Life Opportunities Trust

Life Opportunities Trust - 15 Rose Vale

Inspection report

15 Rosevale
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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

This inspection was carried out on 11 October 2018 and was unannounced.

Life Opportunities Trust-15 Rosevale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one CQC contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. They are registered to provide accommodation and personal care for up to eight older people, some of whom have learning disabilities. There were seven people living at the service on the day of our inspection.

At their last inspection on 12 January 2016 we found the service Good, however at this inspection we found that some of the areas of the service needed improvement.

Recruitment procedures were not as robust and the provider`s recruitment policy had not been developed to ensure it was fully compliant with the regulations. Candidates were not asked to provide a full employment history and the registered manager had no sight of the references received so they could effectively assess the suitability of their staff because recruitment files had not been kept at the home only at the provider`s head office.

Staff were responsible for maintaining a clean environment; however, we saw that tis had not been done. There were stained carpets and walls as well as cobwebs on lamp shades.

Staff received training in subjects considered mandatory by the provider, however more specialist training for staff to develop skills to meet people`s changing needs was not proactively planned.

Staff told us they felt supported to carry out their roles effectively, however they told us staffing was at times a problem and agency staff had to be used to ensure people had their needs met.

People felt safe and were happy with the support they received. Care plans were in place to give guidance for staff on how to meet people`s needs. However, people`s end of life care needs were not assessed and there were no clear processes or systems for staff to follow of when and how they had to approach these conversations with people or their relatives where appropriate.

People were supported to have maximum 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 discussed with people the care and support they received and obtained their consent.

People`s dignity and privacy was promoted and respected by staff. Staff enabled people to maintain and develop relationships and stay safe.

People told us staff were kind and caring and their dignity was protected. People had been involved in

planning and reviewing their care and support by staff who used pictorial documents where it was needed to aid people`s understanding.

Risks to people`s well-being were assessed and measures were in place to mitigate risks. Staff were knowledgeable about risk to people and how to minimise risks.

People were positive about the service they received, however relatives told us some aspects of the care and support people received needed improvement. These areas included cleanliness of the building and opportunities for people to take part in meaningful activities as well as access the community more often.

The registered manager used a range of audits to check the quality and safety of the care provided. We found that where issues were found, remedial actions were not always recorded and monitored to ensure these were completed.

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.

The environment was not always clean and some areas in the home needed re-decoration.

Recruitment files were not available at the home and the registered manager was not analysing references received to ensure appropriate skill mix and personalities could be matched when staff were working together.

Relatives told us there were not enough staff to support people with daily tasks. People`s funded support had been provided?.

People, if they were able, were encouraged to take positive risks and live the life they wanted. People had their individual risks assessed and staff were aware of these.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training in subjects considered mandatory by the provider, however further training was needed for staff to understand people`s end of life care needs.

People were encouraged to express their choices and make decisions affecting their life. Where people were not able to do this, best interest processes were followed.

People were involved in decisions about the menu choices they had. Staff were responsible to cook daily for people..

People had access to health care professionals when needed.

The environment was calm and welcoming, however some areas needed re-decorating and maintenance work.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff promoted people`s dignity and privacy.

People were encouraged to develop relationships and maintain close contact with family and friends.

Where people were able they participated in planning their care and support they received.

Confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

Care plans gave clear guidance for staff how to meet people`s needs. However, some people were older and frail and their needs when nearing the end of their life had not been assessed.

People were attending day care services and in addition they were supported to pursue their hobbies and interests. However, relatives told us that staff was not always available to support people to access the community and activities in the home were limited.

Relatives told us that they were confident in raising issues with the management team at the home, however changes or actions were not always promptly put in place.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager completed audits at the home to assess the quality of the service, however some audits were not as effective and did not lead to improvements.

Relatives told us that the management of the home was caring, however there was a lack of effective leadership and changes or improvements were not always sustained.

Staff were aware of their roles and responsibilities and felt listened and valued by the registered manager and provider.

Life Opportunities Trust - 15 Rose Vale

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 2014 and 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 11 October 2018 and was carried out by one inspector. The inspection was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the Provider Information return (PIR) which sets out how the service is meeting the standards.

