

Mrs Jennifer Grego

# Rosedale House

## Inspection report

9 Howards Hill  
Cromer  
Norfolk  
NR27 9BL

Tel: 01263519654

Date of inspection visit:  
29 May 2019

Date of publication:  
08 July 2019

### 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Rosedale House provides accommodation and support to a maximum of two people with a learning disability or autistic spectrum disorder. At the time of our inspection there were two people living at the service.

The service consisted of one house, with separate bedrooms, bathrooms and living areas, and a shared kitchen and garden. The first-floor lounge was used as a bedroom by night staff.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

People living at Rosedale House participated in activities and were actively involved in their local community. Staff showed empathy, kindness and compassion; they placed value on their caring roles and involvement in people's lives.

People were offered a choice of meals and staff monitored people assessed to be at risk of poor food and fluid intake. The care provided was flexible to meet people's needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service had good working relationships with the local GP practice and learning disability healthcare professionals. The service worked in partnership with people and encouraged feedback on the care provided. Staff told us they enjoyed working at Rosedale House and spoke highly of the support and encouragement provided by the manager.

People had their care and support needs met by sufficient numbers of suitably trained staff. The care environment was clean and comfortable throughout, however, some risks were identified, but the manager put measures in place immediately after the inspection to address and mitigate these. The service was in the process of developing their governance arrangements and completion of internal quality checks and audits was ongoing.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

#### Rating at last inspection

The last rating for this service was Good (published 15 November 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Rosedale 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 Care Act 2014.

#### Inspection team

Consisted of one inspector.

#### Service and service type

Rosedale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with one person, and observed care being provided in communal areas for both people living at

the service. We spoke with the operations manager, manager and two members of care staff. We reviewed both people's care and medicine management records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We provided contact details for staff to share with people's families to offer the opportunity for them to provide feedback on the running of the service, no further contact was received after the inspection.

We asked for the service to provide some additional information on actions taken at our request, following the inspection visit. The information was received within agreed timescales.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained rated as good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns.
- We observed staff using tailored communication approaches to support people to feel safe and secure at home.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were safe to work with vulnerable people.
- Staff told us there was always enough staff on shift, and that sickness or absence was covered by permanent staff to ensure consistency for people living at the service.
- The manager planned staffing levels in relation to people's funded levels of day and night support and built flexibility into the rotas to allow for appointments and activities.

Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicine administration records showed that people received their medicines as prescribed.
- Staff completed medicine training, and the new manager had reviewed their competencies when they started working at the service. Going forward, the manager planned to review competencies every six months.
- Staff completed medicine audits, and this information was reviewed by the manager to ensure policies and procedures were followed and any concerns identified and addressed.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents and told us they received feedback about lessons learnt during supervision sessions and team meetings.
- We observed staff to be responsive to people's needs throughout the inspection. One person needed tailored support using communication aids, and staff gave examples of the detrimental impact inconsistent responses had on their well-being. Following incidents where communication aids had not been used, staff reflected on this and put measures in place to prevent reoccurrence; and this was reflected in the person's care records.
- The manager had familiarised themselves with historic incidents, accidents and risks pertaining to those people living at the service to ensure they could effectively monitor themes and patterns. The manager

sourced feedback from staff on people's histories to aid their learning and familiarity with the service and people's needs.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and demonstrated implementation of this into their practice, observed during the inspection. Staff had access to personal, protective equipment including gloves and aprons.
- The environment was visibly clean throughout, and we observed staff to support people with completion of household tasks. One bathroom had some damaged tiles making it difficult to keep this area clean, and equipment for cleaning the toilet needed replacement. The service took immediate action following the inspection to address and mitigate these risks.
- The manager was due to complete a full infection, prevention and control audit, as the last one had been completed April 2018.

