Achieve Together Limited

Roper House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Roper House is a residential care home providing regulated activity of personal care for to up to 27 people. The service provides support to people who were deaf and/or blind, some people also had a learning disability. At the time of our inspection there were 22 people using the service. The care home had a number of communal areas and a large garden. There was also two people who lived more independently in self-contained flats, adjoined to the main building.
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found
Right Support
People were supported by staff to pursue their interests, one person told us they were supported to do painting which they liked. People had a choice about their living environment and were able to personalise their rooms. The registered manager told us that people has chosen the colour paint for the hallways. Staff enabled people to access specialist health and social care support in the community, for example occupational therapists and speech and language therapy (SALT).

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care
People could communicate with staff and understand information given to them as staff supported them consistently and understood their individual communication needs. The service ensured people had access to an independent British Sign Language interpreter for things such as medical appointments. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Relatives told us they felt the staff were kind and caring. We observed staff being kind and caring towards people.

Right Culture
People received good quality care and support because trained staff and specialists could meet their needs and wishes. For example, staff completed training in learning disabilities and Autism, catheter care, diabetes, epilepsy and dysphagia. People and those important to them, including advocates, were involved in planning their care. For example, best interest meetings were held with family members or advocates. Relatives also told us they were informed if there were any incidents or accidents.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for the service under the previous provider was good, published on 08 January 2020.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Roper House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of two inspectors, and Expert by Experience and a British sign Language interpreter.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Roper House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roper House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including support workers, deputy manager, registered manager and area manager. We reviewed a range of records, including four peoples care and support plans, multiple medicine records and records relating to the management of the service.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with four people to tell us their experience.

Good

Is the service safe?

Our findings

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

This is the first inspection of this service under the new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People and their relatives told us they felt they were safe. One relative told us, "my relative definitely feels safe there". One person also told us that they were happy with everything.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People's individual health risks had been assessed, monitored and managed. For example, people who lived with diabetes had guidance in place for staff to follow. People who were prone to constipation had their bowel movements monitored to ensure appropriate medicines could be offered or administered in line with prescriber guidelines.
- Staff were able to tell us how they support people's individual health needs. For example, one staff member told us, "Some people's diabetes is diet controlled so we always ensure we offer and encourage them to eat healthy options."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, regular checks on water temperatures were carried out to ensure they were in the correct range.
- People had personal evacuation plans in place in the event there was a fire. The plan outlined what support the person needed, this included if they needed support to use an evacuation chair.

Staffing and recruitment

- The registered manager ensured they had enough staff on each shift to meet peoples care and support needs. When there were gaps in the rota due to sickness or leave, these gaps were filled with agency staff who regularly worked at the service. This helped to ensure people saw familiar faces.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. Staff had checks including a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The numbers and skills of staff matched the needs of people using the service. We observed enough staff to support people. Staff told us they felt there was enough staff and having regular agency was helpful.

Using medicines safely

● People's medicines were being administered and managed safely.
● People could take their medicines in private when appropriate and safe. For example, we observed a medication round at lunch time and people were in various locations, some in their room and some in the dining room. People were not asked to move for them to be given their medicines.
● People's medicines were being stored safely. Medicines were stored in locked cupboards in line with NICE guidelines (National institute for health and care excellence.
● People's medication administration records were up to date and medicine counts were accurate.
● The service ensured people's behaviours were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping the over medication of people with a learning disability, autism or both). One staff member told us that a new person had been at the home a few months and they had not needed to use a medicine that was used in their previous home for behaviours and that they are trying all other alternatives first.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Staff ensured themselves, as far as possible, that visitors were COVID-19 free by asking them to fill in a declaration regarding their current health status.

Learning lessons when things go wrong
● People received safe care because staff learned from incidents. For example, if medicine errors have been identified, staff are re-assessed and re-trained to ensure they are competent.
● The registered manager ensured accident and incidents were reported and actions taken to mitigate any risks to people. For example, one person had fallen and to reduce risk of falls reoccurring, the registered manager suggested they move to an empty bedroom nearer the lift, with the person permissions. This ensured they didn't have as far to walk and reduced the risk of them falling again.

Good

Is the service effective?