During the inspection we spoke with two people who lived at the service, three care staff, the deputy manager and the registered manager. We also talked to a staff member employed by another organisation who was contracted to provide one to one support for a person. We received feedback from two relatives following the inspection and social care professionals. We checked three people's support plans. We also reviewed records relating to the quality and monitoring of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I am safe here. I didn't like it at my previous place but [name of registered manager] came and got me and my dog." Another person said, "I am safe here. I like it here."

People were protected from the risk of infections. Staff washed their hands regularly and we saw them cleaning tables and areas where people spent their time regularly. However, we found that some areas of the home had cob webs, looked unclean and the carpet was stained in the living room. The management team told us that there were no designated job roles for cleaning and staff had to take on this responsibility during the day and during the night. Cleaning regimes were in place where staff signed to show that they cleaned the areas listed on these. These included mopping the floor and cleaning toilets and bathrooms. However there were no deep cleaning schedules where on a regular basis, blinds, curtains and the high ceilings would be cleaned appropriately.

Relatives told us that they gave feedback about this to the provider previously but no actions were taken. One relative told us, "On feedback forms from the company I have highlighted how I feel a cleaner would benefit the service as the house is not always as clean as it should be. The bathrooms/toilet areas as well as the corridor by the bedrooms are in need of a deep clean and some refurbishment." This was an area in need of improvement.

People told us staff were always around to help them when needed. Staff told us there were usually enough staff to meet people`s needs and help people live the life they wanted, however at times they were short. The service used at times agency staff to cover for holidays or sickness. Agency staff`s profiles were requested from the agency by the registered manager to ensure that staff were trained and suitable to work in the service.

Relatives told us that at times people`s agreed care packages with the planned outings could not be honoured by the home because there was a shortage of staff. They told us that people were missing out on their one to one support because of short staff. The registered manager told us that they were using agency staff to work in the home so that permanent staff could provide the one to one support. We checked if the hours worked by staff covered all the care hours people were funded for. We found that care hours were covered, however these included the domestic tasks as well as the meal preparation and all the cooking staff had to do. This was an area in need of improvement to ensure that staff were effectively deployed and enough to meet people`s assessed needs.

We recommended that the registered manager regularly assessed people`s dependencies so any changes in their needs was promptly identified and applications for more care funding's could be obtained from funding authorities. People in the home were getting more frail and advanced in age and some of them were not able to take part in daily tasks around the home which meant that staff had to carry out more domestic work, laundry and cooking. This had to be reviewed by the manager and the provider.

The recruitment of new staff was carried out by the provider`s human resource department. We were unable to review employment files as these were only kept at the provider`s head office. Therefore, we asked them to provide us with the recruitment policy and a description of how they ensured that recruitment processes were robust. They told us that they asked for two references from most recent employers and these were verified when received. They also told us that they asked candidates to detail the last three to five years employment history. However, this is not in line with CQC regulation. The provider should request a full employment history from candidates and gaps in employment should be explored to ensure it is safe for them to work in this type of setting. The registered manager told us that they had not seen staff`s employment files or references after head office received these. Reference numbers from Disclosure and Baring Service were recorded and kept in the home. This meant that the registered manager had not been enabled to analyse references to ensure appropriate skill mix in the staffing team. This was an area in need of improvement.

Staff were knowledgeable about safeguarding procedures and they told us how they reported their concerns, for example, if people had bruises. Staff had good knowledge about external safeguarding authorities they could report concerns to under the whistleblowing policy. We found that staff reported concerns appropriately.

People were encouraged to take positive risks and do what they liked. For example, a person who used to do decorating in their working life expressed their wish to decorate some areas in the home. This had been risk assessed and with staff`s support they were able to plan and do this.

Risk assessments were developed depending on the individual's needs. For example, there were risk assessments for the activities people were doing like fishing, cooking but also for their mobility and falls. If people were able to understand, staff explained to them the risks involved and they were supported to take decisions in regard to their daily life.