#### Assessing risk, safety monitoring and management

- Risk assessments were completed to identify risks to people's health and safety such as their risk of changes in behavioural presentation, accessing the community and access to risk items including substances. Staff reviewed the risk assessments monthly and put measures in place to reduce risks following incidents.
- Risk assessments were completed in relation to the premises, however these had not identified some areas of risk found during the inspection. We found windows on the first floor without restrictors in place and unsecured large items of furniture. The manager took immediate action following the inspection to address and mitigate these risks.
- An emergency evacuation plan was in place for each person, detailing the support they would need in the event of an emergency such as a fire. However, more detail was required in relation to supporting people with autism in a stressful and time pressured situation. As there had been no fire drills in the last six months, the person's response to such situations had not been fully assessed. The manager updated people's emergency evacuation plans to reflect individual needs, following the inspection.
- We identified that the service's electrical safety certificate was out of date. The provider arranged for completion of an electrical safety check straight after the inspection visit.
- We identified inconsistent recording of the completion of night time checks on the designated task form. The manager spoke with staff and implemented monitoring to ensure checks were being completed and consistently recorded, following the inspection.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained rated as good.

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

- Staff assessed, and documented people's needs, and preferences and planned care and activity timetables based around this.
- Staff gave examples of where people's levels of ability and independence had increased, or their behavioural presentations had improved due to the structure and support mechanisms put in place.
- Staff worked with external bodies and professionals to manage risks in line with nationally recognised multi-agency frameworks.
- We observed best practice guidance being followed in relation to communication and support provided for people with autism.

Staff support: induction, training, skills and experience

- Staff told us they had access to regular face to face and online training courses relevant to their role. The manager had a training matrix in place to monitor compliance, and prompt staff to book onto refresher courses.
- Staff gave positive feedback on the support in place when starting to work at Rosedale House. They told us about the induction process, including shadowing experienced staff members to aid familiarity with people's support needs.
- The manager had put a rolling supervision and performance-based appraisal programme in place, since starting in post.

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

- People planned their menus for the week and helped staff with the completion of cooking tasks.
- People were supported to eat a varied and nutritious diet, based on individual preferences. Staff supported people to have meals out including spending time with their families. One person told us, they were supported by staff to make their meals, and enjoyed the food provided.
- People's weights were monitored monthly. We identified that both people required prompting to ensure they maintained enough daily food and fluid intake.

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

- The service had a good working relationship with the local GP practice and learning disability healthcare professionals.

- Care records contained details of visits to the medical appointments and any recommendations staff needed to follow were implemented into people's care records.
- Care records contained details to confirm that staff had supported people with management of their oral hygiene.
- People were encouraged to exercise regularly. Staff supported people to complete regular walks in the local community, including to the beach. One person regularly used a trampoline that was in the communal garden.

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

- The service met the needs of both people living there, as they were able to mobilise up and down steps and stairs.
- The manager told us, they would complete a preadmission assessment before accepting a person to live at the service and would consider their suitability in relation to the design and layout of the environment.
- People had chosen the colour schemes and decorations for their bedrooms and living areas. People's bedrooms were personalised and contained items of personal importance. Refurbishment works were planned around people's holidays to enable works to be completed without causing disruption to people. One person told us they felt settled living at Rosedale House as they had all their own belongings in their bedroom.
- One person used a notice board, which had pictures of staff on shift and visitors, and broke down each activity during the day. The person was responsible for changing the symbols on the board throughout the day, with support from staff as required.

#### 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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 had the appropriate legal authority and were being met.

- The service had made one DoLS application that had been submitted to the local authority and was awaiting authorisation. From discussions with staff and the manager, they gave examples of how they supported people to minimise restrictions whilst maintaining their safety.
- Where applicable, people's care records contained capacity assessments. People were encouraged to be fully involved in the decision-making processes relating to their care. Staff worked with people using alternative methods of communication to aid understanding.

- Staff consulted with healthcare professionals and family members when making best interests decisions.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained rated as good.

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

- There was a caring, friendly and relaxed atmosphere at the service, with people regularly interacting with staff. Staff offered encouragement and motivation, as well as reassurance and emotional support to increase people's sense of wellbeing.
- People's diverse needs were respected, and care plans identified cultural and spiritual needs. People were supported by staff to discuss needs associated with protective characteristics including relationships and sexuality.
- People were encouraged to build friendships with people living outside of the service through attending a weekly social club.

