

Vista Care Limited

Rockingham House

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on the 07 and 08 June 2016 and was unannounced.

This residential care service is registered to provide accommodation and personal care to support people with learning disabilities. Rockingham house provides care and support to up to four people. At the time of our inspection there were three people living at the home.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from known risks as staff did not always follow individual plans of care in place to mitigate people's assessed risks. This constituted a breach of one regulation.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored. People had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was regularly monitored by audits; these were used by the

provider to help identify areas to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Staff did not always follow the individual plans of care in place to mitigate people's assessed risks.

Staff were clear on their roles and responsibilities to safeguard people.

People's medicines were managed safely.

People received their care and support from sufficient numbers of staff that had been appropriately recruited.

Is the service effective?

Good 

The service was effective.

People received care from staff that received adequate training, supervision and support to carry out their roles and demonstrated skilled interaction with people.

Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good 

The service was caring.

Staff treated people with dignity and respect and were aware of the importance of respecting people's right to confidentiality.

People were supported by thoughtful, compassionate and attentive staff who knew them well.

Staff involved people in decisions about their care and support.

Is the service responsive?

Good 

The service was responsive.

People had personalised individual plans of care in place that were focussed on supporting them to achieve their aims and aspirations.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good 

The service was well-led.

The manager was approachable and was a visible role model in the service.

There was a system of quality assurance in place to help drive improvements in the service.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Rockingham 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 and 08 June 2016 and was unannounced. The inspection was undertaken by one Inspector.

Before the inspection we contacted local health and social care commissioners who place and monitor the care of people living at Rockingham House. We also reviewed the information we held about the service, including 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 spent time observing the care that people living in the service received to help us understand the experiences of people living in the home. We spoke with one person who lived in the home and one relative. We reviewed the care records of two people living in the home. We spoke with three members of staff, the registered manager and the operations manager, and a social worker visiting the service. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People's risk assessments were detailed and senior staff had created individual care plans to mitigate each of these risks. However, we found that these care plans were not always followed. We spoke with three members of staff, all of whom were unclear of the care plans or guidelines in place to manage people's assessed risks. There had been an incident where one person had been placed at risk of harm because the care plans and guidelines in relation to managing their risk had not been followed by staff. We found that staff had failed to follow the person's individual plan of care in relation to managing their risk of harm.

The failure of staff to follow the individual plans of care in place to mitigate people's assessed risks constituted a breach of regulation. This was a breach of Regulation 12 2(b), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were managed safely and people could be assured that they would receive their medicines when they were meant to. Staff told us and records confirmed that staff had received annual training in relation to the safe administration of medicines. The registered manager had assessed the competency of staff administering people's medicines to ensure that they were able to do this safely. One member of staff told us "I administer medicines; the manager had to observe me first though to make sure I did it the right way." Medicines were stored safely and records in relation to the storage and administration of people's medicines were accurate and audited regularly. There were detailed individual plans of care in place to guide staff in how to administer medicines to people.

Appropriate recruitment practices were in place to protect people from the risk of being cared for by staff that were unsuitable to work in a care home. Staff told us and records showed that the provider had obtained Disclosure Barring Service (DBS) checks and employment references before they were allowed to work in the home. DBS checks are police checks which identify if prospective staff have had a criminal record or were barred from working with children and vulnerable adults.

There were sufficient numbers of staff working to meet the needs of people living in the home and to provide safe care and support. One member of staff told us "There are always enough staff on shift." Throughout the inspection we observed that there were enough staff to meet people's needs in a timely manner. Staff had time to engage positively with people using the service and to provide a range of meaningful activities. The majority of people living in the service received 1:1 support during the day and records confirmed that the provider had sufficient numbers of staff available to provide this support.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One member of staff told us "If I ever felt anyone was at risk I would tell the manager or contact the local safeguarding team or CQC." The provider had ensured that all staff had access to annual safeguarding training and that the contact details for relevant external agencies were available to all staff. The provider had submitted appropriate safeguarding alerts to the local authority and to CQC when required.

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. One member of staff told us "I have been here for three months now. I had an induction and lots of training when I first joined which helped make me feel confident to work here."

Staff received training in the skills they required to meet people's needs. Staff were positive about the training they had received and felt that it was relevant to their role and responsibilities. One person's relative told us "The staff really know what they are doing." We observed skilled interaction between staff and people living in the home. Staff were able to de-escalate challenging situations effectively and applied the training they had received in managing behaviours that challenge successfully. The registered manager recognised that staff had a preference for face to face training containing scenarios relevant to their work and was planning to introduce more training of this nature for staff.

Staff received regular support and supervision to enable them to be effective in their role. One member of staff told us "I have enough support here; the manager is always available and will come in if we need them to."

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 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 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 were being met. We saw that people were asked for their consent to receive care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. We found that the registered manager had made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to their care.

People had access to a healthy and nutritious diet; they were able to choose and help in the preparation of their own meals. Staff were knowledgeable about people's food preferences and showed us how people were involved in planning the menus for the home. Staff told us that people could choose meals that were not on the menu and people had access to snacks and refreshments freely. We observed staff encouraging people to maintain a healthy diet.

