

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Roper House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 4 and 5 September 2018 and was unannounced.

Roper House 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.

Roper House provides accommodation with personal care for up to 27 adults with hearing loss, whose communication needs included British Sign Language (BSL). As well as hearing loss, some people had additional needs including old age, learning disability, physical disability, mental health, autism, visual impairment and dementia. There were 27 people living at the service, although two of these people were in hospital at the time of the inspection. Accommodation is over two floors and bedrooms can be accessed by a passenger lift. Facilities included a communal lounge, lounge/activity area, dining room, kitchenette where people could make drinks and a large enclosed garden with seating. There were also two self-contained flats, which included their own kitchen, lounge and garden area for people who were more independent. There was one person living in each flat.

The registered manager worked at the service each day and was supported by a deputy manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Roper House on 28 and 29 June 2017 when a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. We issued a requirement notice relating to care and treatment plans not reflecting people's changing needs. We also made a recommendation to develop a plan to ensure the environment was adequately maintained.

At this inspection, although improvements had been made and the previous breach met, we found there were three breaches of Regulation and another area identified that needed improvement. The breaches of Regulations related to hot water temperatures that presented a risk of scalding, ineffective quality assurance processes that did not assure people's safety and a failure to make notification to the Commission (CQC) of a statutory event. We have also asked the provider to review the potential access of all staff to medicines. This is the second consecutive time the service has been rated as Requires Improvement overall.

Water checks and management were not effective, this was because the temperature of the water at some hot water taps was too high. Potentially, people had access to these taps and were at risk of being scalded. Auditing systems had not identified the risk of high water temperatures and consequently no action was taken to address this.

Services that provide health and social care to people are legally required to inform CQC of important events

that happen in the service. This is so we can check that appropriate action had been taken. The registered manager was aware they needed to inform CQC of important events in a timely manner, however, they had not always done so.

Medicines practice was safe, there were appropriate processes in place for the ordering, administration, storage and return of unused medicines. However, the door key system in place meant that all staff, including untrained staff, had access to all medicines as well as those with special storage requirements. This presents a risk of unauthorised access to medicines and is an area identified as requiring improvement.

The registered manager had a quality audit in place. However, this was not comprehensive enough to enable the registered manager to assess, monitor and improve the quality and safety of the service. The registered manager was not aware of some of the concerns we found during this inspection.

Staff received regular training and were provided with appropriate support and supervision as needed to enable them to carry out their duties. People were protected from the risk of abuse, staff had received training about safeguarding and were aware of the signs of abuse and what to do. There were enough staff to keep people safe and there were appropriate arrangements in place to ensure there were always enough staff on duty.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. People received the support they needed to access healthcare services and were supported to eat and drink enough to meet their needs. Staff were caring, treating people with dignity and respect and ensured people's privacy was maintained when supported with their personal care.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff encouraged people to participate in activities, pursue their interests and to maintain relationships with people important to them. Relatives and visitors were welcomed at the service.

The complaints procedure was available and in an accessible format if people wished to make a complaint. The registered manager provided positive leadership, they and the staff were focused on people experiencing good quality care and support.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of The Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not safe.

Environment, equipment and fire safety checks had been regularly undertaken, however, hot water exceeded the maximum safe temperature and no action had been taken to address this.

Medicines were given safely and records were complete. However, medicines were potentially insecure because they were accessible to all staff.

There were sufficient staff to meet people's needs, however, some processes around their recruitment needed to be improved.

Accidents and incidents were recorded and investigated; learning took place to reduce risks of future occurrences.

People were protected from abuse and discrimination.

People were protected from the risk of infection.

Is the service effective?

Good 

The service was effective.

Staff had received training and support to enable them to carry out their roles effectively.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

Staff understood the importance of gaining consent and giving people choice.

People were provided with a range of nutritious foods and drinks.

The premises were designed and decorated to meet people's needs and wishes.

Is the service caring?