Supporting people to express their views and be involved in making decisions about their care

- We observed that people were able to choose how and where in the service they spent their time. Staff explained what they planned to do before providing support and encouraged people to express their views and opinions.
- Relatives were encouraged to give feedback on the service, and staff actively maintained regular contact and provided updates. One person used social media with support from staff, to share updates on activities they had been involved with and maintain regular contact with their family.
- The manager was actively liaising with relatives to get to know them, and ensure they felt able to raise any issues or concerns and provide feedback on the running of the service.

Respecting and promoting people's privacy, dignity and independence

- We observed staff to be respectful of people's privacy and dignity. Staff knocked before entering bedrooms and bathrooms, and asked permission before showing the inspector around these areas of the service.
- People were encouraged to be as independent as possible, to take positive risks. For example, one person was being supported to complete their driving theory test as they wished to learn to drive.
- Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments or experiencing changes in their mental health presentation. The guidance emphasised the need to support people to maintain their independence and levels of involvement in the decision-making process.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained rated as good.

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; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detailed information for staff to follow to support people with completion of personal care, eating and drinking, medicines and other aspects of daily activity.
- Communication plans were in place, providing detailed guidance for staff to ensure people were able to express their wishes, preferences and daily needs.
- Accessible communication standards were in place, including provision of information in pictorial format and use of a symbol communication board.
- People were supported by staff who demonstrated a good understanding of their needs, preferences and interests to give choice and control over the care provided.
- People had access to group and one to one activity at the service and out in the community. The service had its own vehicle.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints since the new manager had been in post. The manager encouraged feedback from people and their families.
- The service held weekly resident meetings. The agenda and minutes were completed with symbols and pictorial information. The agenda included opportunities to give feedback, make complaints, suggestions for activities and meal preferences.

End of life care and support

- No one was receiving end of life care at the time of the inspection. People's care records did not contain specific end of life care plans, but did include protective characteristics such as people's cultural, religious and spiritual needs. This is an area of the service that would benefit from further development, and access to training opportunities to support staff to feel confident to discuss end of life care planning with people and their families.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team were in the process of putting a range of quality audits in place. However, we identified some areas of concern, including environmental risks and some inconsistencies in documentation that had not been identified through the quality checks and audits already in place. There had also not been any fire drill practices in the last six months. The service acted on the concerns immediately after the inspection visit, however, these should have been identified by the provider in the absence of a manager being in post.
- Risks relating to having one member of staff on shift at night, and how they would support people in the event of an emergency such as a fire had not been identified or factored into the provider's lone working policies and procedures, specific to this service.
- The manager and staff demonstrated a commitment to providing consistently high standards of person-centred care. People were placed at the centre of care planning and delivery. Staff told us they enjoyed working at the service. One staff member said, "I love working here, supporting people to live their lives and be independent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had experienced changes in management since the last inspection, but now had a manager in post who had applied to CQC to complete the registration process. The service will benefit from consistent leadership and stability to identify and address shortfalls and continue to drive improvement.
- The service had a new operations manager who was providing support to the new manager and coordinating regular meetings across the provider's services to increase networking and support opportunities. The operations manager was experienced and available to offer the service manager guidance in relation to their regulatory responsibilities.
- Staff gave positive feedback about the support provided by the manager and operations manager, and the changes implemented to the service since they both started in post. Staff described the new manager as "approachable", with an open-door policy.

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

- People and staff were encouraged to contribute their views on the running of the service.
- People could provide feedback and were included in decisions relating to the running of the service through resident meetings and the complaints process in place.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting and in supervision sessions. Staff confirmed that if they were unable to attend meetings, the minutes were shared to ensure everyone had access to the information discussed.
- Staff contributed to people's care review meetings and worked closely with the local GP practice and learning disability healthcare professionals.
- Where challenges arose, the management team looked at creative ways to resolve these through a problem-solving and adaptive approach. They actively worked with families to work collaboratively to support people to lead meaningful lives.