

# The Rossendale Trust Limited

# Rossendale Hall

## 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

The inspection visit at Rossendale Hall was undertaken on 16 August 2016 and was announced. We gave 48 hours' notice of the inspection to ensure people who accessed the service, staff and visitors were available to talk with us.

Rossendale Hall provides personal care assistance for people who live in specially designed units within the grounds and other areas of Macclesfield. The service supports older people and people who live with learning and physical disabilities. The office is based in a residential area of Macclesfield. At the time of our inspection there were 59 people being supported by Rossendale Hall, who employed over 165 staff and volunteers.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 01 July 2014, we found the provider was meeting the requirements of the regulations.

During this inspection, people we spoke with said they felt secure and comfortable. The registered manager provided staff with safeguarding training to underpin their roles and responsibilities. Additionally, risk assessments were in place intended to reduce potential risks of harm or injury to people. For example, staff checked potential risks associated with malnutrition or obesity.

People told us staffing levels were ample to meet their support requirements. Records we reviewed confirmed staff received training and competency testing to underpin their skills. A recruitment policy and procedures were in place, which the management team followed to protect people from the employment of unsuitable staff.

Staff files contained evidence they received medicines training. We saw this was followed up with regular competency testing to maintain safe procedures. We observed staff administered medication carefully and explained to each person what they were for.

Staff demonstrated a good awareness of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. A staff member told us, "We've had training, which helps us to understand what is the least restrictive way to help people." Care records we reviewed evidenced people or their representatives had consented to their care.

The management team and staff understood the importance of involving people in their care planning. We found care planning was personalised and staff tailored support to each person's requirements. People told

us they had no complaints and we noted they had information to assist them if they wished to do so.

The registered manager provided training to underpin staff understanding of the principles of privacy and dignity in care with staff. We observed staff used their skills when they supported and engaged with people. For example, staff promoted meals as a social occasion in people's flats, such as chatting with them and discussing the day ahead.

We observed the management team sought staff, people and relatives' feedback about the quality of their care. They analysed this, fed back their findings and implemented changes to improve care. One staff member said, "The company are always looking to improve things." The registered manager had auditing systems to assess quality assurance and maintain people's wellbeing.

## 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.

Staff said they had safeguarding training. We noted they understood related principles to protect people from abuse.

People told us staffing levels were ample to meet their support requirements. The registered manager followed safe recruitment practices to protect people from unsuitable staff.

Medication records included risk assessments to maintain people's safety and personalised medicine support plans.

### Is the service effective?

Good ●

The service was effective.

People we spoke with said staff supported them with their nutritional needs. Care planning enabled staff to check for potential risks associated with malnutrition or obesity.

The provider had a programme of training in place to develop and update staff skills and knowledge.

Staff received training and demonstrated an understanding of processes related to the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People said they felt staff had a caring approach and engaged well with them. We observed staff were kind, supportive and friendly when they interacted with individuals who used the service.

Staff understood the importance of working with people and their families in order to provide good standards of support.

### Is the service responsive?

Good ●

The service was responsive.

Care files included detailed information about people's preferences to care, support and personal requirements.

We saw a wide range of facilities and activities were provided to occupy people and promote their wellbeing and social skills.

The registered manager had systems to outline how people could make a complaint if they chose to.

### **Is the service well-led?**

The service was well-led.

People told us the service was well run and they were involved in its development and improvement. Staff said they felt valued and supported by the management team.

Auditing systems were in place to assess quality assurance and maintain people's welfare. The registered manager provided opportunities for everyone to comment about the service.

**Good** ●

# Rossendale Hall

## 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 team consisted of two adult social care inspectors.

Prior to our unannounced inspection on 16 August 2016, we reviewed the information we held about Rossendale Hall. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who accessed the service. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about this service. They included ten people who accessed Rossendale Hall, a relative, the provider, registered manager and eleven staff members. We also visited individuals we spoke with in their own homes and observed staff interactions with them. We did this to gain an overview of what people experienced whilst accessing the service.

We also spent time looking at records. We checked documents in relation to five people who had received support from Rossendale Hall and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

## Is the service safe?

### Our findings

When we discussed safety, people and their representatives told us they felt secure and comfortable. One person pointed to a staff member and stated, "She is my keyworker and looks after me. She keeps me safe and well."

The registered manager had appropriate arrangements to monitor people's safety and reduce the occurrence of potential accidents and incidents. Staff documented what happened prior to the event, details of the accident and actions taken to resolve it. The management team reviewed incidents to assess systems were proficient at minimising the risk of them happening again.

