

Rosywood Care Services Ltd

Rosywood 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 

Overall summary

This inspection took place on 31 December 2015 and was announced. We gave the provider 48 hours' notice because the location is a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

Rosywood House is situated in a residential area close to Leicester City Centre. It provides care and support for up to three people with autistic spectrum disorders and learning disabilities.

Accommodation is in a modern three story property with three single bedrooms, two of which have ensuite

facilities. There are also two lounges, a kitchen/diner, and a secluded garden. At the time of our inspection there was one person using the service and two others who had regular respite care.

The home had a registered manager. This 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.

Summary of findings

The atmosphere in the home was friendly and welcoming. The premises were homely and comfortably furnished. A person using the service told us they liked the staff and felt safe living at the home. During our inspection staff ensured a person they were supporting was safe both in the home and out in the community. Records showed staff had taken expert advice on how best to do this.

People using the service were encouraged to be independent. We saw a person using the service helping to make themselves a drink, answering the door with staff support, and spending time in their bedroom and in the lounge. They also went into the community with a member of staff to get some fresh air and visit a local café which meant they took part in both indoor and outdoor activities.

Staffing numbers were flexible depending on activities and which people using the service were in the home at any one time. Staff recruitment practices were safe and staff had the training they needed to provide appropriate care and support. Medicines were safely stored and managed in the home and administered by trained staff.

During our inspection we observed that staff got on well with one person using the service and supported them to make the most of their day with a mixture of quiet times and activities. If the person became anxious they followed the advice in the person's care plans, reassuring them and providing calm and consistent support.

Records showed the home provided a varied diet with fruit and vegetables served each day, healthy snacks, and pub and chip shop dinners. One person using the service did their own weekly shop with staff support at a local supermarket. Lunch was served during our inspection and we saw a person using the service choosing their own meal and helping to prepare it.

Staff cared about the people using the service and wanted them to live fulfilling lives. People using the service were invited to the staff Christmas meal and two had attended. Staff had also come to a person's birthday party in their own time because they didn't want to miss it or let the person down.

Staff supported people using the service to express their views and be actively involved in their own care, treatment and support. During our inspection staff listened to a person using the service and supported them to make choices about meals, activities, and the level of staff support they needed at different times of the day.

A good system of review was in place for the care and support of people using the service. For example, one person had a monthly meeting with their keyworker when they had the opportunity to comment on all aspects of their care and support. Records showed pictures and symbols were used to support them to do this and the results were positive, with the person indicating they were happy with all aspects of the service indulging the staff, the food, the activities, and their bedroom.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe in the home and staff knew what to do if they had concerns about their well-being.

If people were at risk in any areas of their lives, staff supported them in order to maximise their safety.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people using the service.

Medicine was safely managed in the home and administered by trained staff.

Good



Is the service effective?

The service was effective

Staff were appropriately trained to enable them to support people effectively.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood people's rights in relation to their care and support.

People had a choice at mealtimes and were encouraged to eat healthily.

People were supported to access health care services and maintain good health.

Good



Is the service caring?

The service was caring

Staff were caring in their approach and had a good understanding of people's needs and how best to support them.

People were involved in making choices about their care and support.

Staff understood how to respect people's privacy and dignity, protect their human rights, and provide care that met their needs.

Good



Is the service responsive?

The service was responsive.

People received personalised care from staff who understood their individual needs.

People were supported to take part in activities they had chosen themselves.

Staff ensured people using the service knew who to go to if they had any concerns.

Good



Is the service well-led?

The service was well-led.

The managers and staff were approachable and committed to improving the service.

Good



Summary of findings

People and their relatives had the opportunity to share their views about the service and changes were made as a result of their input.

The managers carried out audits and checks to ensure the home was running smoothly.

Rosywood 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 31 December 2015. The provider was given 48 hours' notice because the location is a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

One inspector carried out this inspection.

Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A

statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We also contacted local authority commissioners who are responsible for funding some of the people that use the service and asked them for their views about the home.

During the inspection we spoke with one person using the service. We also spoke with the registered manager, the service manager, the team leader, and one support workers. After the inspection we spoke with one relative by telephone.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at one person's support records.

Is the service safe?

Our findings

We asked one person using the service how they felt living at the home. They told us, "I feel safe." During the inspection we observed staff supporting this person to remain safe. They accompanied them when they were in the kitchen and out in the community due to potential risks. But when the person was relaxing in their room staff left them alone although they remained close by. This enabled the person to have the time alone they wanted in a safe situation.

A relative told us they thought their family member was safe at the home. They said, "[Person's name] is safe because the staff understand him and know that he likes his routine."

Records showed that staff were trained in safeguarding (protecting people who use care services from abuse). The staff we spoke with knew what to do if they were concerned about the well-being of any of the people who used the service. They said they would follow the home's safeguarding and whistleblowing procedures which explained how concerns should be addressed.