Good 

The service was caring.

People were complimentary about the staff who supported them, finding them kind and caring.

People and their relatives were involved in their assessment and care planning process.

The care people received was person centred and met their most up to date needs.

People experienced care from staff who respected their privacy, dignity and independence. ☐ ☐

Is the service responsive?

Good 

The service was caring.

People were complimentary about the staff who supported them, finding them kind and caring.

People and their relatives were involved in their assessment and care planning process.

The care people received was person centred and met their most up to date needs.

People experienced care from staff who respected their privacy, dignity and independence.

Is the service well-led?

Requires Improvement 

The service was not well-led.

Regular audits and checks did not ensure the service was safe and running effectively.

There was a registered manager. Although, they understood their regulatory responsibility, they had not submitted all statutory notifications needed.

People, their relatives and staff were positive about the registered manager. Staff felt they were approachable.

The service demonstrated a learning culture with staff given opportunity for progression and professional development.

The service worked effectively in partnership with other organisations and agencies.□□

RNID Action on Hearing Loss Roper House

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.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 4 and 5 September 2018 and the inspection was unannounced. The inspection team consisted of two inspectors and an assistant inspector, supported by an independent British Sign Language (BSL) interpreter who was visiting the service. A BSL Interpreter helps deaf and hearing people to communicate with each other. They do this by interpreting spoken English into BSL.

We met and spoke with seven people who lived at the service, we observed people's care, the lunchtime meal, medicine administration and activities. We spoke with two people's relatives. We inspected the environment, including the laundry, bathrooms and some bedrooms. We spoke with three care staff, housekeeping and kitchen staff as well as the deputy manager and registered manager.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

During the inspection we reviewed other records. These included staff training and supervision records, four staff recruitment records, medicine records, risk assessments, accidents and incident records, quality audits

and policies and procedures.

We displayed a poster in the communal area of the service inviting feedback from people, relatives and staff. Following this inspection visit, we did not receive any additional feedback.

Is the service safe?

Our findings

People told us they felt safe living at Roper House, commenting, "I feel safe and well looked after, I've no concerns about the staff or other people who live here," and, "There are plenty of staff, you can always find someone during the day or at night. The call system works well." Another person told us, "I would recommend the home, I have never felt uneasy about staying here".

Hot water temperature checks, intended to safeguard against the risk of scalding, took place monthly. However, records for June, July and August 2018 showed hot water temperatures to wash hand basins in some people's bedrooms, a wash hand basin in a shared toilet, the service's ground floor bath and communal kitchen, exceeded the maximum permitted safe temperature of 43 ° Centigrade; the hottest being 51.2 ° C. Although excessively hot water temperatures were recorded, consecutively in these three months, no action had been taken to address this risk. Staff told us and we saw that they routinely checked and recorded water temperatures before washing or bathing people, however, this did not prevent people from accessing hot water unsupervised, for example, in their bedrooms or washing hands after using the toilet. We brought this to the attention of the registered manager. Maintenance staff, immediately carried out adjustments where possible and arranged for thermostatic mixer valves to be installed where needed. Neither the maintenance staff or the registered manager were able to meaningfully explain why action was not taken sooner.

Hot water safety checks were ineffective and where concerns were identified, they were not recognised or addressed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they received their medicines safely and on time. Medicines were securely stored at appropriate temperatures and administered by staff who had received the necessary training and regular competency checks. We observed medicine being given to people, staff ensured people received their medicines safely, on time and staff signed that it had been given. Medicine administration records (MAR) included a photograph of the person with a list of any known allergies and showed medicines had been administered as prescribed. Other records confirmed when medicines were received, the amount held in stock and when unused or spoiled medicines were disposed of.

