

The Alex Group

Rough Lee Home

Inspection report

Rough Lee Road
Accrington
Lancashire
BB5 2LN

Tel: 01254393152
Website: www.roughleehome.org.uk

Date of inspection visit:
14 November 2019
15 November 2019

Date of publication:
10 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Rough Lee Home provides accommodation and personal care for up to 17 adults with physical disabilities and is situated in Accrington. The home is purpose built and accommodates people on the ground floor. Accommodation is provided in single bedrooms the majority having en suite facilities. At the time of inspection there were 15 people living in the home.

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

People told us they felt safe in the home and reassured by the care and support provided. Staff understood how to protect people from abuse and avoidable harm. Risk management policies ensured people were supported to remain safe in the least restrictive way possible. The environment was well maintained and regular testing had been completed of safety equipment.

People received care from staff who were trained and knowledgeable about their needs. People were supported to eat and drink and praised the quality of the food. People had maximum choice and control about their care, and were supported to make important decisions in line with guidance and the law. People had access to health care including regular screening to help maintain optimum health.

People and their relatives said the staff were kind and caring. People's equality needs had been fully considered, people told us they felt respected and cared for. We observed positive interactions in the home. The provider ensured people were able to maintain and develop their independence.

People received person centred care which reflected their needs and wishes. Regular reviews and updates ensured care remained appropriate. A range of activities were available both inside the home and in the community. People had the opportunity to make suggestions and be involved.

The home was well led by a committed management team. People felt fully involved in the day to day business of the home. Regular audits of care practice and records ensured the quality of care was maintained.

Rating at the last inspection

At the last inspection the overall rating was good. Published (May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Rough Lee Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection team

This inspection was completed by one inspector.

Service and service type

Rough Lee Home is a care home registered to provide personal care and accommodation to adults with physical disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account in making our judgements in this report.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, five people who lived in the home, the relatives of one person and three care staff. We reviewed the care records of two people, the recruitment records of two staff and a number of other records relating to risk management, maintenance, meetings and governance.

After the inspection

We received and reviewed additional information from the registered manager including, meeting minutes, residents feedback and handover records. We rang one relative and spoke to commissioners and local community team.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust safeguarding policies to protect people from the risk of abuse. Safeguarding records showed the provider had followed their procedure when required.
- Staff had received training about safeguarding and could recognise what might be a concern and how to raise this both within and outside the service if required.
- People told us they felt safe in the home. Comments included; "I feel safe because of the people around me and the surroundings, I am happy and I don't feel upset anymore." and "I feel safe because everyone is around us. It's magical."

Assessing risk, safety monitoring and management

- The provider had risk management procedures which helped ensure people were protected from avoidable harm and supported to manage risks in their daily lives.
- Staff completed risk assessments and developed risk management plans with people, these included; moving and handling, personal care, nutrition and use of mobility aids. Risk assessments had been reviewed and updated every six months to ensure they remained appropriate.
- The provider had robust environmental risk assessments in place and a regular programme of checks and maintenance. A recent fire risk assessment had identified areas to be addressed, the records showed the provider had completed these in a timely way. We reviewed maintenance records and found them to be up to date.

Staffing and recruitment

- The provider had robust recruitment procedures which they continued to follow. Staff had been recruited safely with all necessary checks being completed prior to starting employment.
- The provider had a system to calculate the level of staffing required based on people's needs. Staff said the management team responded positively when they felt there needed to be more staff.
- Staff we spoke with said they felt they had enough time to support people safely.

Using medicines safely

- The providers medicine management procedures helped ensure people were supported safely to manage their medicines. Staff were trained appropriately and their competencies were regularly checked.
- Staff had completed medicine management risk assessments with people to determine the level of support they needed.
- Medicine records we viewed were accurate. Medicines had been given as prescribed.

Preventing and controlling infection

- The provider had safe infection control policies in place. Staff followed the policies and used appropriate equipment, including gloves and aprons to minimise the risk of infection or cross contamination.
- Domestic staff followed safe routines. The home was clean, tidy and free from malodours.

