M.H.J. Crausaz Limited

Ronak Home

Inspection report

120 Aldermans Hill
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Ratings

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

Overall summary

This inspection took place on 12 December 2014 and was unannounced. When we last visited the home on 31 January 2014 we found the service met all the regulations we looked at.

Ronak Home provides accommodation, care and support for ten people with a learning disability or people on the autistic spectrum.

The home had a registered manager. 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.

Medicines were not managed safely. There were gaps in the recording of medicines when they were given to people.

Staff did not understand what to do if people could not make decisions about their care needs as assessments of people's capacity had not been carried out.

People's complaints had not been responded to or action taken to resolve them.

Summary of findings

The registered manager had not carried out regular audits of complaints, care plans and medicines administration.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. People using the service, relatives and staff said the manager was approachable and supportive.

People were provided with a choice of food, and were supported to eat when required. People were not always supported effectively to meet their health needs.

Staff treated people with kindness, compassion, dignity and respect.

At this inspection we found breaches of regulations in relation to medicines management, consent to care and treatment, complaints and quality assurance. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 provider was not managing medicines properly and this was putting people at risk of unsafe care.

Staff were available in sufficient numbers meet people's needs.

Staff knew how to keep people safe. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately.

Is the service effective?

Requires improvement

The service was not always effective.

The registered manager had not taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were not monitored and information about people's ongoing health needs was not up to date.

Staff received training to provide them with the skills and knowledge to care for people effectively. Staff were supported through regular supervision to meet people's needs.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

Is the service caring?

Good

The service was caring.

Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's privacy and dignity were respected.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's care plans did not explain what staff needed to do when providing care to meet their needs.

People using the service and their relatives were not supported to give feedback on the service and there was not an effective complaints system in place.

Summary of findings

People were supported to engage in meaningful activities that reflected their interests.

Is the service well-led?

The service was not always well-led.

The provider did not have effective systems to check care plans, complaints and medicines as they had not carried out audits of these areas.

The culture of the service was open and transparent.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Requires improvement

Ronak Home

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 12 December 2014 and was unannounced.

The inspection was carried out by an inspector, and a specialist professional advisor who was a nurse with knowledge of the needs of people who have a learning disability.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider about the staff and the people who used the service. 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 spoke with the local safeguarding team to obtain their views.

During the visit, we spoke with three people who used the service, four care staff and the registered manager. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We also looked at a sample of six care records of people who used the service, four staff records and records related to the management of the service.

Requires improvement

Is the service safe?

Our findings

We found concerns with the way in which medicines were managed in the home. People were not protected against the risks associated with unsafe management of medicines. The strength of one medicine had not been recorded on one person's medicines record. There were handwritten amendments and additions to some medicines records, and it was not clear who had made the changes, or any evidence that these handwritten changes had been checked. Two medicines for two people had been stopped, however it was not clear from records when and why these medicines had been stopped. One person was prescribed a cream to be used twice a day; this had only been used once a day on most days, however there was no explanation on this person's medicines record to explain why it had not been used as often as prescribed. Another person had been supplied with medicines to take away with them as they were away from the home for a few days, however a record had not been made of what had been supplied to them.

Some people were prescribed sedating medicines to be used only when needed for agitation or challenging behaviour. There were protocols in place to give staff instructions on when these should be used, however these were not very detailed. The registered manager told us that these protocols were in the process of being updated. We saw that these medicines were hardly ever used, and so had not been used excessively or inappropriately to control people's behaviour. There was a process in place to learn from medicine incidents. We saw that a medicines error had occurred in December 2014, and appropriate action was taken following the error to ensure that the person was safe, and that the member of staff who had made the error had received retraining.

When we reviewed the medicines records and checked medicines supplies for eight people we saw that although these provided evidence that people were receiving their medicines as prescribed, some of these records were not completed fully. For example, when people were prescribed medicines with a variable dose, for example one to two tablets for each dose, staff did not record the actual dose given on people's medicines administration records.

This means that people may have missed some doses of their medicines which placed them at risk of harm. These issues showed that there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had recently changed their medicines supplier, in December 2014, and new medicines records and blister packs were being used. We saw that staff had received training to use the new system. All prescribed medicines were available at the service and were stored securely. Thirteen members of staff had responsibilities for administering medicines to people, as people were unable to manage their own medicines. Twelve members of staff had received medicines training in 2014, and one member of staff had received medicines training in October 2013.