Guidance was clear about how to support people to take their medicines, including 'as required' (PRN) medicines, such as paracetamol and laxatives. There was a clear audit trail that showed what action was taken following any errors, including medicines retraining and fresh competency tests. A policy and process were in place if people received their medicines covertly (disguised in food or drink). Care staff were responsible for the application of skin creams and recording when it had been done. We spoke with the registered manager about access to the medication room and medicines that were subject to special secure storage arrangements. The current door key system potentially enabled all staff to access the medicines room and contents, while this had not occurred, it nevertheless presented a risk of unauthorised access to medicines. This is an area we have identified as requiring improvement.

Risk assessments provided guidance about how to support people in a safe manner to reduce any health or social risks, including behaviours that may be challenging for a person or to others. Risk assessments were person specific and based around individual support needs. These gave techniques and strategies about how people should be best supported in a way that was acceptable to them. For example, when they became anxious or upset.

Accidents and incidents were recorded and each was reviewed by the management team to look for any trends or patterns. Risk assessments were updated where needed and any serious incidents were escalated or discussed with organisations such as the safeguarding or mental health teams. Staff took appropriate action following accidents and incidents to prevent reoccurrence and ensure people's safety. Any subsequent changes or action was shared with all staff, this demonstrated learning from incidents and accidents took place.

Care plans contained risk assessments specific to health needs such as mobility, continence care, falls prevention, nutrition, pressure damage and a person's overall dependency. Care plans detailed people's identified risks and included a plan of action and guidance for staff to promote safe care. Advice was sought from district nurses and checks were in place to ensure mattresses operated correctly. People who lived with diabetes had a care plan detailing the symptoms and action to take in the event of hypoglycaemia (low blood sugar) and hyperglycaemia (high blood sugar). As well as setting out their safe blood sugar level range, it also ensures other concerns linked with diabetes were monitored, for example foot and eye care. Staff were aware of the risk assessments and understood them.

Recruitment checks ensured the staff who worked at the service were suitable to work with vulnerable people. These included references from previous employers, identity and work history checks as well as completion of a disclosure and barring service (DBS) check. DBS checks information held police national databases about any convictions, cautions, warnings or reprimands. This helps employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups.

Staff received training in safeguarding adults and records confirmed this. Staff understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. They were knowledgeable about the different forms of abuse and how to recognise any signs of abuse taking place. Staff told us they would not hesitate to report abuse to the registered manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety which included reporting incidents of potential harm or abuse. Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to equality, diversity, bullying and harassment. Staff told us they felt protected to whistle blow. A whistle blower is a person who informs, in confidence, on a person or organisation. We discussed with staff how they made sure people were not discriminated against and treated equally and without prejudice. A staff member told us, "We treat everybody equally, but individually and are mindful of people's life choices, everyone is treated with dignity and respect."

Potential emergencies were planned for, there were robust fire procedures which included individual Personal Emergency Evacuation Plans (PEEP). PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. Emergency alerts were personalised and included a flashing light fire alarm in people's bedrooms and vibrating pillows for people with sight loss. Fire drills, including the self contained flats, were recorded and evaluated. All staff received fire training. A business contingency plan set out the response to possible emergencies. This helped to ensure people received continuity of service in the event of adverse incidents. Call bells in people's bedrooms linked to an audible and visual display system as well as a vibrating pager system to

ensure that all staff, including those with hearing loss, could respond to calls for assistance. This further demonstrated the service's commitment to employment equality and diversity.

Risks associated with the safety of the environment were identified and managed appropriately. Health and safety checks were undertaken to ensure safe management of utilities, food hygiene, hazardous substances and legionella. Maintenance and servicing of equipment such as the fire alarm, portable electrical appliance testing (PAT), lift and boiler were routinely undertaken.

People were cared for in a clean, hygienic environment. The service and equipment used were clean and well maintained; improvement had been made to décor and flooring together with fire safety improvements in the main stair well. There was an infection control policy and other related policies to guide staff in the prevention of cross infection. People and visitors told us that they felt the service was clean and well maintained. One person said, "It's always very clean, we are having new floors and they have decorated". Protective Personal Equipment (PPE) such as aprons and gloves were readily available and used appropriately during our inspection. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use.