Learning lessons when things go wrong

- Staff maintained records of all accidents and incidents.
- The provider had a system in place to analyse any incidents or accidents to consider how to avoid things happening again.

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had assessed people's needs thoroughly prior to them receiving a service which ensured staff were able to meet people's needs. Person centred care plans had been developed which included people's needs and preferences for how they received care. People told us they were happy with the support they received. Comments included; "Staff are first class and really support the residents." and "I am much happier here, I get good quality care."
- Other professionals advice and guidance had been included in care plans to ensure people received effective care and support. This included information from district nurses and physiotherapists.
- Staff said they found the care plans useful and worked closely with other professionals and agencies to co-ordinate effective care. Care records included entries from visiting professionals.

Staff support: induction, training, skills and experience

- The provider ensured staff had received training pertinent to their roles. There had been additional training in relation to long term conditions people needed support to manage.
- The provider had a supervision policy which they had followed. Staff received regular supervision. Supervision is a one to one meeting between a member of staff and a senior to look at areas of development and achievements. Staff said they felt fully supported by the management team, comments included; "I feel I am well supported, I have regular supervision"
- The provider's induction programme was comprehensive, including face to face training, shadowing shifts and on line learning. New staff we spoke with said they had found it very useful.

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

- Staff supported people to eat and drink. Where a person might be at risk of choking a thorough risk assessment was in place to ensure staff supported people effectively.
- People had been able to make suggestions about the menu and praised the quality of the food they received. Comments included, "The food is nice, I enjoy it and I can pick from the menu." and "The food is lovely". We observed lunch service, people were able to make a choice from a variety of food and had the option of having something different if they preferred.

Supporting people to live healthier lives, access healthcare services and support

- The provider had fully assessed people's health and wellbeing needs. People were supported to access health services when required.
- The provider had developed documents called hospital passports which ensured people's health

information was easily transferred between services, especially in an emergency.

- The provider ensured people had regular health screening, this had resulted in serious health needs being identified and treated in a timely way.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The provider had applied for appropriate authorisation from the local authority. Where DoLS had been granted the manager ensured these were up to date.
- The provider had assessed people's capacity to make specific decisions in relation to their care and support. Capacity assessments were clear and detailed. Where necessary, best interest decisions had been made and recorded and represented the least restrictive option.
- Staff understood the importance of getting people's consent to receive care and support. Staff were observed to ask people their preferences and knocked on doors before entering bedrooms.

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

- The home had been designed and equipped to support people to meet the needs of people with mobility difficulties. Communal areas and corridors were spacious. Adapted bathing facilities were available.
- There were some refurbishment works in progress to respond to the individual needs of people.
- Wifi was available throughout the building, people were using this to access the internet and communicate via skype. A new call bell system had also been introduced which was more efficient and less intrusive.

Is the service caring?

Our findings

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

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

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

- People told us they were treated well and supported by kind and caring staff. Comments included, "All the staff are friendly" and "It's unique here, it's like a family. Everyone supports each other" and "The best thing here is the staff." A relative told us, "When I visit there is always a lovely atmosphere, it feels like someone's home."
- The provider ensured people's cultural and diversity needs had been recorded and respected. Several people had been supported to attend religious services and the home ensured people were able to celebrate different festivals.
- People who may experience distress were supported respectfully. Staff said, "I try to take time and interact gently, reassure people and support them."

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

- Staff had fully considered people's communication needs and developed communication plans to support people to express their views and be involved in decisions that were important to them.
- Regular meetings with residents ensured people had an opportunity to voice their views and concerns. Action plans had been developed in response to any matters people raised.
- Advocacy services were available for people should the wish. Advocates can support people to understand and be involved in important decisions.

Respecting and promoting people's privacy, dignity and independence

- The staff team were committed to upholding people's dignity and privacy. Staff were skilled in making sure people were comfortable when receiving personal care.
- The provider had produced a service user guide which included details of what people could expect and identified their rights and responsibilities.
- Staff supported people to maintain and develop their independence. Assessments identified areas people were able to manage themselves and areas people wanted to develop. In addition, some people were involved in the services committee and undertook administrative tasks.