Arrangements were in place to protect people who used the service from the risks of abuse and avoidable harm. People who used the service told us they felt "safe." One person said, "I am very safe here." We saw that staff knew how to communicate with people and support them if they became distressed. Information was available in a pictorial format for people about whom they could talk to if they had concerns about the way they were treated. Staff could explain how people might communicate that they were distressed or being abused. Staff knew how to report concerns if they felt people were at risk of being abused. They understood the service's policies regarding abuse and safeguarding. These were available for staff to consult. Staff told us, and training records confirmed, that they had been trained in safeguarding adults.

People's care plans contained up to date risk assessments that detailed any identified risks to their safety or that of others. For example, a person needed support with moving and handling and the risks relating to this had been assessed and a plan was in place to address these. Particular ways to respond to people's behaviour were recorded in their risk assessments and care plans. One person liked to listen to music to help them to relax and this was recorded in their care plan.

Where appropriate people who used the service and their relatives had been involved in preparing risk assessments. We saw that a person wished to go out to the shops and in line with their risk assessment they were accompanied by a member of staff. The staff member was able to explain the specific risks that the person might face when in the community, such as not understanding how to cross the

Requires improvement

Is the service safe?

road safely, and what they needed to do in order to maintain the person's safety. Action was taken to mitigate the risks to people who used the service so they could participate in community based activities safely.

Sufficient staff were on duty to meet people's needs. One person said, "Staff are always helpful." Six staff were on duty on the day of the inspection. Staff explained that additional staff would be available later in the day when people returned from their community based activities. We saw that daily records and the rota highlighted when staff were provided to support people to access services or activities in the community. Where people needed support from staff this was provided.

The service followed safe recruitment practices. Staff files contained pre-employment checks such as criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom was not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. We observed that people were able to make choices about some aspects of their care. People were asked if they wished to go out to the local shops and what they would like to eat. However, we found that the registered manager had not taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and DoLS. Care records did not contain best interest assessments. Decisions that people could take regarding their day-to-day needs were either not completed or only contained partial information.

The majority of people who used the service needed to have a member of staff with them if they wished to leave the service's premises, for example to go to the local shops or attend other community based activities. Care records did not contain any DoLS or best interests decisions. People's capacity had not been assessed and no decision had been taken to establish if it was in their best interests for them not to be allowed to leave the service without staff support.

We saw in one person's care records that an initial MCA assessment had been partly completed. However, this assessment was not signed and had no date on it, so it was not possible to tell if the required DoLS procedure had been followed. The information in this MCA assessment made a blanket statement about the person's capacity to make decisions for themselves.

Most staff had not received training on the MCA. They could not explain the process to be followed if they believed that people were not able to consent and make decisions about their care and support. People were at risk of receiving unsafe or inappropriate care and support as there had not been an assessment of their capacity to make decisions. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported by staff when they visited their GP or the dentist. On the day of the inspection we saw that one person was supported by a member of staff to go to the dentist. The person told us that, "Staff always go with me when I go to the dentist." Care records showed that people had seen their GPs when they needed to. However, we found that people had not had their annual health check to establish whether there had been changes to their health needs. This meant that their health needs may not have been addressed in a timely and consistent manner.

Each person had a health passport, which is a record of their medical needs and how they might communicate that they are in pain, which is important when they are not able to communicate this information verbally. However, these were not completed fully and had not been reviewed so the information was not up to date. Also these health passports were referred to as communication passports which would mean that they would not necessarily be read by health professionals if people needed to go to hospital for treatment. This may put people at risk of not receiving the medical treatment they needed if they had to attend accident and emergency or be admitted to hospital.

People were supported by staff who had the skills to meet their needs. Staff told us they received regular supervision and training that helped them to meet people's needs effectively. Staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training and had also had specific training on autism and managing behaviour that challenges. Some staff had completed a vocational qualification in care. A training matrix was used to identify when staff needed training updates.

Supervision records showed that staff were having supervision every three months in line with the service's policy. Staff told us they found their supervision with the manager supported them to meet people's needs. Staff had received an appraisal in the last year. Records showed that staff appraisals identified areas for development and any required training.

People were supported to eat and drink to meet their needs. One person said, "They asked what I want to eat." People who used the service had individual menus each week, which were created in consultation with the person

Requires improvement

Is the service effective?

and reflected their individual nutritional needs. We observed that people were asked what they wanted to eat for lunch and, where they wished to, were involved in the preparation of their meal with staff support. People were involved in purchasing the food for the week with staff support.

Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Each person's weight was monitored monthly. The dietician and the speech and language therapy team had been consulted regarding appropriate diets when needed to meet people's needs. This information had been recorded in people's care plans.

Good

Is the service caring?

Our findings

People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. There was some evidence of caring and positive interactions, which were noticeable between the registered manager and people. The staff were preparing for the Christmas party to take place a few days after the inspection and engaged with people positively when doing this.