Is the service effective?

Our findings

People were happy with their care and support and the staff who provided it. They told us the staff team knew them well, communicated effectively and they received the support they needed. We saw many positive interactions between staff and people. One person commented, "I really couldn't ask for a better team of staff."

People's communication, physical, emotional, mental health and social care needs were assessed when considering moving to the service. This helped to make sure staff could provide the right support and in the way people preferred. These initial assessments were used as a base for developing a care plan, which focussed on the specific needs of each person and in line with best practice.

Staff completed an induction when they started working at the service and each part of this was signed off as it was completed. New staff, who had not previously worked in adult social care completed the Care Certificate. This is an identified set of standards that social care workers should keep to in their daily working life. It was put in place to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high-quality care. New staff shadowed experienced colleagues to get to know people and their preferred routines. Staff competency in each area of their role was assessed and signed off by their mentor or the registered manager. We observed staff using equipment to move people safely and following guidelines set out in people's care plans.

People were supported by staff who were trained and knowledgeable. They completed training to keep up to date with best practice to make sure they could provide effective care and support. Mandatory training was up to date and additional training for topics specific to the needs of the people living at Roper House were provided. These included BSL, autism, dementia awareness, positive behavioural support, epilepsy, diabetes and catheter care training. Staff had also undertaken care of the dying training to support people at the end of their life to have a comfortable, dignified and pain-free death. Staff spoke knowledgeably about people and their health conditions, they said the training they received helped them to understand people and to be able to provide the right support.

The registered manager carried out a mixture of formal supervisions and observational competency assessments with all staff. Staff found the organisation and registered manager very supportive. Comments included, "They are a very good organisation to work for and particularly supportive for additional training and professional development."

People were supported to eat and drink enough to maintain a balanced diet. People were happy with the times they received their meals and they could ask for snacks at any time. People appeared to enjoy their meals; a choice was available at lunch and supper. Picture cards and viewing prepared meals helped some people decide what they wanted to eat. Most people ate in the dining room. The atmosphere was relaxed, had a sense of a social occasion and people were given the time and support they needed. Where needed people used adapted cutlery or plate guards to enable them to eat independently. Some people ate in the lounge and, if needed, staff supported people to eat and drink. The kitchen team were aware of people's

different dietary needs and any dislikes and favourite meals. Staff understood about the different types of diets people may need. During the lunchtime meal, we observed some people had pureed meals, as recommended by health professionals. Where people had been assessed as needing thickened fluids, these were provided. Staff knew which people had these and how they should be prepared.

People were supported to stay as healthy as possible. When there were any concerns about people's health, staff made referrals to health care professionals to seek support and guidance. Staff monitored people's physical and mental health and took prompt action when they noticed any changes by reporting changes to senior staff. People told us staff reacted quickly if they were unwell or experienced a change in condition. For example, where one person had problems with the circulation in their legs, they had been seen by a specialist practitioner. The guidance received regarding the elevation of their legs was put into practice. Where needed people were also referred to occupational therapists, the community mental health team and district nurses. People received effective support, in a timely way. For example, if they became anxious or unsettled, staff knew how best to support people, what the possible triggers may be and how to support people and reassure them. There was clear guidance for staff to follow in people's care plans about how to do this. Throughout the inspection people were comfortable in the company of each other and staff.

People's consent to their care and treatment had been formally sought. Verbal consent was sought by staff for day-to-day matters like asking permission to go into people's bedrooms or when giving people medicines. People made day to day decisions, such as when to get up and go to bed and what to wear and were encouraged to be as independent as possible about their support. People had access to private and communal areas including the garden and could choose where they wanted to spend their time.