People's healthcare needs were monitored closely and people had regular access to their allocated healthcare professionals. Staff helped people prepare for their appointments and health procedures through the use of information in pictorial format to help decrease people's anxiety in relation to seeing healthcare professionals. Staff were knowledgeable about people's healthcare needs and pro-active in arranging appointments with people's allocated healthcare professionals and following up on their recommendations in relation to their care and support. During the inspection one person had told staff that they felt unwell and we saw that staff were quick to arrange an appointment for them to visit their doctor.

Is the service caring?

Our findings

People and staff knew each other well and had forged therapeutic relationships. Staff were knowledgeable and supportive in aiding people to communicate.

Throughout the inspection it was clear that staff had a positive relationship with people and that people were relaxed when in their company. People were treated with respect and staff used good humour effectively to engage positively with people to build a relationship of mutual respect. Staff used a range of communication methods to engage with people including the Picture Exchange Communication System (PECS). PECS is a pictorial communication system designed to aid communication with people who have Autism who may struggle to understand or use verbal communication. Staff told us that they used picture boards to support people living in the home to make choices about what they would like to do in the day.

There was a genuine sense of fondness between staff and people using the service. One person's relative told us "They are very caring. You can tell that they have good relationships." People were treated with dignity and respect and staff understood the importance of respecting people's right to confidentiality. Staff ensured that they provided support discreetly; conversations about care were held in private. We observed staff supporting one person to plan their weekly budget; staff did this respectfully and ensured that no one else using the service was able to overhear information about their finances.

People were encouraged to express their day to day views about the service. We saw staff asking people what they would like to do during the day and what meals they would like in the evening. The registered manager told us that they ensured "resident meetings" took place regularly to ensure that people living in the home had a forum to express their views. The registered manager had just introduced Person Centred Planning (PCP) reviews; they told us these were designed to ensure that people's care was focussed on what is most important for them and helped staff get to know people. The registered manager told us one person was "surprised at how well we actually knew them and what was important to them."

Is the service responsive?

Our findings

People's needs were assessed in depth by the provider before they started to use the service to ensure that they were able to meet their care and support needs. The provider developed personalised individual plans of care. One person's relative told us "the staff visited [person] before they moved into the home to get to know them." People's individual plans of care were reviewed on a regular basis as staff got to know people better to ensure that they were reflective of people's current care and support needs and aspirations. One person's relative told us "They involve me and tell me everything I need to know. If there are any changes in [person's] care then they tell me."

The provider worked creatively to support people to achieve their aims and aspirations. We saw that two people living in the home had been supported to gain the skills that they would require to achieve paid employment in the future. The registered manager encouraged these individuals to apply for a role as a cleaner in the home and completed a full recruitment process with people including application and interview. People were then expected to attend training, develop time management skills and begin to get into the routine and develop the self-discipline that they would require to secure future employment opportunities and achieve their aim of living more independently in the community.

Some people had set goals to live independently in the future. Staff demonstrated how they were supporting people to achieve their goals, for example by encouraging people to help with the food shop for the service and to prepare their own meals.

Staff were knowledgeable about people preferences, interests and life histories. Staff used this information effectively when planning activities and trips ensuring that people had access to meaningful activities that were of interest and that they would enjoy.

People had information about how to make a complaint or make comments about their care. People had access to an accessible pictorial complaints procedure to support them to understand how to raise a complaint and how any complaint would be responded to. One person's relative told us "If I ever had a complaint I would tell the staff or the manager. They all listen and I can speak to them." Staff told us that "If anyone ever had a complaint we would make sure we would tell the manager." We saw that the provider was open to receiving and acting upon feedback, for example people living in the home highlighted the need for a covered smoking area, the provider responded by installing a gazebo to provide people who smoked with some shelter in poor weather. Records showed that where complaints had been raised, the provider had responded in line with their policy.

Is the service well-led?

Our findings

The registered manager was a visible role model in the service for people and staff. They were accessible, approachable and well regarded. One person's relative told us "I know the manager, she listens to me and I can speak with her." Staff told us "The management here is good, much better than other places I have worked." We observed that the registered manager was present during all staff handovers and spent time in the communal areas of the service periodically throughout the day monitoring the care that people received and providing support and guidance to staff.

Regular staff meetings took place to inform staff of any developments to the service and for staff to contribute their views on how the service was being run. Staff meetings focussed upon the individuals living at the home and reinforced a positive person centred approach.

People were involved in making decisions relating to improvements in the service. People were involved in choosing soft furnishings and paintings to make the service feel more homely. The registered manager was planning to send satisfaction surveys to people using the service, their relatives and other stakeholders to identify areas where people felt the service could improve. The registered manager encouraged an open culture within the service and responded positively to people's feedback.

All staff knew the aims and values of the service; there was a strong person centred culture within the service with a genuine focus that was shared of promoting people's independence. One member of staff told us "We want people to be able to leave here with the skills to live in their own home and not need our support."

The quality of the service was monitored by regular audits in key areas such as care plans, health and safety and staffing. The manager used the results of the audits to improve the service and feedback to staff where improvements were required. Where issues were identified by the provider actions plans were developed to improve the service, these had been implemented in a timely way by the registered manager.

We reviewed accident and incident records completed by staff and saw that where appropriate the registered manager had submitted notifications to CQC and the local authority. The registered manager was aware of when notifications should be submitted to CQC and had reported these appropriately.