Staff told us they were well trained in safeguarding and we found they understood related principles to protect people from harm or abuse. Associated protocols we reviewed identified reporting procedures, signs of abuse and what action staff should take. One staff member confirmed, "I know what to do if I saw someone being abused." The management team analysed safeguarding incidents to ensure their systems were safe.

Care files contained risk assessments intended to reduce potential risks of harm or injury to people. These included risks related to choking, fire and environmental safety, mobility, behaviour that challenged, finances, kitchen access and personal care. Staff recorded issues, needs and measures to diminish risk. We noted these were reviewed to check care continued to maintain people's safety. The registered manager explained risk assessment was, "About helping people to take risks and make risky decisions in a safe way."

Staff, people and relatives told us staffing levels were sufficient to meet their support requirements. One person told us, "There is always someone around the place." Staffing rotas we reviewed showed consistency and adequacy of staff in relation to people's care planning and risk assessment needs. A staff member stated, "I think staffing is fine." Another staff member told us they felt staffing levels were adequate and added, "We are increasing staff numbers here because we can then take everyone out." Where additional cover was required due to sickness or holidays, the registered manager obtained alternative arrangements. A staff member said, "We have a bank system to get cover." This showed the registered manager maintained staffing levels to support people where this became a potential issue.

We found a recruitment policy and procedures were in place. The management followed this to protect people from the employment of unsuitable staff. We saw staff files contained references and criminal record checks obtained from the Disclosure and Barring Service. The management team reviewed the applicant's full work history, training certificates and qualifications.

The registered manager retained a separate medicines file, where applicable, for everyone who used the service. These contained details about the person's health and medication requirements, such as allergies, procedures and protocols, home remedies and GP contact. Associated records included risk assessments to maintain people's safety and personalised medication support plans. The management team undertook a variety of related audits, such as stock control, required file contents, recordkeeping and any errors. We

found the registered manager acted upon identified issues, such as by discussing discrepancies with staff in one-to-one meetings.

Staff completed Medication Administration Records (MAR) accurately, such as signing after giving them to evidence people had taken them. We reviewed a sample of MAR charts and noted there were no errors or gaps. Staff files contained evidence they received medicines training, which was followed up with regular competency testing to maintain safe procedures. We observed staff administered medication carefully and explained to each person what they were for. There was a good audit trail from receipt to disposal and we saw medicines were stored securely.

## Is the service effective?

### Our findings

People and relatives we spoke with said staff supported them with their nutritional needs. One person told us, "The food is what we want." Another person added, "I can just help myself to crisps and drinks."

The registered manager provided staff with up-to-date information about nutritional support. This included meal ideas for individuals who had swallowing difficulties or required special diets. Care files contained risk assessments intended to guide staff to protect people against potential risks. Staff weighed individuals on a monthly basis and records they completed gave easy oversight of weight loss or gain. This enabled staff to check for potential risks associated with malnutrition or obesity. We observed staff promoted meals as a social occasion in people's flats, such as chatting with them and discussing the day ahead. We found staff offered them a choice of meals and checked they had enough to eat.

The provider had a programme of training in place to develop and update staff skills and knowledge. Records we reviewed confirmed staff received guidance to underpin their roles. Training covered, for example, fire and environmental safety, moving and handling, recordkeeping and infection control. We found training was followed up with competency testing, such as with medication, to review how staff used their learning in practice. One staff member told us, "The management team have really helped me. As an example, I've just started my level five qualification."

Investors in People (IIP) had recently completed an assessment of Rossendale Hall. IIP is an external organisation that checks how services manage their staff against set standards. Their programme looks at the leadership, support and management of employees and identifies good practice or areas for improvement. The service achieved IIP's prestigious gold award, which recognised high standards in management, communication and training within the service. IIP reported this was because 'of the way in which the organisation supports its [staff] that can be regarded as examples of best practice.'

The management team met with staff every three months to provide supervision to support them in their roles. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. One staff member said they could meet more frequently if required and enjoyed the sessions. They told us, "It's a good time to get feedback on my progress and performance." Records we looked at confirmed supervision was a two-way process to explore personal and professional development, including any training needs.

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. Staff had received MCA training and demonstrated an understanding of related processes. We noted doors to individual flats and the main entrance to the units were locked. People were given keys to the doors, including their bedrooms, if they chose to have them. The registered manager told us, "We're here to keep people safe, but we're not in the business of wrapping them up in cotton wool. They have the

capacity to make their own decisions and we support them in this."