Some people lacked mental capacity to make some decisions and, in these cases, a detailed decision specific mental capacity assessment had been made. These are necessary to comply with the principles of the Mental Capacity Act 2005. 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 much as possible, people make their own decisions and are helped to do so when needed. People had access to advocacy services and independent BSL interpreters if and when they needed it. This information was on display on notice boards.

When people lacked mental capacity to make particular decisions, any made on their behalf were in their best interests and the least restrictive as possible. Staff spoke with people's relatives, representatives and health professionals when they were unable to make an important decision for themselves. For example, undergoing major dental treatment, to make sure decisions were made in people's best interest.

People can only be deprived of their liberty so that they can 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 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 were being met. Applications had been made and renewed in line with guidance. When recommendations or specific conditions were made, these were followed and people's representatives were updated as required.

Roper House is a large property with an enclosed rear garden. The building had been adapted to meet people's needs including the installation of a lift and specialist bathing equipment. There were areas where people could meet with their relatives privately and where activities could take place. Hand rails helped people to move around the building, large, dementia friendly, pictorial and written signs were used to identify the toilets and other rooms to help people find their way.

The design and layout of the service met people's needs. The corridors were wide for wheelchair access. There was a courtyard for people to relax outside the building and this was secure and flat which made it easily accessible to people.

Is the service caring?

Our findings

One person said, "The staff are caring. You can choose what time you want to go to bed." Another said, "The staff are caring. They know how I like things done."

We observed that people were supported by caring staff who were sensitive in manner and approach to their needs. People looked relaxed, comfortable and at ease in the company of staff. Staff treated people with kindness, respect and shared humour. One person said, "The staff patient, I get anxious, but they know how to support me."

We observed positive interactions between people and staff. People's care plans identified their communication needs. Staff were fully familiar with each person's communication methods, such as British Sign Language (BSL) and the Deafblind Manual Alphabet for people who had sight and hearing loss. Staff conversed confidently and fluently with people. Staff gave people their full attention during conversations and communicated with people in a considerate and respectful way. Staff maintained eye contact where possible and considered other communication cues such as facial expressions or people's personalised gestures and movements. They gave people the time they needed to communicate their needs and wishes and then acted on this. The registered manager and staff supported people's involvement in decisions that affected them. People's care files provided evidence of their participation in care planning and gave staff guidance on how to promote effective and individual communication. For example, with the use of pictorial prompts or objects of reference.

Staff understood that although some people's cognitive skills were impaired, many could still make everyday choices if staff gave them options and explained information in a way they could understand. At lunchtime, people were able to look into the kitchen to see the choices of meals and smell the aroma of the plated food. This helped them choose which meal they preferred. One person said, "The food is alright. We have two choices or can ask for something else." Another person sometimes preferred to buy their own food, rather than eat the food provided. They told us what they wanted to eat was their choice and preferred the independence of getting their own food.

The staff on shift knew and understood each person's needs very well. Staff knew people's names, they spoke to them in a caring and affectionate way and often backed up BSL by a reassuring touch. One person said, "They stop to chat, I feel the staff are interested in me, how I am, if I'm having a good day, or not so good." Staff knew about people's personal and professional histories and who was important in their lives. They understood the importance of respecting people's individual rights and choices.

People's bedrooms were filled with their personal possessions, which included; pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about the person, for staff to use to engage them in conversation. Staff had a good understanding of each person and what was important to them.

People's right to privacy and to be treated with equality and dignity was respected. We saw staff did not

enter people's rooms without seeking permission to enter. There were door bells outside each person's bedroom, these triggered a flashing light to alert people of a caller at their door. We observed staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration to maintain privacy and dignity.

Staff respected confidentiality. When talking about people, they made sure no one could overhear the conversations. When conversing with people using BSL, staff stood directly in front of people to maintain as much privacy as possible. All confidential information was kept secure in the office. Records were kept securely so that personal information about people was protected.

People's relatives were able to visit at any reasonable time and they were always made to feel welcome.

Is the service responsive?