Our findings

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

This is the first inspection of this service under the new provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into the service. The is also included looking at people's protected characteristics under the Equality Act (2010) such as religion.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication and sensory needs. For example, communication support plans were in place which outlined how much BSL people knew and what other forms of communication they used.
- People's supports plans clearly detailed their life history, when it was known, their future goals and aspirations and their likes and dislikes. For example, one person's care plan detailed their religion and what certain food they didn't want to eat. Daily notes showed that this person was not given or offered a food they didn't want to eat.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence -based practice. This included staff undertaking The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction program.
- Staff also completed training in areas to support people with their specific health needs. For example, this included training in epilepsy, diabetes, dysphagia and learning disabilities.
- Staff told us they felt supported in their role. Staff received support in the form of supervisions, appraisals and received recognition for good practice. One staff member told us, "I get more than enough support from management'.

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

- People received support to eat and drink enough to maintain a balanced diet. One person's support plan detailed they lived with diabetes and needed to maintain a low sugar diet. Staff were able to tell us that they always encouraged the person to opt for low sugar snacks and explained to them why.
- People with complex needs received support to eat and drink in a way that met their personal preference as far as possible. For example, people who need a modified diet were supported and encouraged to have this.
- Although people told us they did not always like the food, some told us they would like to have a takeaway every day or they would like to go to the pub every day for dinner. Whilst this was not always possible, the service supported people as often as possible to do this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were referred to health care professionals to support their wellbeing and help them live healthy lives. For example, people were supported to see the physiotherapist where appropriate.

● The service ensured people had access to a British Sign Language (BSL) interpreter when attending health care appointments. The registered manager told us the BSL interpreter was independent to ensure people were able to communicate directly if they chose to see the professional without a staff member.

● Records were detailed and updated when a person saw healthcare professionals. This ensured any follow up appointments or action to be taken could be followed up by the registered manager. One person told us, 'staff help me [make] appointments for dentists and doctors.'

● People were able to access day centre service outside of the home. One relative told us, 'my relative has good connections with the local day care centre'.

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

● People's care and support was provided in a clean, safe and well-equipped environment that met people's sensory and physical needs. One person told us that they were happy with their room.

● People personalised their rooms and were included in decisions relating to the interior decoration in the home. On one floor of the home, some of the walls were painted different colours and the registered manager told us that this is how the people wanted it to be painted.

● People were able to move around easily because there were visual aids in their home. For example, there were visual aids for things such as the dining room and bathrooms.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

● For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People's relatives or advocates were present at these meetings which was also recorded.

● Where a DoLS authorisation was needed, it had been requested. For example, one person had a DoLS in place for going out on their own and administering medicines. It had been clearly documented to keep the person safe from harm as far as possible.

Good

Is the service caring?

Our findings

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

This is the first inspection of this service under the new provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People and their relatives told us staff were kind and supportive. One person told us if they are worried then staff talk to them and make them feel better. One relative told us, 'Staff are caring and conscientious.'
- People told us staff treated them with respect. For example, one person told us staff are very gentle when they move the, and explain why they are going to do it, before they do.
- Relatives told us staff knew their relatives well. on relative told us, '[staff member] knows [relative] very well and I know [staff member] in the office, they know my relative well."
- We observed staff members engaging in positive and meaningful interactions and staff showed a genuine interest in peoples wellbeing.

Supporting people to express their views and be involved in making decisions about their care
- People were supported to express their views and people were given time to process to information and respond to staff and other professionals. We observed staff being patient with people when they were communicating.
- People told us they were able to express their views or concerns with staff if they had any worries.
- Where possible, people had the choice where they would like to take their medicines. For example, at lunch time staff told us some people like their medicines in their room or in the lounge or the dining room, they have their own preference.

Respecting and promoting people's privacy, dignity and independence
- People were supported to be as independent as possible. One relative told us, 'They definitely encourage independence, my relative likes to have pints and pizza, his choice.'
- The service has a tea-room where people could freely access to make drinks and get snacks. Some people also had their own tea making facilities in their rooms. People told us they were supported to be independent. One person told us they make their own breakfast and lunch in their room but has their main meal downstairs.
- We observed staff respecting people's dignity and privacy. All rooms had a doorbell which connected to a light in people's rooms. Staff pressed this before entering a person room, so they knew they were there.