We discussed an incident that had occurred in the community and whether or not this should have been reported to the local authority and CQC. Managers told us they had contacted the person's social worker but did not think it met the threshold for a safeguarding referral. While this was understood, it was agreed that if a future similar incident occurred staff would contact the local authority for advice on whether or not a referral needed to be made.

The provider had a safe system of risk assessment in place. We looked at risk assessments belonging to one person using the service. These had been written in consultation with the person themselves, their family, and learning disability and autism specialists. They focused on minimising risk while enabling the person to become more independent and make choices about their lifestyle.

We spoke with staff about how they helped to ensure people using the service remained safe on a day to day basis. One support worker told us how staff had made the kitchen safer by removing sharp items and buying a plastic kettle to reduce the risk of scalding if someone touched it. Staff had also taken advice from a specialist in behaviour that challenges us with regard to an issue regarding people's personal space. A support worker told us, "We

brought this up at NAPPI (non-abusive physical and psychological intervention) training and the trainer advised us how to address this. It's worked really well." This showed that staff used expert advice to help them support people safely.

One person using the service told us, "I like the staff. I like [staff name, support worker] and [two staff names, managers]."

Staffing numbers were flexible depending on activities and which people using the service were in the home at any one time. Some people using the service had two to one staffing at times and others had one to one. At the time of our inspection there were enough staff on duty to meet the person using the service's needs and enable them to go out into the community.

One person using the service had a chart in their room with the names and photographs of the staff on duty each day. This was at their request as they liked to know who they would be spending time with in advance. They showed us the chart and used it to point out to us who was on duty that day.

At the time of our inspection the managers told us they were dealing with an issue involving staffing numbers for some community activities after staff had raised some safety concerns. They told us this had been reported to health and social care commissioners and negotiations were in place to help ensure staffing levels were safe at all times. This showed the home took action if safety issues arose.

Staff recruitment practices were safe. Records showed that before new members of staff were allowed to start work at the home checks were made with regard to their previous employment history and with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and ensure that staff employed are of good character. We looked at staff files and saw they had the required documentation to ensure, as far as possible, that the staff employed were suitable to work in the home.

Medicines were safely stored and managed in the home and administered by trained staff. We looked at one person's medicines records. These included information on how the person liked to take their medicines, what they

Is the service safe?

were for, and any side-effects they and the staff needed to look out for. Records showed that if there were concerns about a person's medicines they were referred to their consultant for a review.

We looked at medicines administration records (MARs) for one person using the service. These showed that medicines had been given on time and staff had signed to confirm this.

Written protocols were in place for PRN ('as required') medicines. Some of the protocols we looked at lacked detail as to when the medicines should be offered. When we talked with staff they did have this information but it

had not always been written down. We brought this to the attention of the managers who reviewed and updated the protocol during the inspection. This will help to ensure that staff are consistent in the use of PRN medicines.

During the inspection we saw staff negotiate the use of PRN medicine with one person using the service. Rather than offering the medicine immediately the person asked for it, they suggested the person tried other methods of dealing with how they felt first. This proved successful and the person was able to resolve their issue without the use of medicine.

Is the service effective?

Our findings

A relative of a person using the service told us, “The staff are excellent with [our family member]. They know exactly how to support him and they know when to be firm to prevent an incident occurring.”

During our inspection we observed that staff knew a person using the service well and supported them to make the most of their day with a mixture of quiet times and activities. If a person became anxious they followed the advice in the person’s care plans, reassuring them and providing calm and consistent support.

All staff had completed an induction and undertook on-going training through e-learning, distance face to face learning, and shadowing more experienced staff. Training records showed

staff had completed a range of courses designed to provide people working in social care with the skills they needed. This included NAPPI (non-abusive physical and psychological intervention) which is a standard course for staff working with behaviour that might be challenging.

Staff also completed courses in subjects including health and safety, MCA (Mental Capacity Act) and DoLS (Deprivation of Liberty Safeguards), food hygiene, medication, infection control, moving and handling, and first aid. Five of the staff were doing a QCF Diploma in Health and Social Care a nationally recognised course for people working in care. A training matrix was kept so managers were aware when people needed to renew their training and update their skills.

Although the home provided care for people with autistic spectrum disorders and learning disabilities staff had no standard introductory of ongoing training in these areas. We discussed this with the service manager who said they agreed this was needed and said they were in the process of organising an ‘autism awareness’ course for staff. They said they would also look at other relevant courses to help ensure staff had the skills and knowledge they needed to provide effective care.

One member of staff told us they were satisfied with the training and support they received. They said they had previous experience of supporting people with autistic spectrum disorders and learning disabilities when they first came to the home. However they said they were still

re-trained and they found that a useful way to refresh their skills. Records showed staff had formal supervisions and practice observations so managers could support them to keep their skills up to date.

