The Rose Road Association

The Rose Road Association (Outreach Service)

Inspection report

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Date of inspection visit:
09 May 2016
10 May 2016

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

We carried out this inspection on 09 and 10 May 2016. The inspection was unannounced. The Rose Road Association (Outreach Service) provides support and activities in the home and local community to children and young people up to 25 years of age with physical disabilities, learning disabilities, and / or autism. Residential respite is also available on-site in The Oaks, a six bedded unit. At the time of our inspection the service was providing support for 10 people in their own homes and four people who were using The Oaks respite service.

There was a registered manager in place for the Community Outreach Service. 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 a registered manager was not in post at the time of our inspection for The Oaks respite service because the previous manager had recently left.

We found people's safety was compromised in some areas. Medicine care plans were not stored with people's medicines, so were not readily available in an emergency. A fridge was available to store medicines; however, no guidelines were available for staff to monitor it was working correctly. Accidents and incidents were not always followed up and monitored appropriately to keep people safe.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. There were enough staff to meet people's needs. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. People were supported to receive their medicines safely from suitably trained staff.

Staff received regular one to one sessions of supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an appropriate induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day. People were able to access healthcare services.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities. The provider sought feedback through the use of quality assurance questionnaires and used the results to improve the service. The provider and manager used a series of audits to monitor the quality of the service.

A complaints procedure was in place. There were appropriate management arrangements in place and staff felt supported.

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.

Medicines care plans were not stored with peoples medicines. A fridge was available to store medicines; however, no guidelines were available for staff to monitor it was working correctly.

Accidents and incidents were not always followed up and monitored appropriately.

Staff knew how to identify, prevent and report abuse and there were enough staff to meet people's needs. Recruitment practices were safe.

Is the service effective?

Good

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Staff told us they felt supported and had regular sessions of supervision and received a wide range of training.

People enjoyed the food and felt they had choices. People were supported to access health professionals and treatments.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness and compassion.

People were treated with dignity and respect and were encouraged to remain as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff that understood

and were able to meet their needs. Care plans provided comprehensive information and were reviewed regularly.

People had access to a range of activities which they could choose to attend. An effective complaints procedure was in place and concerns were listened to.

Is the service well-led?

Good

The service was well led.

People and staff spoke highly of the registered manager, for the community outreach service who was approachable and supportive. There was a clear set of values and a vision for the service with people at the heart of it.

There were systems in place to monitor the quality and safety of the service provided. There was a whistle blowing policy in place and staff knew how to report concerns.

The Rose Road Association (Outreach Service)

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.

The inspection took place on 09 and 10 May 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with one person using the service who communicated with us verbally in a limited way, and four family members. We also spoke with the registered manager for the community outreach service, the chief executive, head of services, deputy manager for the Oaks respite service, and five staff members. We looked at care plans and associated records for four people, four recruitment files, accidents and incidents records, policies and procedures, minutes of staff meetings and quality assurance records. We observed how staff interacted with people whilst supporting them with a range of activities in the service.

We last inspected The Rose Road Association (Outreach Service) on 24 and 27 January 2014, where no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People's families across the whole of the service told us they felt safe. One family member told us staff were, "so trustworthy, which is really important when someone comes into your own home." Another family member said, "I don't trust anywhere else or hospital but I have complete trust here; they know my daughter so well and watch her closely and are aware of any changes and will let me know; it's excellent care." A third family member told us, the service was "safe, otherwise I wouldn't bring her here, I get a daily report when she comes home. Any problems staff will talk to me directly."