Care records we reviewed evidenced consent to care from people who used the service, their relatives or their responsible person. Staff had a good awareness of consent principles on a day-to-day basis, including when individuals wished to make risky decisions. One staff member stated, "My role is to facilitate the service user's needs. If someone says they want to jump out of an aeroplane, it's not my job to say no. I'm here to help the person recognise the risks and give them the information to make that decision." We observed staff checked for people's consent whenever they engaged with them.

Staff referred people to appropriate healthcare services to ensure a holistic approach to their ongoing needs. For example, we saw in one person's records they had a swallowing difficulty condition. Staff referred this to the Speech and Language Therapy team (SALT), monitored the individual's progress and updated their care plan. The management team provided guidelines from the SALT team and current evidence-based practice in the person's records. Information included required assistance, positioning, equipment and related medication. Important healthcare contact details were contained in care files, including GPs, social workers, dentists, pharmacists and community services. This showed the registered manager had good systems to ensure people's continuity of care.

## Is the service caring?

### Our findings

People said they felt staff had a caring approach and engaged well with them. One person told us, "Yes, [my keyworker] is cheerful and lovely." Another individual stated, "The staff are kind and always nice to me."

We found people's living and communal spaces were developed to meet their requirements and enhance their welfare. For example, dining and lounge areas, bedrooms, corridors and the kitchen were large, bright and well decorated. Bedrooms were individualised to each person's interests and tastes, such as décor, pictures, photographs, posters and other personal items. We observed people were relaxed, happy, smiling and fully engaged in their own or group activities.

It was clear staff had a good awareness of each person's requirements and had developed strong bonds with them. We observed staff were kind, supportive and friendly when they engaged with people. For example, they used eye contact, spoke in soft tones and interacted with individuals on their level. Care records were personalised and developed in ways that promoted each person's independence. Staff demonstrated an in-depth awareness of the principles of good, quality care. One staff member said, "It's a vocation for me and I really love it here."

Staff had a good understanding and approach to support people with behaviours that challenged the service in a sensitive and helpful way. For example, each person had a chart where staff recorded what happened before, during and after the event. This was reviewed along with a monthly monitoring form. Consequently, staff had a visual oversight of triggers and tools or actions that helped the individual. We saw staff then updated the person's care plan. This meant the registered manager had systems to guide staff to reduce people's anxiety and maintain their comfort with personalised support mechanisms.

When we discussed the principles of privacy and dignity in care with staff, we found they had a good level of knowledge and understanding. The registered manager provided training to underpin their skills, such as dignity and respect guidance and equality and diversity training. Our observations evidenced staff used their skills when they supported people. For example, staff were polite and respectful when they interacted with individuals who used the service, whilst making appropriate use of humour. They checked with people if they consented to the inspectors entering their living space and knocked on doors before entering. We observed their records were stored securely to maintain their confidentiality.

Staff completed care records with people who used the service and their representatives. To assist them to be fully involved, all records were available in pictorial format. The management team and staff understood the importance of working with people and their families in order to provide good standards of support. We found care records contained their agreement to care and their preferences about how they wished to be supported. A staff member explained, "It's about the tenants needs, not our needs." We also found staff documented each person's important relationships and friendships, as well as their birthdays. This was a good reminder for people and staff told us it was a helpful way to celebrate events with them. We observed relatives and friends were welcomed by staff and encouraged to visit at any time.

## Is the service responsive?

### Our findings

People said they were fully occupied and enjoyed the activities provided. One person told us, "I enjoy shopping. I can choose what I like." Another person added, "I'm off gardening, I love it." A third individual stated, "I'm going to Alton Towers later in the year and staying over."

We saw a wide range of facilities and activities were provided to occupy people and promote their wellbeing and social skills. These included multiple garden areas, where staff supported individuals who used the service to develop skills in horticulture. Poly-tunnels contained a variety of cultivated plants and flowerpots intended to be sold to the public. The registered manager told us, "We have a stall at local markets where we sell all the items we make, such as arts, crafts, fruit, vegetables and flowers." Care records contained a weekly activity planner in pictorial format and an associated care plan, which included staff support people requested. Additionally, a substantial new building had been recently constructed on the grounds of Rossendale Hall. This contained two separate spaces designated as the media room and the arts room. We observed staff engaged with people in a friendly and supportive manner. They provided training and access to computer and internet equipment, digital photography, painting, drawing and other crafts. We noted people were focused upon their activities in a happy and relaxed manner.