Is the service responsive?

Our findings

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

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

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

- People had person centred care plans which reflected their needs and preferences. People had been fully involved in their plans and able to decide how they wanted things done.
- Care records were highly person centred and gave a clear picture of the person's interests and background such as previous employment, family life and hobbies.
- People were involved in regular reviews and updates of their care plans. Where a person's needs had changed, the staff ensured they were supported to seek appropriate support including from health professionals and commissioners.

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

- People told us they were happy with the variety of activities available. Comments included, "I can do what I want within reason, my favourite thing is shopping." and "I get to do things I enjoy and I can chat and face time people." and "I do some admin work and get to attend events and speak about our work." and "I get out plenty, I go to the pictures and social trips."
- Staff had recorded information about who was important to people and how to contact them to support people to maintain their social links.
- Regular events were held in the home to celebrate events and festivals. Volunteers worked in the home providing a variety of activities including crafts.

Meeting people's communication needs

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

- The provider had met this standard. Information was available in a variety of formats including large print and pictures. Notes from meetings and other information had been translated into braille.
- Staff understood how people preferred to communicate and used their preferred methods.

Improving care quality in response to complaints and concerns

- The provider had a complaints policy. Complaints were recorded and responded to in line with this policy. There had not been any complaints in the previous 12 months. People we spoke with said they knew how to raise their concerns but had not felt the need to complain.
- Regular meetings with people living in the service and their relatives ensured people were able to raise any

concerns.

- Resident meeting minutes showed what things were important to people and how the service had responded to them. An action plan had been developed to address not only concerns but people's ideas and innovations.

End of life care and support

- The provider had a policy to support people as far as possible to remain at the home at the end of their life if they wished. Some people had been supported to consider their wishes and some people had felt they were too young at this stage, which the provider had respected.
- Staff were sensitive to people's needs and had experience of supporting people at the end of their life in the home.
- Some staff had recently had training and were looking to have more.

Is the service well-led?

Our findings

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

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

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

- The management team were committed to achieving positive outcomes for people and strived to include everyone in this process. People living in the home were positive about the culture of the home, one person said, "The best thing here is the structure, there is an open door policy people can always speak to the manager."
- Staff told us they felt fully supported by the management team and able to approach them about anything. A relative told us, "The best thing is that it is person centred, staff work very nicely together."

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

- Staff told us the management team were clear with them about their roles and the standards of care they expected. Comments included, "The manager is very clear and lets us know if anything needs to change. They are very supportive." and "The management team join in and help out, we know what they expect."
- Daily handovers ensured staff were aware of what had happened and what support people needed during their shift. Staff signed to say they had received the handover.
- The management team had robust audits of care practice and records in place. This helped ensure people received consistent high-quality care that achieved good outcomes.

Continuous learning and improving care

- The management team continued to develop their skills and knowledge through training and cooperative working to improve their practice and the quality of care provided.
- Staff were encouraged to develop their skills and knowledge.
- Opportunities to learn from people's experience had also been considered when reviewing care practice. People living in the home were able to share their views and felt listened to.

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

- The registered manager understood their responsibility of duty of candour and encouraged an open culture within the service. A relative we spoke with said the service always contacted them and kept them up to date with any events.

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

characteristics

- The registered manager consulted with people who lived in the home and staff, and, sought their views to ensure they were satisfied with the service. We reviewed surveys related to living in the home, activities and food. There were action plans developed in response to these.
- The registered manager ensured there were regular meetings and opportunities for people to air their views. People told us they felt comfortable and found the management team were open and approachable.

Working in partnership with others

- The provider were committed to working in partnership with other agencies, including; the local authority, commissioners and health professionals to ensure consistent co-ordinated care.
- The registered manager attended a variety of conferences and forums. This shared learning had led to changes in practice and improvements in the service.