Our findings

People told us they enjoyed the activities provided and appreciated the availability of the service's wheelchair accessible minibus to help them access different outings. They felt well supported by staff, had confidence in the ability of staff and were very satisfied with the support received. One person explained, "I feel in control of my life and am able to enjoy relative independence with support provided when I need it." Another person told us, "I go often out to shows and for meals." Another person commented, "I join in with the activities and enjoy them. I am happy and content, I don't have any concerns or complaint, but would see the manager or any of the staff if I did."

At our last inspection, we found care plans had not always been reviewed and amended when people's needs had changed, therefore they lacked guidance for staff. This presented a risk people may not receive consistent or appropriate care.

At this inspection, each person had a care plan and those we looked at had been reviewed regularly. The reviews were thorough, reflected any changes in the previous month and if there had been any involvement with health care professionals. The care plans contained relevant guidance for staff. People told us staff discussed their care plans with them, they felt involved in care planning and that their care needs, interests and the support required was accurately reflected. There was information about people's personal histories, for example, any previous employment, interests and important friends and family. People's daily routines were detailed and included their personal preferences. For example, if they preferred male or female staff to support them and any waking and sleeping routine. Staff were knowledgeable about people's preferences and considerate of them in all aspects of their care and support. People had a single page profile which included a summary of their needs and preferences. Therefore, important information about each person was easily accessible to staff to enable them to support people effectively.

Before people came to live at Roper House, the management team completed initial assessments which led to the development of care plans. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. Care plans covered all aspects of people's daily living, care and support needs. Moving and handling plans were detailed and included what the person could do for themselves and the type of support they required such as visual prompts and their specific communication needs. Care plans were personal and individual care needs were identified, together with the level of staff support required to assist people. Cultural care plans identified the support required by each person, for example, about any religious and life choices. Staff followed this guidance when supporting people which helped to ensure consistent and appropriate support.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. A weekly activities timetable displayed current and upcoming events. People confirmed activities took place regularly and were based on their preferences. There were multiple communal spaces, including an arts and crafts room, that could be used, with or without a television as an activity venue as well as a garden area. This ensured people could choose to be in an alternative environment if they wanted

to be and people's preferences could be met in a person-centred way. People told us they enjoyed a wide range of activities, including trips to a local theatre where there was good wheelchair access and a BSL interpreter in attendance.

Activities were person-centred. People were able to express their wishes and choices though through regular meetings and feedback. An activity coordinator helped to organise and facilitate activities for people, supported by care staff. Activities were flexible to meet people's needs, interests and ability. Staff recognised people may not always want to or be well enough to participate in group activities, so they were varied and included one to one activity, for example, puzzles, painting, art and craft. One person told us how they enjoyed the access the minibus provided to the shops and that it enabled them to feel a part of a wider community. People's goals and aspirations were recorded and reviewed regularly with them. These ranged from attending social events such as seeing musicals and bands play, to receiving extra help with life skills like financial planning or support with a view to living more independently.

A complaints process was displayed in the reception area and provided to people individually when they came to live at Roper House. It was in an easy to read format and people confirmed they were aware of how to complain if they needed to. The information set out how any internally raised complaints would be dealt with and included contact details of the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told how they had supported one person to complain about their treatment at a local venue they had attended and how this had been resolved positively. People told us they were very comfortable about raising concerns they may have. They found the registered manager and staff were always open to suggestions, actively listened and had resolved concerns to their satisfaction.

People received a responsive service, they and their family members were asked about any future decisions and choices with regards to their care. Care and support was person led. Information about people's end of life care were based on their wishes and set out in their care plan. No one at the service was receiving end of life care at the time we inspected.

Is the service well-led?

Our findings

People told us they thought the service was well-managed and run efficiently. One person said, "All the staff are good, if I need anything or just a chat, I could do that with any one of them." Another person told us, "The manager is always about, they're helpful and good at their job."