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).

At the time of our inspection no-one at the home was being deprived of their liberty. One person’s records showed that best interest’s decisions had been made where necessary in conjunction with their family and health and social care professionals.

Staff told us how they would ensure someone was safe and receiving effective care without depriving them of their liberty. One staff member told us, “We can keep [person’s name] locked in so if he went out we would go with him to ensure he was safe. This hasn’t happened but if did happen we know what to do.”

During the inspection a person using the service was asked what they wanted for lunch. They said, “I want fried egg and fried bread.” This was made for them. They told us, “The staff do the cooking and it’s alright.”

Staff told us one person using the service did their own weekly shop with staff support at a local supermarket. Staff said they encouraged this person to choose healthy options and there was a pictorial guide to healthy food choices in the kitchen, but ultimately it was the person using the service’s choice what they ate.

Records showed the home provided a varied diet with fruit and vegetables served each day, healthy snacks, and pub and chip shop dinners. Records stated, “[Person’s name] chose all the meals he liked and it has been put on the

Is the service effective?

menu for staff to follow to encourage a healthy balanced diet [...] staff still need to give [person's name] a choice of food before starting to prepare any foods." We saw this happen in practice during our inspection.

Staff told us that at their last contract monitoring visit from the local authority they were advised to keep food and fluid charts, where appropriate, for people using the service. Records showed this was being done and one person using the service was weighed monthly and encouraged to exercise regularly to help them keep fit and healthy.

We looked at how one person's healthcare needs were met. These had been assessed and support plans and health action plans put in place to advise staff how to meet them. Health appointments and health outcomes were clearly logged so staff had a record of the person's healthcare history.

We talked with staff about the healthcare needs of this person. They had a good understanding of these and told us how they supported the person to stay healthy through diet, exercise, and routine and specialist appointments with healthcare professionals.

Staff worked closely with learning disability and autism specialists to ensure a person using the service had expert support when they needed it. Specialists attended reviews and other meetings to support staff in providing effective care to people using the service.

We looked at one person's 'emergency grab sheet'. This is a document that helps health services and ambulance staff know about the care a person needs when they might not be able to give that information themselves. The document was dated 28 April 2004 and did not appear to have been updated since then. We brought this to the attention of the managers who agreed to review and update it as a matter of priority.

Is the service caring?

Our findings

One person using the service told us, “Everyone here cares for me.” A relative said, “The staff treat him like family. He is very settled and very well-cared for.”

During the inspection the doorbell rang. The person using the service was keen to answer it. Staff let them do this with support. A parcel was being delivered to the home and the person helped receive it and spoke with the delivery man. This was positive for the person using the service as it made them feel useful. They told us, “I like to help and open the door.”

The managers told us the staff cared about the people using the service. They told us how staff had volunteered to come in on their day off to ensure a person using the service was able to go on a particular trip out. The managers said this hadn’t been necessary, as funding had been made available, but they appreciated that staff did had not wanted the person to be disappointed. They also said staff came to a person’s birthday party in their own time because they didn’t want to miss it or let the person down.

The managers also said people using the service had been invited to the staff Christmas meal and two had attended. The service manager said, “There’s no ‘us and them’, we wanted them along and they came and we made sure there were presents in the ‘secret santa’ for them.”

We talked with one member of staff about how one person using the service was cared for. The staff member told us, “Everyone who works here is very fond of [name of person using the service] and want him to be happy.” The staff member also said that low staff turnover meant this person had continuity of care and staff had the opportunity to build a trusting relationship with them.

We looked at records to see how staff supported people using the service to express their views and be actively

involved in their own care, treatment and support. We saw that one person using the service had signed to show agreement with their care plans and risk assessments and attended monthly review meetings so they could be involved in decisions about their support. A staff member told us how they had written a food menu the previous week in conjunction with a person using the service. The staff member told us, “We always involve him and he’s happy to be involved.”

During our inspection we saw staff listen to a person using the service when they changed their mind about taking part in an afternoon activity. They told staff they didn’t want to do this activity. Staff asked them if they were sure and they said they were. Staff then talked with them and helped them to choose an alternative activity. The person said they wanted to stay in their room and listen to music and staff supported them to do this. This was an example of staff supporting a person to make choices about how they spent their day.

Records showed that a person using the service was actively involved in all aspects of their care. For example, staff had written on daily records that a person had ‘helped staff make a shopping list’ and ‘helped prepare his dinner’. We also saw evidence of this type of involvement during our inspection.

We looked at how staff ensured people’s privacy and dignity was respected and promoted. During our inspection we saw that staff always knocked on a person’s bedroom door and waited to be asked before they went in. Staff were consistently polite when they spoke with the person and involved them in decisions about their care. Entries in daily notes were written in a respectful manner and staff had signed a confidentiality agreement to help ensure the privacy of people using the service was maintained.