Good

Is the service responsive?

Our findings

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

This is the first inspection of this service under the new provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care and support in a person-centered way. People's care plans outlined how they wanted staff to support them. For example, one person's care plan detailed exactly what support they wanted from staff when doing their personal care.
- People were supported with their sexual orientation/religious/ethnic/gender identify without feeling discriminated against. For example, one person told us, 'A priest used to come to visit and I liked that.'
- People's care plans were updated regularly to reflect people's needs if they changed. For example, if people needed more support with their mobility, the support plan was updated, and relative healthcare professionals contacted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand. For example, staff used BSL to communicate with people. One relative told us, 'I know they can communicate with my relative as they know things about each other and discuss families etc.'
- Staff also used picture format to convey information. We also observed a staff member using an alphabet chart to spell out words a person was trying to say, and it was clear the staff member uses this a lot to support the person.
- For people who were deaf and blind, staff used finger signing on the persons hand or arm.
- People were supported by some staff who were also deaf and used BSL as their first language. One person told us, 'staff all use signs that I can understand.'

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

- People were supported to participate in their chosen social and leisure interest. For example, one person liked to go shopping and they were supported to do this.
- People were supported to stay in contact with friends and family. People were supported to use different types of communication such as video calls. one relative told us, 'my relative is able to take part in different things.'

● Staff ensured that regular events took place which had been decided by the residents, this included parties and buffet food which was a favourite for many people.
● Although different activities were happening throughout the home, people and staff were positive about a new activities' coordinator starting to increase the variety of activities being offered.

Improving care quality in response to complaints or concerns
● People and those important to them, could raise concerns and complaints easily and staff supported them to do so.
● People and their relatives told us they felt they were able to make a complaint if they needed to. One relative told us, 'I've not had a cause to make a complaint.' One person also told us, 'I will speak to staff if they have a worry.'
● The registered manager had a process in place to ensure complaints were responded to appropriately. However, there had been no complains since the last inspection.

End of life care and support
● People had end of life care and support plans in place. People were asked if they wanted to discuss this part of their care plan. Some people wanted to express their wishes such as if they wanted to be cremated or buried but some people also did not wish to discuss it when they were asked, and their decision was respected.
● People's communication needs were considered when discussing end of life care and support. For example, one person was shown pictures for them to choose. Their support plan was then compiled into a format that was accessible for them.

Good

Is the service well-led?

Our findings

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

This is the first inspection of this service under the new provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop.
- Staff told us they felt valued and that the provider had worked hard to ensure management were visible in the service. Staff told us they felt like they can raise concerns or suggestions with the registered manager, and these were discussed on a 1-1 level or in team meetings whichever was appropriate.
- The registered manager ensured people were supported to be empowered and received person-centred care. The registered manager told us that they have supported a person to become independent when walking. The registered manager told us the staff and other professionals supported a person to go from being unable to walk unaided, to walking unaided and being able to be more independent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had effective governance systems in place.
- The registered manager carried out audits for medicines and infection prevention measures and where errors were identified, these were actioned. For example, if a medicine error was highlighted the staff member would complete a competency check to see if any further training was needed.
- The registered manager ensured there was effective oversight of incidents and accidents. This enabled any trends to be picked up and actioned.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Staff also ensured people's daily records were completed and up to date, which reflected any changes in peoples support needs.
- The registered manager understood and demonstrated their compliance with regulatory and legislative requirements. The registered manager informed the Care Quality Commission and the local authority as and when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought feedback from people and those important to them to help to develop the service. People were supported to take part in regular house meetings where they discussed what they would like to do for the next month.
- The registered manager kept relatives up to date and surveys were sent to relatives by the provider.

Relatives told us they were able to give feedback.

● Staff told us they had supervisions with the registered manager who was supportive with their role. The registered manager also held team meetings where staff were expected to attend. This allowed staff to raise concerns and talk and share learning.

● The registered manager had positive relationships with several external professionals, this included occupational therapists, district nurses and the SALT team. This ensured people were able to get the support they needed as and when required.

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

● The registered manager understood their responsibility around duty of candour. The duty of candour requires providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

● Relatives told us they were informed about incidents and accidents. One person told us, 'I am always updated'.