedures.
- Staff wore disposable gloves and aprons when people were supported with personal care needs to prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to check for trends and patterns and identify learning to share with staff.
- The registered manager reviewed the findings and used them to reduce risk and improve safety in the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care files contained a lot of historic information this meant it was difficult to identify people's current needs. The registered manager agreed to review all files and archive old information.
- People and their relatives were involved in the assessment process. Assessments were comprehensive and reflective of the Equality Act as they considered people's individual needs, which included their age, sexuality and disability. How people's learning disability, autism and mental health impacted on their daily life and the support they required was clearly documented. This meant staff were able to meet people's needs effectively.
- Managers assessed people prior to them using the home to ensure staff could meet their needs.
- People told us that staff were good and knew what to do. One person said, "Staff know me, and I know them, it's nice." A relative said, "I've seen a difference in past few weeks, [person's name] is going out more and interacting."

Staff support: induction, training, skills and experience

- All staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Additional training was offered to keep up to date with best practice guidelines.
- Staff were confident in their roles and told us their training was "good."
- The registered manager completed competency checks to ensure staff understood the training provided.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff had completed food safety and nutrition training.
- Care files included a section on any support required with food and fluids. Within this section people's likes, dislikes and preferences were documented.
- People said they liked the food and had chosen meals and people were encouraged to participate in the meal preparations with staff support.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Within the care plans all communication from healthcare professions had been logged and acted upon.
- People were supported to stay fit and healthy. We saw staff supporting people to access community

activities such as swimming and going to the gym.

- People attended annual health checks and were seen by health professionals such as the GP, dentist and opticians, as required.
- Staff encouraged people to live healthier lives, healthy eating, exercise and supported people to attend all medical appointments.

Adapting service, design, decoration to meet people's needs

- The layout of the building ensured people had free movement around the home and the secure outdoor space.
- People's rooms were personalised and decorated to their taste and choice of colour.
- People had been involved in the decoration throughout the home and had completed their own art work for the lounge.

Ensuring consent to care and treatment in line with law and guidance

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service continued to work within the principles of the MCA, and DoLS conditions were met.
- Mental capacity assessments and best interest decisions had been completed for individual decisions when people were unable to make them for themselves.
- Staff supported people in the least restrictive way, consistent with their care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they had good relationships with staff. One person said, "Staff are kind, gentle and nice to me." Another person said, "Staff are really nice."
- Staff had a good knowledge and understanding of the people using the service.
- Care plans detailed people's preferences as to how they liked their care to be and how they wished the staff to communicate with them.
- Staff knew about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.
- Staff had received equality and diversity training and the provider had an Equality, Diversity and Human Rights policy, which set out how to support people, and staff, from diverse backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- We saw evidence of staff empowering people to talk openly in residents' meetings.
- People were comfortable around the staff and the registered manager. For example, one person wanted to take part in the inspection process and spoke with staff to support them in showing the inspectors round and being involved in conversations.
- One person at the home had a pet, who they were responsible for, staff supported them in the daily care needs of their pet.
- People were involved care plans. For example, individual routines and information about the people who were important to them.

Respecting and promoting people's privacy, dignity and independence

- A person wanted to learn a new language, so a member of staff arranged for weekly 'lesson' to support them and designed a poster with set phrases and pronunciations on it for the person.
- Staff respected people's privacy and dignity. They treated people courteously, knocked on their bedroom doors before entering, and ensured people received discreet personal care.
- Staff encouraged people to be independent and retain their skills. For example, everyone had life skill sessions with staff. People were encouraged to cook and clean their home.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individualised care plans, which detailed the care and support people needed. This supported staff to deliver person centred care for people.
- We saw that activities were planned for individual people. Each person had their own daily tasks to complete, which supported them to have control over their chosen activity.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Policies, procedures and other relevant information was made available to people in the format that met their needs, such as easy read styles and pictures.
- People's communication needs were identified, recorded and highlighted in their care plans. We saw evidence that the identified information and communication needs were met for individuals

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff were committed to enabling people to socialise and develop and maintain relationships. A relative said "What a great transformation over the last month I have seen in [Person's name]. Staff are making people feel happy and more active."
- People took part in social events and their cultural and religious needs were met.
- People maintained close relationships with family members.
- Staff spent meaningful time with people, engaging in conversations, playing games or going out for a walk.

Improving care quality in response to complaints or concerns

- People said they would speak with staff if they had any concerns about the home. A person said, "If I had a problem I would speak to [staff names], they will listen and do stuff, or I can speak to the boss [registered manager]."
- The complaints procedure was on display in the home in an easy read format.
- We saw evidence of complaints that had been dealt with appropriately and within the specified

timeframe.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- Staff told us that if anyone required end of life support they would have the appropriate training and support and they would liaise with the appropriate health care professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted person centred care in all aspects of the service.
- The whole staff team was supported by the registered manager when needed. They described people's individual stories of independence whilst living at the home.
- Staff told us they were happy working at the service and felt supported by the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- The deputy manager had been carrying out monthly focus audits to improve the quality of care for people living at service. These had identified key issues and the actions taken by the management team had successfully improved care in all the areas. Work was continuing to embed good practice and involve the staff team.
- The registered manager understood their regulatory requirements to report incidents and events to the Care Quality Commission (CQC), our records showed notifications had been submitted as required.
- Policies and procedures were in place and were in the process of being updated to ensure information was current and supported best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff attended meetings to discuss updates in policies and refresh knowledge.
- Staff were involved in implementing changes to improve the service and evaluating the effectiveness. Staff understood their role in providing safe care.
- People were asked for their feedback at individual reviews and through surveys.

- Relatives of people using the service had reported overall satisfaction with the service. When issues had been identified, there was evidence that the service had responded, and acted to rectify the issues.
- People receiving care provided positive feedback. People's feedback was used by the management team to improve the service.

Continuous learning and improving care

- The registered manager promoted a culture, by sharing with staff information about incidents and actions taken.
- Staff were open to learning from incidents and worked as a team to understand how to prevent future occurrences.

Working in partnership with others

- The management team worked with other services outside of their organisation to access all facilities available.
- The deputy manager had built good working relationships, they told us that they attend local focus groups for the benefit of the people that live at the service.
- The service had good links and worked in partnership with other health and social professionals, advocacy and day services to support people's needs.
- People benefited from mixing with people that lived at other neighbouring care service.