The registered manager and staff demonstrated a variety of approaches to assist people to access the local community. This included voluntary work and college courses. The provider further self-funded a programme called 'Work Taste' with staff designated as 'workplace coaches.' These employees assisted people through agreed care planning to gain work experience, entry to college and a variety of activities. The registered manager told us, "It's a great service where we use a person-centred approach for our tenants to enable them to taste what work life is all about." They added they had established good partner agency relationships in the community, such as local retailers and charity shops. We further observed Rossendale Hall supported individuals from the wider community to attend their activity programmes. This assisted people to engage and develop relationships with each other.

We found staff carried out multiple assessments of each person's requirements and recorded this in their care files. The profiles checked, for example, people's physical ability, mobility, personal care, communication skills and behaviours that challenged. Care planning was detailed and covered their abilities, needs and support actions. Staff completed records with a personalised approach to tailor care to each person's requirements. Documentation followed a two-stage process, with an initial summary of people's support to give staff immediate and quick guidance. The next section covered care planning and risk assessment with much more in-depth information.

Each person's care file included detailed information about their preferences to care, support and personal requirements. These included statements about what was important to the individual and what they felt people liked about them. Recorded preferences covered, for example, activities, their environment, interests, chosen name and meals. They were supported to maintain their flats to their own tastes and choices. A staff member told us, "The tenants choose their own colours, which is an important part of their decision-making as well as personalising their own space."

Staff and the management team formally reviewed care planning every three months with people and their representatives. Additionally, people had an annual health check that covered, for example, their height, weight, blood pressure, urine screen, medication and skin care

The registered manager had systems to outline how people could make a complaint if they chose to. They told us they had received two complaints over the past year, records of which we reviewed. We saw concerns were managed within timescales and matched the provider's policy. We observed complaints leaflets, including pictorial versions, were stocked in each person's flat and at the main reception. Additionally, a logbook was completed whenever an issue was raised. Staff recorded details of the complaint, actions taken and any other comments. One person told us, "I have nothing to complain about."

## Is the service well-led?

### Our findings

People told us they felt Rossendale Hall was well run and they were involved in the development and improvement of the service. One person said, "We get together to see what we want to do and discuss how we run things." Another person added, "Yes, we do have meetings between us."

We found the registered manager and provider had a range of systems that were stored and made available with ease of access. This included their business risk assessment management and framework, business continuity plan, audit of policy review dates and various strategies and objectives. This demonstrated a clear, systematic approach to quality assurance and people's safety and welfare. IIP reported there was good leadership, which was 'energising and empowering [for staff].'

The registered manager had auditing systems to assess quality assurance and the maintenance of people's wellbeing. Checks included care files, recordkeeping and quality of records, accidents and audits, medication and safeguarding. We noted audits highlighted outcomes and identified issues, as well as actions taken and follow-up responses. All detected concerns were reported to the management team and board meetings to explore approaches to improvement.

We found there was a vibrant, happy ambience everywhere we went. We observed the management team and staff fostered this through the strong relationships they developed with everyone. We saw activities took place where staff and people were smiling and working together as a community. Individuals who used the service approached the management team in a relaxed manner. Our observations demonstrated they clearly knew people and their backgrounds.

The registered manager provided opportunities for people and their relatives to comment about their experiences when they used the service. Satisfaction surveys, including pictorial versions, were sent out on a regular basis. The questionnaires checked relatives' experiences of staff attitude, management, support levels, personal care, respect and involving them in the community. We found 31 respondents rated the service highly in all areas. Additionally, 57 people who used the service returned positive survey responses in relation to their happiness, safety, staff respect and staff engagement. We saw evidence identified concerns from feedback were acted upon and raised in management team meetings. One staff member told us, "I have been here many years and seen some changes. It's all geared for the tenants."

Staff told us they felt valued and supported by the management team. One staff member stated, "They've worked really hard to improve the staff wellbeing. I feel really valued." The registered manager made himself available to staff when requested and supported them in their day-to-day work. Staff said the management team was approachable and caring. One staff member told us, "There is good leadership and the door is always open." Another staff member added, "We have very good management. I had some recent family problems and they were brilliant with me."

Various team and management meetings were held regularly to review, develop and improve the service. A staff member said, "We have lots of different meetings where we share information." The management team

told us they worked closely together with staff on a daily basis. This helped them to monitor staff progress, share ideas and gain an insight into quality assurance. A staff member stated, "There's always things going on to improve the service. I feel a part of that and able to raise ideas and suggestions." Additionally, the provider sent out staff questionnaires to check their experiences of working at Rossendale hall. We found 107 respondents scored the service very highly. For example, 99% of staff felt their line managers were approachable and supportive, whilst 99.1% rated the provider a good employer.