There were regular fire drills organised and the registered manager ensured that these were carried out during the day but also during the night. A fire risk assessment carried out by an external company had been booked to ensure that the premises followed existing fire regulations. Staff were knowledgeable about evacuation procedures and how to ensure people were safe in case of an emergency.

People's medicines were managed safely. We noted that the medicine administration was completed in accordance with good practice. Medicines records were completed accurately and the sample of medicines we counted tallied with the amount recorded. Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Accidents and incidents were recorded and analysed to ensure that if actions had to be taken these were done. Staff told us that in staff meetings they discussed if any lessons had to be learned following incidents or complaints.

Good

Is the service effective?

Our findings

People told us staff were good and they knew what they were doing. One person said, "Oh yes they know what they are doing."

Staff told us they had training when they joined the service and regular refresher training. One staff member said, "We are always training. Training is good. I had PEG training and all of us are trained in medicine administration. We are also observed for competencies before we administer medicines." Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. Staff told us they had regular supervisions where they received feedback about their performance and they could discuss and development opportunities or training needs.

Staff told us they received regular on-going support from the registered manager and the deputy manager. they told us that they had regular supervisions.

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 with appropriate legal authority. 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. People had their capacity assessed in different areas where they required support with. Best interest decisions were taken following the best interest process and these were reviewed regularly. DoLS applications were submitted to local authorities by the registered manager and these were pending approval at the time of our visit. Care plans were detailed about how restrictions to people`s freedom were minimised.

People and staff were involved in preparing meals. With the help of staff people were agreeing a weekly menu and this was then prepared daily by staff. Staff were knowledgeable about special diets people had and ensured that they provided this to people.

People`s weights were regularly monitored by staff and recorded. Where people had been observed to be losing weight they were referred for appropriate professional for support. Some people were regularly seen by speech and language therapists and dieticians.

We observed some people having their breakfast and lunch at the home. Staff asked people what they wanted and also used pictures of prepared meals to aid people who could not easily communicate their

choice verbally.

People were supported to attend regular health appointments and their health care needs and appointments were clearly documented in their health (purple) folder.

The environment was clam and welcoming. The enclosed garden area was easy to access for people if they wanted to spend time outside. However, the environment looked tired in places and in need of maintenance work including the wooden table and chairs outside. The registered manager told us the kitchen had work done and flooring was changed and there were plans to re-decorate the dining area.

Good

Is the service caring?

Our findings

People told us that staff was nice to them and they felt they were living in 15 Rosevale like a big family. One person said, "It`s like my family. I like them." Another person said, "I like staff and people living here. They are nice." One relative told us, "I feel the service is safe and staff are kind and caring."

We observed kind interaction between people and staff. There was lots of laughter and jokes which included people who were not as able to communicate verbally. Staff called people by their preferred name and clearly new people well. They were respectful when approaching people. A staff member employed by another organisation was visiting a person to give one to one support. They told us, "I really like coming here it is so homely and like a big family. Everyone is friendly and the care is really personalised."

People were involved in planning and reviewing their care and support plans if they were able. Care plans were written in easy read format using pictures to ensure people understood what was discussed. People set their own goals and staff supported them to achieve these. For example, a person set themselves a goal to keep in regular touch with their family. Their key worker supported them to call their family members and helped visits at the home. Some people living in the home were not able to actively take part in their care and their relatives had been involved.

People told us they had privacy when they wanted. One person said, "I have my own bedroom." People`s dignity was promoted. We saw staff gently wiping people`s mouth after they ate and protecting their clothing to ensure they were clean and presentable. People wore clean clothes appropriate to the weather when we visited and their fingernails and hair looked clean.

Relatives told us staff encouraged people to maintain relationships and they felt welcome when they visited. One relative said, "I am made to feel welcome by most staff on duty and my [relative] is happy at Rosevale."

People's care records were stored in the registered manager`s office in order to maintain the dignity and confidentiality of people who used the service.

Good

Is the service responsive?

Our findings

People told us they were not bored and it was plenty for them to do. One person told us, "I go fishing ad do stuff around the house. I will be in charge here when [registered manger] leaves." Another person said, "I go to the day centre to see my mates. I saw Tina Turner in London."