People were supported to receive their medicines safely. One family member told us, "Medicines are always given; never a problem." Medicines for the Oaks respite service were managed by senior staff and only managers could sign medicines in and out. Medicines were kept with the risk assessments; however, the medication care plans were kept in the care plan folder and not with the medicines. This meant that if staff needed to give an emergency medicine, they would have to enter another room to find the care plan folder, which could cause delays in the person receiving their emergency medicine and could put people at risk, as staff would need to check the care plan before administering the emergency medicine. We spoke to a senior member of staff who told us, "They all used to be kept together, but it was changed recently and I feel we need it to go back to how it was, and I will change it." Medicines care plans for the outreach community service were detailed; for example, for one person, their care plan stated that they were to have no grapefruit as this could affect their medicine. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records confirmed staff were suitably trained and had been assessed as competent.

Medicines which required storing within a specific temperature range were not always kept safely. A refrigerator was available in the Oaks respite service for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. However even though the temperature was shown on the outside of the fridge, there were no arrangements in place to check the temperature of the fridge to ensure it was working correctly and the medicine was stored at the appropriate temperature. We spoke to staff about our concerns who agreed to attach some guidelines for staff to follow.

Where people had accidents, incidents or near misses, there was a clear record of this, which was recorded on the provider's electronic system. Incidents and accidents were then investigated and collated, enabling patterns of behaviours to be identified and support plans changed if required to prevent reoccurrence. However in the Oaks respite service in all but one case we saw records that showed a person using the service had burnt their hand on their dinner. The actions noted were to update care plans and risk assessments, and to inform staff in a meeting, but these had not been completed. When we spoke to the keyworker for the person they informed us a communication breakdown had occurred on this occasion, and concerns were actioned at the time of our inspection with records being updated and information passed onto relevant staff.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Risk assessments were

detailed and for one person they had very clear guidelines on how they should sleep at night as they would be at risk if they slept on their back. This provided staff with clear guidelines and also contained eight photographs on how to set up the sleep system and what position they should be in. Staff showed they understood people's individual risks; they assessed, monitored and reviewed these regularly and people were supported in accordance with their risk management plans. Risk assessments covered support for when people went out in the community, and participated in social and leisure interests. For example, for people who were supported by the use of a wheelchair, staff were required to choose wheelchair accessible locations with appropriate surfaces, and to visit new locations beforehand.

People were protected against the risks of potential abuse and had access to information about safeguarding and how to stay safe. All of the staff and the registered manager had received appropriate training in safeguarding. Staff observation records showed that supervisors made sure staff understood safeguarding by asking and recording staff's knowledge on how to identify signs of abuse and checking staff understanding of the safeguarding policy and procedure. One staff member told us, "If I saw any abuse I would fill in a safeguarding concern form and inform social services and my line manager and make sure I listen properly and don't add anything to what I have been informed." Another staff member said, "If I have any safeguarding concerns, I can report it to on call [manager] straight away."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. One staff member told us, "Once I had my interview I was invited into the respite service and shown around to see if I was suitable and how I reacted with people using the service."

There were enough staff to meet the needs of people and keep them safe. We observed that the Oaks respite unit provided the opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. The registered manager kept the staffing levels under review and staffing was adjusted to meet people's needs. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The allocation of staff working in the community was based on each person's needs.

People had emergency plans in place detailing the support they would need in an emergency. There were plans in place to deal with foreseeable emergencies. Staff were aware of what action to take in the event of a fire and fire safety equipment was maintained appropriately. Safety checks of gas and electrical equipment were conducted regularly.

Good

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. A family member told us, "My daughter always smiles when we pull into the service the care is exemplary and she is always happy to come." Another family member said, "Incredibly attentive to detail. Will call me to let me know the slightest thing, which is what I want, as my daughter has very complex needs." A third family member told us, "My son absolutely loves it here."

People were cared for by staff that were well-motivated and told us they felt valued and supported appropriately in their role. People were supported by staff who had supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "Supervisions are once a month. Everything is confidential and goes beyond just working, it's a two way process and you get given feedback, but can also pass on any concerns you may have, it's very useful." Another staff member said, "In supervisions I can tell my line manager what training I want and I will then get booked on it." Senior staff in the Oaks respite service told us they carried out supervisions once a month for staff and new staff every two to three weeks, but due to the manager leaving the Oaks respite service they themselves had not had a supervision for a while, but had spoken to one of the directors about this recently who was going to support them till a new manager was put in post.

