Rashot Ltd

# Roanu House

## Inspection report

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19 April 2016

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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? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on the 13 April 2016 and was unannounced. We returned to the service on 19 April 2016 to look at training records which were not available for us to view on the first day of our inspection. The last inspection of this service was on 4 September 2014. At that inspection we found the service was meeting all the regulations we assessed.

Roanu House provides accommodation for up to six people who require personal care on a daily basis. The home accommodates people who have mental health needs and/or learning disabilities. At the time of our inspection there were four people living at Roanu, three of whom had moved in during the last six months.

The service has 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. The manager had been in post since February 2016 and had become registered with the CQC in recent weeks.

We found a number of shortfalls within the provision of the service at Roanu House. Some safety checks in respect of the premises could not be located or had not been carried out annually within timescales. For example recent gas safety check and Legionella tests could not be located. The kitchen area was not cleaned and maintained adequately to minimise the risk of infection. A kitchen cupboard was embedded with grease, the refrigerator contained liquids that had been spilled some time ago and had not been cleaned and a kitchen table wobbled considerably and was unsteady when someone used it to support themselves when getting up from a chair. In addition, the provider could not supply evidence that all staff had completed training that they considered mandatory. This meant they did not have appropriate arrangements to protect people from the risk of inappropriate and unsafe care.

We identified three breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of this report.

The newly registered manager was aware of their responsibilities in line with legal requirements. People we spoke with were positive about the registered manager who they considered open and approachable. They felt any issues they raised would be taken seriously and acted upon.

Staff we spoke with were knowledgeable about what they needed to do if they suspected someone was at risk of harm. The provider had recruitment systems in place to make sure only suitable people were employed by the service.

People had access to healthcare services to meet their needs. The home had contact with a number of healthcare professionals as and when people needed them. People received their medicines as they had

been prescribed to them.

Care was personalised so it met people's diverse needs and preferences. People were able to choose a range of activities either in the community or within the home. People were encouraged to maintain links with their relatives.

The provider worked within the framework of the Mental Capacity Act 2005. The Act helps protects people who are unable to make decisions for themselves. Staff had received appropriate training and knew how to work within the Act. People were asked for their consent prior to care being provided.

Staff were knowledgeable about the people they were caring for. They provided care that was respectful of their privacy and dignity. They also showed great patience and compassion to people.

People were encouraged to be as independent as possible and if this was not possible, then risks were identified and strategies developed to assist people as much as they were able to.

## 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. We identified that safety certificates in respect of the premises had not been obtained in a timely manner. This could compromise people's safety.

The provider did not adequately maintain and clean the kitchen in Roanu House to help prevent the spread of infection and possible harm to people.

The provider had undertaken appropriate recruitment checks prior to employing new staff to ensure only suitable people were recruited to work at the home. Staff were knowledgeable about keeping people safe. This included making sure they received their medicines as they had been prescribed.

Accidents and incidents were assessed and reviewed to ensure learning took place to prevent reoccurrences. Risk assessments in relation to people's care and treatment had been completed and were reviewed regularly.

### Is the service effective?

**Requires Improvement**

The service was not always effective. The provider was unable to evidence that all staff had completed training considered mandatory by them. This could result in people receiving care that was not in line with best practice.

The provider met the requirements of the Mental Capacity Act 2005 to help ensure people's rights were protected. People's consent was sought prior to care being provided.

People received care and support they needed to maintain good health. They were encouraged to eat and drink sufficient amounts to keep good health.

### Is the service caring?

**Good**

The service was caring. Staff were supportive and knowledgeable about the people they were caring for.

People were treated with dignity and respect, and the provider

was able to meet their diverse needs.

Staff were compassionate and caring. The service was able to provide appropriate end of life care to people.

## Is the service responsive?

Good

The service was responsive. People were able to access the community if they chose. There were a range of other options for people dependent upon their needs and wishes. In this way the risks of social isolation was minimised.

People felt able to raise any issues or concerns with the registered manager and were confident their views would be listened to and acted upon.

People received personalised care that met their needs. The plan of care was reviewed regularly so it was up to date and reflected people's current needs and wishes.

## Is the service well-led?

Requires Improvement

The service was not always well led. There were a number of audits and premises checks which had not taken place. The providers' own monitoring systems had not identified these shortfalls which could be putting people at risk.

There was a new registered manager in post who was aware of their role and responsibility. They had started to work with staff to establish a vision and direction of the home.