People had funded one to one care and staff planned activities with them depending on their likes, dislikes ad preferences. For example, people planned to go to cinema, into town and out for dinner. People were excited to talk about their holidays and frequent day trips. Pictures with people enjoying activities on their days out were displayed and people looked happy smiling and enjoying life.

The relatives we spoke with told us that overall, they were happy with how people were looked after. However, they told us that at times when staff were working short or had to do tasks like cooking and cleaning around the house, there were not enough activities provided in the home. One relative told us, "A cleaner would release care staff to interact with residents and possibly organise some in house activities for short periods during the day. This area [in house activities] is lacking and needs to be bedded into the culture and daily provision but also resourced for it to be effective and ongoing." People told us they had at times parties organised at the home or they just listened to music and watched TV and records confirmed this. This was an area in need of improvement.

Care plans were personalised and reflective of people`s personalities, likes and dislikes as well as descriptive of their abilities and where they needed support from staff. One person was supported to be independent. For example, they were involved in peeling potatoes, recycling and making cups of tea for other people and staff. Staff knew people well and they could tell us about each person they supported including their likes, dislikes and preferences.

Some people were frail and elderly and they needed support in all aspects of their life. We found that their day to day care needs were assessed and met by staff, however there were no assessments or planning to support people with their end of life care needs. The registered manager told us they were in the process to source training for staff in this area and to develop care plans. However, this remained an area in need of improvement.

Relatives told us that they were confident in raising concerns and these were listened to by the staff and the registered manager but not always answered. Relatives told us that improvements made were not always sustained. One relative said, "It seems to take a very long time for things agreed upon to be actioned. This can be a small matter or one that needs more thought and organisation needing arrangements to be made. I usually have to ask some time later what is happening when nothing appears to have been done or changed. It is necessary for me to raise some issues on a regular basis." Another relative said, "Many issues, complaints that we have registered have not been answered or any improvement shown. We feel that the same old things keep coming up time and time again which is frustrating for us." This was an area in need of improvement.

Complaints were recorded and an overview kept by the registered manager. The form allowed staff to record minor concerns people raised. For example, a person complained that they were bored and that they wanted a job. We saw that there were several responsibilities the person took on around the home, like painting the fence but also the registered manager was searching for a suitable place for the person to work.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the provider needed to submit an application to remove the previous registered manager who left the service in 2013.

The registered manager carried out regular audits to assess the quality of the service provided. Audits included, environment, health and safety, care plans and others. However, we saw that these audits and systems were not always as effective as they could have been. For example, the cleaning schedules and audits were all completed to show that the environment was clean, however we found that some areas in the home were not clean.

People knew the registered manager and deputy manager by name. They told us and we saw they could approach the management team and staff with any concerns they had. One person said, "[Registered manager] is nice. I can talk to them any time." Relatives told us they appreciated the registered manager and they felt they were caring and supportive, however they felt the home lacked effective leadership. One relative said, "The [registered] manager is a very caring, lovely human being who has been very caring to [person] and her family. We don't get sense of leadership as some of the staff appear to be doing their own thing." Another relative said, "I don't mean to sound critical as I think Rosevale does a good job. I do think the staff are stretched and need support. They do a great job in difficult circumstances but need more resources and direction to target the areas that we as family see as important."

Staff were aware of their roles and responsibilities and they felt supported by the registered manager and the deputy manager. They felt valued and appreciated for the work they were doing in the home and told us that the values and the ethos was to put people in the centre of their care.
There were annual surveys sent to people, staff, relatives and other stakeholders. The registered manager was in the process of analysing the survey questionnaires received back from people. We sampled some of these surveys and saw that overall people were happy with the service.

The service worked in partnership with other health and social care professionals to ensure that people`s health and social care needs were fully met. For example the registered manager arranged for the community district nurses team to talk to staff about end of life care and they were awaiting confirmation of when this could take place.

There were regular meetings for people and staff to feel included in the running of the home and discuss any issues they may have had. Agendas for people meetings included trips out, menus, garden and recycling. An action plan was in place to show what needed improving. For example, pizza to be added to the shopping list, arts and crafts items to be bought. A person had been named to check if these actions were done.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain

events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.