People's families told us they thought staff were well trained. Comments included, "Definitely trained enough, very professional and knowledgeable." As well as, "I feel staff are well trained, I wouldn't have my daughter stay here if not." Staff praised the range and quality of the training relevant to their roles and responsibilities. One staff member told us, "Training is good we get notified all the time of upcoming courses, and can request any training we would like to do." Another staff member said, "Training really good compared to other places I have worked it's 100 % here." Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Training was a mixture of on line training and face to face training.

New staff completed a comprehensive induction programme before they were permitted to work unsupervised. New staff were working towards the care certificate. This is awarded to staff new to care work who complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "In my induction training I met with my coordinator and ran through all the policies and procedures and paper work, and was able to ask questions. Then I met up with another staff member at the family's home to shadow before I worked on my own." Another staff member said, "In my induction I shadowed a senior staff member and was shown how to use the equipment and when you feel ready you can work with a service user and if you find you need more shadow shits it's not a problem." A third staff member told us, "My induction was very good I was introduced to the family by another care worker, and I was made to feel at ease and if I didn't feel right I could ask for extra time."

We observed that staff sought verbal or implied consent from people before providing any care. Staff had received training in the Mental Capacity Act, 2005 (MCA). However one staff member told us, "I had MCA training when I first started, but it's been a while so I could do with an update." The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

People can be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications were being processed by the local authority for 46 people. Staff were aware of how to keep people safe and protect their rights.

People were supported at meal times to access food and drink of their choice. A family member told us, "He loves the food here all of it and gets given a choice." Staff were aware of people's dietary needs and preferences. Staff informed us they had all the information they needed and were aware of people's individual needs. Any allergies were clearly shown in bold at the front of people's care plans. For example, we observed a staff member prepare a packed lunch as they were taking a person out for the day. The staff member checked the person's care plan to see what foods they can have and their likes and dislikes then they offered the person a choice of foods according to their preferences and dietary needs.

The support people received varied depending on their individual circumstances. For people using the community outreach service people lived with family members who prepared meals. In other cases, staff members prepared or reheated meals and ensured they were accessible to people. For people who were staying in the Oaks respite service people received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals at meal times and a choice of pudding. For example we observed one person having their breakfast, and we asked them if they were enjoying their breakfast and they gave us the thumbs up that their breakfast was good and smiled.

The home held information about the person's health needs, their medicines, information as to their likes and dislikes and communication needs. For example, we saw an epilepsy care plan which gave staff guidance about the type of seizures the person was known to have. First aid treatment and management of the seizure was written in the care plan. A staff member told us, "If people are ill or need to go into hospital people's parents usually take them, but if they are not around we would take them."

Good

Is the service caring?

Our findings

People were treated with kindness and compassion across the whole of the service. One family member said of the staff, "They go above and beyond. We had to go to a family funeral and they arranged the transport for my daughter." Another family member said, "I love it here it's like my second home and family. I know the staff and the staff know my daughter and how she communicates. This is the only break I get and I can phone up at any time, or pop in at any time. I can also swap nights if I need to. Last year I had to go into hospital, so they helped accommodate my needs and swapped nights for me." A third family member told us, "Staff are loyal, caring, trustworthy and really lovely."

Staff respected people's privacy and dignity. One family member told us, "Staff are very good and treat people with dignity and respect." We observed care was offered discreetly in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms or in bathrooms around the home. Staff knocked on doors and waited for a response before entering people's rooms. Staff observation records showed that staff were asked how they respected people's dignity and privacy and how they protected them from discrimination. A staff member told us, "I have had training on dignity and I always chat to people so they feel comfortable, and cover [them] up as I go."