# Roanu House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 April and was unannounced. We returned to the service on the 19 April 2016 to look specifically at information that was not available to us on the day of the inspection. The inspection was undertaken by an inspector.
Prior to the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications contained information about significant events the service is required to inform us about. We also looked at information sent to us from other statutory bodies such as the fire service.

On the day of the inspection we spoke with all four people who lived at the home. We also spoke with a member of staff, registered manager and the director of the provider organisation. We looked at records relating to two people who lived at the home, and three staff files to review the recruitment process. We returned to the home on the second day to look specifically at training records which could not be accessed on the day of the inspection. We looked at other records relating to the running of the service, these included the administration of medicines and equipment maintenance.

After the inspection we telephone a relative and three healthcare professionals to get their views of the service. We also had contact with the local authority.

Requires Improvement

# Is the service safe?

## Our findings

The service was not always managed in a way to ensure people were protected from risks they faced in their day to day life and their safety maintained.
The provider was able to show that certain checks and audits in relation to the safety of the premises had been completed. For example, we saw there had been weekly tests of the fire alarms and the fire equipment had been checked to ensure it met with legal requirements in June 2016. Portable Appliance Tests (PAT) had also been completed in July 2016.

However there were a number of other certificates that were not available on the day of the inspection as the checks had not been completed. This included a gas safety certificate and a Legionella test certificate. Legionella is an organism that can exist in water systems if appropriate precautions are not taken and that can cause severe illness to people. This was raised with the provider on the day of the inspection who gave assurances premises safety checks would be completed as soon as possible. The provider was able to supply evidence after the inspection that the gas safety check had been completed and a certificate was available. We saw the Legionella tests had been booked to be completed a week after the first day of the inspection. Nonetheless, the checks had not been completed in a timely manner and people who lived at the home not protected against the risks that can arise if the premises were not maintained appropriately.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We completed a tour of the communal areas within the home. We found the kitchen area in particular to be dirty and work surfaces worn. This could result in poor infection control and the possible risk to people's health. We saw in some areas the veneer on kitchen cupboards was chipped; small decorative spokes were broken and sharp, the refrigerator was not clean as there had been spillages of milk and other liquids which had not been wiped away for some time. The cupboard which contained the cooking oil was still embedded with oil despite having been cleaned recently and other kitchen cupboards were untidy and unclean. There was a breakfast table which was very rickety and unsafe; the table wobbled considerably when a resident leaned on it for support whilst getting up from a chair making it unsafe for the resident. The provider had not ensured that the premises were safe and clean and suitable for the delivery of care.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked staff recruitment records to make sure only suitable staff were employed by the service. We saw the provider kept a record of the initial application form and notes from interviews. The provider also completed a number of checks when recruiting new people to work at the home. This included references, proof of identity and address, and criminal record checks.

Staff were aware of how to safeguard adults at risk of abuse. Staff had received regular training which was refreshed annually. Staff we spoke with knew what they would do if they suspected anyone was at risk of

harm and the action they were required to take.

We considered the levels of staffing at Roanu House to make sure they were sufficient to meet people's needs. The registered manager told us there were three staff on duty during the day and two during the night; one of whom was a waking member of staff to respond to any requests and the other a sleep in so they could be called on during an emergency. Whilst people living at the home were largely independent we were told by a member of staff that on occasions they may be on duty within the home without another member of staff present. We were therefore not assured that a single member of staff would be able to respond effectively and safely in an emergency situation. We discussed this with the registered manager who agreed to review staffing levels throughout the day.

People received their medicines as they had been prescribed. We checked the storage, recording and administration of medicines. Medicines were delivered to the home by the community pharmacist in blister packs on a 28 day cycle. The registered manager told us that on arrival medicines were checked by Roanu staff to make sure the dosage and quantity are correct. The registered manager was also able to show us evidence that the community pharmacist completed an annual audit of medicines in the home on the 4 April 2016. We saw that after the last visit on the 4 April 2016, all areas identified by the pharmacist had been actioned. In this way the risk of medicines errors were minimised.

We saw risk assessments in relation to people's care and treatment had been completed and were reviewed regularly. The assessments covered areas such as mental and physical health and a personal assessment. In this way the provider was ensuring risks to people's health and welfare were minimised, whilst enabling people to be as independent as possible. For example, risk assessments were carried out to identify how people's behaviour changed if they became unwell or strategies for helping someone who became anxious in new environments or situations were considered.

The registered manager now recorded incidents and accidents. We saw the registered manager regularly monitored these to identify any patterns so preventative action could be taken to minimise the possibility of reoccurrences. The registered manager had started completing these records since being appointed into the role.