At our last inspection we made a recommendation to improve inadequate systems to ensure maintenance and decoration of the premises continued. At this inspection a maintenance schedule was in place and considerable decoration and improvement had been completed. The maintenance schedule detailed further work required, such as replacement of further floor coverings and tidying of the front garden. Where needed, capital expenditure was approved and dates were identified for work to be completed.

Although people were very positive about Roper House and how it was run, we identified new breaches of Regulation. This was because oversight had failed to ensure water temperatures were within a safe range to prevent the risk of scalding. Processes used to monitor and evaluate the operation and quality of service had not identified this and therefore were not suitably robust and needed to be strengthened. Auditing processes had failed to identify this significant shortfall and consequently no plan was in place to address it. In addition, until pointed out, the registered manager had not recognised the potential risks of all staff having access to medicines. We also discussed with the registered manager that, although analysis of incidents and accidents took place, this process could be further enhanced to include consideration of the time of the occurrences. This may help to identify any staffing issues or additional support people needed at particular times of the day. The registered manager agreed to adapt their systems to include this information.

The failure to effectively assess, monitor, record and improve the quality of service to people is a breach of Regulation 17 of the health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, and matters referred to or investigated by the police. This is so CQC can check appropriate action was taken to prevent further harm to people. However, the registered manager had not ensured all notifications were submitted when required.

The provider had not notified the Commission of an incident referred to and investigated by the police. This is a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Otherwise, other aspects of auditing and oversight were effective, medicines were well managed, auditing of cleaning processes ensured the risk of infection were appropriately managed and staff were aware of their responsibilities and were accountable for them. The registered manager had ensured, information was available to them in a way that met their communication needs and had recently completed an Accessible Information Standard audit in line with Section 250 of the Accessible Information Standard (AIS) of the Health and Social Care Act 2012. Staff had received AIS training and had identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any

needs identified to facilitate communication were recorded and responded to.

The registered manager made sure staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff.

There was a positive and open culture between people, staff and management. Staff we spoke to told us they were clear about their roles and who they were accountable to. They felt they all worked well as a team, all staff told us they felt proud of the service. Throughout the inspection, the registered manager and staff were open to different ideas we discussed. Their responses showed they were keen to develop and improve the service, so they could meet people's needs safely and effectively.

Staff were aware of the core values of the service. These were displayed around the building and included in discussions with staff at supervision meetings. They centred around People, Passion and Partnership. The three values emphasised people should not only be treated individually, with warmth, dignity and respect, but also with understanding and kindness. Innovation and positive risk taking was championed together with challenging perceptions and an intent for staff roles to make a real, tangible difference to people's lives. The value of working in partnership with other organisations and sharing insight, learning and resources was recognised and promoted.

There were a range of updated policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. The registered manager demonstrated a working knowledge of people's needs. During the inspection we observed that people, staff and visitors engaged well with the registered manager, who was open and approachable.

Arrangements were in place to support people who lived in the service and their relatives to suggest improvements to their home. These included being invited to attend regular residents' meetings at which people were offered the opportunity to give feedback about their experience of living in Roper House. People, their relatives and staff completed surveys about their view of the home. There were a number of examples of suggested improvements, many of these were about the décor and appearance of the service which had been completed.

The service worked in partnership with other agencies and health care professionals, such as the mental health team, care managers and speech and language therapists. The registered manager and key staff attended workshops where they met with other managers and service providers to receive training about national initiatives and good practice. The service actively worked within the local community, extending invitations to events and celebrations held at the service.

The registered manager worked proactively to keep staff informed on equality and diversity issues. They had discussed wellbeing, equality and diversity with staff and training had taken place to ensure staff were sufficiently informed to uphold the diversity values expected of them.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service and a link to the latest report was on the provider's website in line with guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission without delay an incident reported to or investigated by the police. Regulation 18 (1)(2)(f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the premises used by service users were safe. Reg 12(1)(2)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1)(a)