Staff understood the importance of promoting and maintaining people's independence. A family member told us, "My daughter helps cook and has tasks to do. Staff help to promote independence and encourage it in every way they can, they encourage it all the time so when they come home they have learnt new skills which is so great." A staff member told us, "I promote independence for example, one person has poor eyesight so we put the tooth paste on the brush then they can brush their own teeth."

We observed care and support being delivered in the communal areas of The Oaks and saw good interactions with people. Staff were kind and compassionate; for example, they spent time listening and talking to people in order to find out what they wanted before delivering care and support. A family member told us, "My daughter see's [staff member's name] as a friend that assists her which is great." Another family member said, "[Staff members name] I am really thrilled with her, absolutely brilliant, we are thrilled with everything."

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. They also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had taken the time to get to know people in their care. Staff showed respect for people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people at their level.

People appeared to understand when staff spoke with them and often responded with smiles or sounds which indicated they were happy. Care plans stated people's communication needs. For one person they used hand gestures; for example, thumbs up for yes and down for no, and were able to point to certain choices. People's records included information about their personal circumstances and how they wished to be supported.

We observed a lot of genuinely caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity with each person, and the ease of communication. Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People's families across the whole of the service told us staff were responsive to their relatives' needs and people and their families were involved in developing their care, support and treatment plans. One family member told us, "My daughter and I have been involved 100% in the care plan." Another family member said, "I've been involved in care planning every step of the way; it's what we want." A third family member said, "Any changes to the care plan staff will let me know and they send home a file which tells us what [my relative] has done, had to eat and how they have slept."

Staff told us that care plans were detailed and provided information about how people's care and support needs should be met. They contained information about people's medical and physical needs. One staff member said, "Really good care plans; all the information is there to look after people." Care plans were shared between the two services as a lot of people used both services. When we spoke with staff from the community outreach service, they demonstrated a good awareness of people's individual support needs. However, their care plans did not always support the delivery of individualised care as they did not specify the care tasks staff needed to perform when supporting people in their own homes. We spoke to the registered manager for the outreach community service who told us, "We have already started to make more detailed person centred care plans for their service, as we were aware the services are different." They showed us some examples of these which contained more information for staff to assist people using the community outreach service and were individual to each person's needs. For example, one person's plan stated that when travelling in the car they would bring a toy from home, liked talking and listening to music, but didn't like traffic.

People and their families were involved in their care planning and care plans were reviewed regularly. A family member told us, "Care plans get reviewed and we get a chance to provide feedback." Care plans were reviewed by a senior member of staff or their key worker. A keyworker is a member of staff who is responsible for planning that person's care and liaising with family members. A staff member told us, "As a keyworker we ask parents if they want to come in and review people's care plans and risk assessments, and get people involved if they are able to assist."

Care plans were detailed and contained contact details, medical information, any known allergies, likes and dislikes, special interests, medication, transport and assessing the community, routines and personal care, communication and mobility. Staff at The Oaks were responsive to people's needs. For example, one staff member told us, "One mum will organise the care a month in advance and email staff their needs, as this can change in the school holidays, and they would need extra care and the service can provide the extra care when needed."

Staff informed us they promoted independence by making activities pleasurable but also to promote development. One staff member told us, "We encourage independence; for example, some people have targets to achieve to encourage life skills like preparing a meal or making a drink." Staff in the community outreach service were also responsive to people's needs; for example, one staff member said, "One person likes us to wash their hair and likes to be pampered, but her mum wants us to encourage independence so

they can do it themselves. So we plan accordingly, staff know if the person is having a good day they can do it themselves, but if they are having a bad day we will do it for them."

People were supported to participate in a range of social and leisure activities in line with their personal interests. A family member told us, "They do a lot of activities for my son, they go out for lunch, the parks, my son loves going out. Staff know this so will take him out when they come to visit." A staff member told us, "We went on a boat trip yesterday in Hythe, we sometimes go bowling or to the cinema." Records showed that people's likes and dislikes were recorded in their care plans. We observed staff were knowledgeable about people's likes and dislikes as one staff member told us, "I am taking one person to the beach today, as they don't like going shopping." This showed staff knew the people they looked after well.