Is the service responsive?

Our findings

A relative told their family member received personalised care that was responsive to their needs. They told us, “It works for [person’s name] because he’s in a routine which he likes. That, and having staff he knows, reduces his anxiety and helps him to feel secure.”

Records showed that one person using the service’s care plans included information about their preferences, for example getting up and going to bed times, and the type of support they needed throughout the day. Records showed that their wishes were always taken into account when support was provided.

All the staff we spoke with had good understanding of the needs of a person using the service. They told us what situations and environments made the person feel happy and at ease, and which to avoid. They understood the importance of a routine to the person and what they did to ensure this was kept to. They also knew what to do if the routine had to be changed, due to circumstances beyond their control, and how they would address this with a person to reduce their anxiety.

A person using the service also had a ‘communication dictionary’ which contained useful information on how they might let staff know how they were feeling both verbally and through body language. Staff were familiar with this. One staff member told us how they could detect if the person was anxious by observing their body language. A person’s likes and dislikes were also included so staff understood what there were. During the inspection we saw that staff used this information to provide a person with responsive care that met their needs.

One person using the service told us the activities they enjoyed. They said, “I go to the coffee shop” and “I went on a train with [two names, support workers] to Loughborough to do my Christmas shopping.” During our inspection the person went for a walk with a support worker, visited a café, watched television in one of the lounges, and listened to music in their room.

Staff told us that at their last contract monitoring visit local authority staff had advised them to keep a records of all the activities that a person using the service took part in. Records showed this had been done and a person had several activities they had chosen themselves. These included regular use of local community facilities including cafes, shops, and public transport. A staff member told us they had supported a person using the service to go on annual holidays

A person using the service told us they had not complaints. They said, “There’ nothing wrong.” A relative told us, “I have no concerns but if I did I would speak with [person’s name, the service manager].”

Records showed that staff had ensured people using the service knew how to complain. At their most recent review a person had been asked what they would do if they were unhappy about something. They were quoted as saying, “I would tell [person’s name, service manager] and I would tell [a relative].” The person had also filled in a pictorial form to show they knew how to complain and had drawn a circle round their key worker’s name to indicate this was the person they would go to if they were unhappy.

Is the service well-led?

Our findings

One person using the service told us, “I’m happy here. I want to stay forever.” The atmosphere in the home was friendly and welcoming. The premises were homely and comfortably furnished.

A relative told us that the home’s managers and staff knew their family member well and this enabled them to provide appropriate care and support. The relative told us, “He’s happy and that’s the main thing. He feels at home and gets on with everyone there. We wouldn’t want him to be moved anywhere else.”

The home’s registered manager was based at another site but told us he was in contact with staff at the home every day. The service manager, team leader, and five support workers were based at the home. Records showed regular management and staff meetings were held with minutes kept. The service manager and team leader both did occasional shifts at the home to keep in touch with the people using the service and the staff who supported them. This helped to ensure that had an overview of how the home was running on a day to day basis.

Staff told us they were well-supported by management who listened to them and acknowledged they knew the people using the service well. One staff member said, “Management respect our knowledge of the people here and listen to us. I work full-time with [name of person using the service] and understand him well. If I have any issues I can raise them in supervision or staff meetings without a problem.”

The managers told us it was important for the well-being of the people using the service that they had a consistent staff team. The managers said they did all they could to retain staff including providing them with ongoing training and support. The service manager said, “We look after our staff, we want to keep them.”

A good system of review was in place for the care and support of people using the service. For example, one person had a monthly meeting with their keyworker when they had the opportunity to comment on all aspects of their care and support. Records showed pictures and symbols were used to support them to do this and the results were positive, with the person indicating they were happy with all aspects of the service including the staff, the food, the activities, and their bedroom.

The managers carried out monthly audits to help ensure the home was running well and that the appropriate documentation was in place to demonstrate this. Record showed that the managers took action if the audits identified any shortfalls. For example, as a result of a recent audit, improvements were made to the way medicines were managed in the home. This showed a culture of transparency and ongoing improvement in the home.

The managers also carried out a more extensive ongoing quality assurance review which they were working through at the time of our inspection. Records showed that once completed this would provide a detailed overview of the home. During the inspection we noted that the internal audit form was in need of updating as it referred to the CQC’s ‘essential standards of quality and safety’ which have been superseded. We brought this to the attention of the service manager who said she would update this document.

Since the home was registered a number of improvements had been made which we were shown. Two bedrooms had new laminate floors and the office had been refurbished. One bedroom had been redecorated. Staff told us the person whose room it was had been involved in choosing the colours and decoration and the person confirmed this.

Prior to our inspection we spoke with local authority staff responsible for monitoring the home’s contract with them. They told us they had visited the home in August 2015 and found it was compliant with the requirements of their contract.