Requires Improvement

# Is the service effective?

## Our findings

There were risks that people might not be cared for by staff who were appropriately trained in line with their roles and responsibilities. In some circumstances we found training may not have taken place or been refreshed as often as required. We saw the provider had identified selected training they considered mandatory which they expected all staff to attend and refresh regularly. These were first aid, food hygiene, health and safety, safeguarding adults at risk and medicines administration. Staff confirmed some of the training they had received and people we spoke with confirmed 'staff knew what they were doing.'

We were shown a computer record which identified when training was completed and how often it should be refreshed. We saw some training may had not been refreshed as regularly as required. For example, fire training was highlighted as being required every three years, although there was no evidence one member of staff had completed the training in that time period. We were unable to ascertain from the information we received if training had been completed or if it had not been recorded. People who live at Roanu House could be at risk of receiving inappropriate or unsafe care.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some areas where staff were supported to undertake their roles and responsibility within the organisation. The registered manager told us there was an expectation staff would have a one to one meeting with their line manager once every three months. This gave staff an opportunity to discuss their professional development and any aspects of their role in providing care to people. Records showed staff were given this opportunity in line with the providers' own policy. We saw there were also staff meetings which gave the staff team the opportunity to discuss and share information relating to the service they provided.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received recent training regarding MCA and DoLS. Staff we spoke with were able to tell us about the impact of MCA and DoLS on the people who lived at Roanu House. There was a keypad to exit the home and people who had capacity were given the code so they were free to leave the premises if they chose.

Where people were restricted to go out application had been made under DoLS to deprive the people of their liberty. During the inspection we saw the registered manager had made an emergency application to the local authority to deprive someone of their liberty and they were awaiting the outcome.

During the day we heard and observed staff seeking consent from people before providing care to them. For example, staff were heard to ask, "Can I take this to your room?" and "Will you help me?" In this way, staff were ensuring care was only provided with people's agreement.
People were supported to stay healthy and have contact with healthcare professionals as and when they needed them. The home had regular contact with a range of professionals which included the community GP, social workers and the community psychiatric team. People also attended appointments with opticians and dentists according to their needs.

People were supported to eat and drink adequately to maintain their health. The provider had recorded information about people's health needs and if it became necessary they could monitor people's weight so any changes could be identified quickly. However, people at Roanu House were able to help themselves to food and drinks as they wished. The meal we saw being prepared for lunch was chicken, roast potatoes and vegetables all of which was freshly prepared which people told us they enjoyed.

Two people we spoke with told us they did not know what meal they would get at mealtimes. They went onto to say although there was a menu on the noticeboard staff often diverted from it; however, one person said "I'm happy with what I get." We spoke with the registered manager, who told us they would review what meals were prepared with people and ensure they were correctly informed in the future.

Good

# Is the service caring?

## Our findings

We received positive comments from people at Roanu House about the care provided. One person said, "They look after me. Very good." Another person said "I'm ok here. I get on with most staff" and someone new to the service said, "They're kind to me here."

We saw staff were sensitive and aware about providing care that ensured people had privacy and dignity. Staff were able to tell us how they provided personal care to maintain people's dignity at all times. We also observed staff knock on bedrooms doors before entering or seeking people's permission to go into their bedrooms. We saw also staff treated people with kindness and compassion. Staff patiently assisted people to make drinks throughout the day. We observed staff repeat the same information to a person several times so they understood this when they were seeking reassurance about a health issue.

Care plans contained information about people's diverse needs. For example, people's cultural and spiritual needs were recorded and how the service could meet these needs. The care plans were written in way to prompt the staff to consider people's holistic needs. In one example we saw there was reference to someone's age, sex and cultural background which indicated how the person wished to be cared for.

People were supported to maintain relationships with people who were important to them. A relative told us how they could visit the home without restriction and always felt welcomed. They went on to describe how their family member attended an appointment and when asked what they wanted to do next, had referred to Roanu House as 'their home and so I want to go back there.' The relative added the home communicated well with them and always kept in touch if there were any issues or concerns.
People were supported to make decisions about how their needs should be met. People chose what activities they wanted to be involved in during the day and were encouraged to make their own way to some of these activities. For example, one person told us how they had received travel training so they could now attend a particular club independently. They told us, "I like to go to see other people and I go with a friend." Throughout the day we saw people who were able leave Roanu House to attend an activity or to go to the shops. People were also encouraged to choose their own clothes. We saw people were dressed in clean clothes which were appropriate to the weather.