Staff responded to people sensitively when offering to support them with their personal care needs. Staff understood people's preferences relating to their care and support needs. Care plans recorded people's preferences and likes and dislikes regarding their personal care and the support they received. This included if they preferred certain foods or when they wished to have same gender staff for support with personal care.

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. They explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner. Staff engaged positively with people who used the service, using a range of communication techniques.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Care plans were available in a range of pictorial formats that reflected people's communication needs. Staff explained that these were used in monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people might want in how their care and support was provided.

The manager explained that he regularly consulted people who used the service and their relatives. Meetings were held with people during which issues regarding future activities and the general running of the service were discussed. These minutes were in an easy read format so that people who used the service were able to understand and participate in decisions. The manager had monthly discussions with the relatives of people who used the service and these were recorded in their daily notes and reflected in their care plans. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views were they wished to do so.

Requires improvement

Is the service responsive?

Our findings

People who used the service said that staff listened to them and would deal with any issues they had with their care. However people could not tell us how they would make a formal complaint. We did not see, and staff could not show us that a copy of the provider's complaints policy, was available to people in the home. The complaints policy was kept in a file along with other policies relating to the service and was not freely available to people. Given that people who used the service communicated by using methods other than verbal and written communication we found that the complaints procedure was not available in easy read or pictorial formats.

The registered manager told us that while people who used the service made complaints verbally they did not wish to have these recorded in writing. The registered manager was not able to show us what complaints had been made and how action had been taken to investigate and resolve them. People who used the service have been at risk from unsafe or inappropriate care as they had not been provided with information about how to make a complaint and there was no way to show that complaints had been responded to and resolved. These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's behaviour that might challenge the service had been identified in their care plans. However, there were no detailed plans in place to tell staff how they should respond to such behaviour. Some staff were aware of how and when people might behave in ways that might be challenging.

There was a system in place to monitor people's behaviour. The actions identified through this monitoring were not reviewed so it was not possible to see how effective any interventions had been. No review dates had been set and health professionals had not been consulted. People have been at risk from inappropriate care as their behaviour was not responded to in a consistent way.

Staff supported people to engage in a range of activities that reflected their interests. These included regular shopping trips, going to the park and attending local day centres and clubs. Each person had an individualised pictorial activities plan. Daily records showed that people were supported to take part in these activities. We observed that one person went on a shopping trip in the morning, while another person went to the local park in the afternoon. Care records showed that people were also supported to participate in their local community by attending religious services to support their spiritual needs.

People were able to discuss their needs with staff at monthly key worker meetings. The records of these meetings showed that changes to people's needs had been discussed with them and their relatives. Staff had included this information where appropriate in people's care plans. People's care plans showed that where people's needs, wishes or goals had changed the service had responded so that people received care which met their individual needs.

The manager told us that he used any feedback about the service to improve the care and support that people received. We saw that where a person had requested a change to their daily routine this had been incorporated into their care plan.

Requires improvement

Is the service well-led?

Our findings

The provider did not have effective systems to monitor the quality of care and support people received. We asked the registered manager and provider if they carried out any monitoring of care plans and medicines administration and they were not able to show us that they had. The registered manager told us that staff checked medicines stocks every day, so that they were able to account for use of medicines. However, no audits of medicines management were carried out and the issues with medicines we identified were not picked up by the registered manager or staff.

The registered manager told us that no care plan audits had been carried out. The registered manager was in the process of introducing care plan auditing. Issues we identified in areas such as the management of challenging behaviour, information regarding people's medical needs and an annual review of their health needs were not up to date and audits of care plans would have been highlighted if regular checks had been carried out. People were at risk of receiving inappropriate and unsafe care as there were no effective systems in operation to regularly assess and monitor the quality of the service. These issues showed that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager was available and spent time with people who used the service. Staff told us the manager was open to any suggestions they made and ensured they were meeting people's needs. Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people's care needs. The manager had recently sent out surveys to people used the service, relatives and professionals to get their views of the service and to identify any areas for improvement.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the acting manager and action taken to make sure that any risks identified were addressed. Accidents reports showed that, where necessary, people had been referred to their GP for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints How the regulation was not being met: The registered person did not have effective complaints systems for receiving, handling and responding appropriately to complaints made by service users or people acting on their behalf. Regulation 19 (1) (2) (a) (b) (c) (d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: The registered persons did not have suitable arrangements in place to make a decision regarding service user's capacity to make decisions and consent to their care and treatment. Regulation 18(a)(b).**Regulation**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The registered person was not protecting service users against the risks

This section is primarily information for the provider

Action we have told the provider to take

of inappropriate and unsafe care as there were not effective systems in place to regularly assess and monitor the quality of the service. Regulation 10 (1) (a) (b) (2) (b) (i).