On the day of our inspection we observed a person enter The Oaks respite service and go straight to the piano and another person entered the arts and crafts cupboard independently. Both people appeared happy and relaxed and enjoying their activities they had chosen.

The provider sought feedback from people or their families, across both aspects of the service through the use of quality assurance survey questionnaires and regular telephone assurance audits. The registered manager for the community outreach service told us these were sent out every six months. We saw results from a telephone audit completed in April 2016 which showed people were happy with the service with one comment stating that the service was 'Excellent. Perfect; it has been brilliant.'

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. One family member told us, "If I needed to make a complaint I would speak to management." There had been no complaints in the past year for The Oaks respite service and one complaint for the community outreach service. This had been investigated thoroughly and the person and their relatives were satisfied with the response. Both services had also received many compliments, and comments including, 'You are amazing and I love coming here' and 'Thank you for making [person's name] feel so welcome.'

Good

Is the service well-led?

Our findings

People's families told us they felt the service was well-led. One family member said of the community outreach service, "Management are very accommodating and very understanding and meet the needs of the family and carer. I would give them five gold stars". Another family member told us, "The manager is really good, absolutely brilliant." A third family member said, "I am a big fan of the service, I can't praise them enough."

Staff told us that management were very supportive and focused on the well-being of the people who used the service. A staff member said, "The manager and coordinator are really lovely people. If I need to speak to them they are always available. I can talk to them about anything and they are very supportive." Another staff member told us, "Manager is very good, seem to get on well with them, very helpful and supportive."

We spoke to two assistant managers in The Oaks respite service who told us, "The manager has just left, but I feel supported and valued by the head of services", and "The deputy manager, she can't be faulted and is very supportive and loves the people using the service and always put's them first."

The provider had a clear vision and set of values which encouraged the philosophy of placing the person in the centre of all the care they received. There was an open and transparent culture across both services. Visitors were welcomed and there were good working relationships with external professionals. The registered manager told us, "I promote an open service by always being there and always getting back to someone when you say you will, and not making judgements."

Staff meetings occurred every quarter for the community outreach service and monthly for The Oaks respite service and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. One staff member told us, "Staff meetings are held once a month, managers give us all information needed but it's more about staff putting in their input." Another staff member said, "Staff meetings are a chance for us all to get together and share ideas, for example places to visit with people for days out." The registered manager told us, "In staff meetings I always involve staff in group discussions and encourage ideas to improve the service." They also told us, "We also hold a staff forum which two members of staff sit on to review safety and look at the business plan."

A Monthly newsletter was sent to all staff to update them on staffing issues, training and any updates to the service. A newsletter in February 2016 showed members of staff who had been nominated for annual staff awards for working for the Road Rose Association. These awards were held to motivate staff and give recognition for outstanding performance. The awards took place yearly and staff could be nominated by other members of staff, people using the service and their families. Winners were then chosen by a panel consisting of two parents and a trustee of the board. A staff member who worked in the community outreach service won the award for 'an individual going the extra mile' as they were put forward by a family member for supporting them and their daughter while their daughter was in hospital. The staff member had visited their daughter in hospital and kept her company so the family could have a break, knowing their daughter was in safe hands.

The service used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, accidents and incidents and health and safety. As well as audits, members of the board visited the service to carry out a review of the service. A copy of an audit completed in January 2016 showed that the process was positive and constructive. It reflected on the past year, celebrated change and looked at ways to continually improve. The head of services also had carried out an audit of both services and drew up an action plan of on-going improvements to be made.

The registered manager informed us they kept up to date by attending provider forums with both Southampton and Hampshire local authorities to share best practice with other providers, attending safeguarding meetings and completing update training. The registered manager told us, "I will then send out weekly email's to staff about any changes in Health and Safety or any updates in the community."

There was a whistleblowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place for all aspects of the service. The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.