Roanu House was able to support people who were nearing the end of their life. The home had clearly documented people's wishes for care in the last stages of their lives and for funeral arrangements. The registered manager was also able to tell us about a person who had received appropriate end of life care with support from the palliative care team and other community professionals which ensured their end of life care needs were met.

Good

# Is the service responsive?

## Our findings

People were supported to take part in social and recreational activities according to their preferences and tastes. Activities were taking place on the day of the inspection. People were painting watercolours in the lounge and there were plenty of art materials available for them to use. There were a number of paintings which had been completed by people and which were displayed in the lounge area. One person went out independently to a shopping area whilst someone else had chosen to remain in bed.

There was a range of activities to meet people's social, recreational and educational interests. Some people living at the home were able to go out independently to the shops and to visit friends; others had support to attend college, and to take part in activities sure as Zumba and yoga classes, bike riding and art classes. The home also had strategies and arrangements for people who did not wish to participate in structured activities, these included giving people 'protected time' to watch their favourite television programmes whilst encouraging a range of impromptu activities such as walks in the local parks.

People received personalised care that met their needs. Prior to admission to the home, information was gathered from various sources including from the person themselves, relatives and health and social care professionals. The home completed an assessment of the person's needs. The assessment included a life history written in the first person so staff could understand people's background and perspectives. This was particularly useful for staff as a number of people were new to the service.

The professionals we spoke with confirmed the provider worked with them in meeting the needs of people and contacted them appropriately where necessary. A professional went on to explain how they had recently moved someone into the service and the person had settled well.

We saw the care plans were personalised, up to date and accurate so that people were receiving the care they needed. There was important information in the care plans which included what to do if a particular person became anxious. There was also detailed information written collaboratively with the person outlining, 'what makes me happy'. Care plans were reviewed every six months or more frequently if required. In this way the provider was making sure people received care that met their current needs.

The provider had a system to address complaints. People told us they would be happy to raise any issues or concerns they had with staff. One person told us, "I get on with everyone. But if I had a problem I would talk to the nurses [meaning staff at the home]." A relative we spoke with confirmed they would raise issues with the registered manager and felt assured that any issues would be taken seriously and addressed. They were able to give us an example where action had been taken following them raising concerns. We saw there were also monthly residents meetings which showed people were able to take part and contribute to the discussions on a range of subjects in relation to service delivery.

Requires Improvement

# Is the service well-led?

## Our findings

The service had not had a registered manager in post for some considerable time. A manager had been appointed in January 2016 and has subsequently registered with the CQC.

Whilst we acknowledge the considerable work undertaken by the registered manager since their appointment, for example care plans have been updated and reviewed regularly. We nonetheless identified a number of areas where the provider did not operate effective governance systems or processes to routinely monitor and complete actions for the safety of people within the service. Specifically we found they were inconsistent with their own quality assurance systems which had failed to identify areas that required improvements so they could take action to address these. For example, staff training records were not completed to confirm the training undertaken by staff and that all staff had completed refresher training as required. In addition the arrangements in place for the provider to carry out appropriate health and safety checks were not effective as some safety checks had not been completed. We also saw the service did not record health and safety checks or infection control audits so the outcome of these and any areas where improvement was required was not available.

Notwithstanding the above information, we did see evidence of other checks being completed in a timely manner. For example, medicines were routinely checked by Roanu House staff and by a community pharmacist. Other health and safe checks such as fire safety checks had been recently undertaken.

People we spoke with were positive about the registered manager and their open approach which encouraged them to share their views about the home. They told us they felt comfortable raising any issues or concerns and these would be listened to and acted upon. The provider carried out an annual satisfaction survey which gave people a further opportunity to raise any issues or concerns they might have about the quality of service they received.

The registered manager was aware of the responsibilities and obligations as a registered person. They were able to tell us what incidents they would need to notify CQC of in line with the requirements of their registration.

Staff were aware of their roles and responsibilities within the home and said the registered manager made sure they were clear of these. The registered manager reviewed whether staff were aware of the direction and vision of the service. We saw evidence of this through supervision meetings with staff, and during staff meeting.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider did not reasonably mitigate against the risks to health and safety of service users receiving care as checks to premises safety had not been completed in a timely manner. Regulation 12 (2)(d) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment<br><br>The provider did not maintain and clean the premises and equipment to a standard required for the purposes for which they were being used. Regulation 15 (1)(a) and (2) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>The provider did not take all measures to ensure staff were appropriately trained to undertake their roles and responsibilities. Regulation 18 (2)(a) |