

North East Autism Society

Rosehill

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosehill is a residential service providing personal care for up to 6 people with a learning disability. At the time of the inspection there were 6 people living at the service.

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

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.

Right Support

People were supported to have maximum possible choice, control and independence. Staff supported people to make decisions following best practice in decision-making. The management team clearly had an in-depth knowledge around capacity assessments and 'best interests' decisions. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to achieve their aspirations and goals. People were supported safely with medicines. Infection prevention and control practices reflected current guidance.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. The service worked well with other agencies to do so. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff were aware of and were working to best practice guidance for supporting people with a learning disability and/or autistic people.

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 this service was good (published 20 April 2018).

Why we inspected

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

This report only covers our findings in relation to the key questions safe and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosehill on our website at www.cqc.org.uk

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosehill

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.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Rosehill is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement dependent on their registration with us. Rosehill is a care home without nursing. 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.

What we did before 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 (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. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met with 4 people who used the service and contacted 6 relatives. We spoke with the registered manager, the deputy manager, the area manager, a support worker and 2 daycare staff members. We also emailed the full staff complement to ask their views about the service and the majority responded.

We reviewed a range of records. This included 2 people's care records, medicine records and staff files. We looked at a variety of records relating to the management of the service, including audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood when people required support to reduce the risk of avoidable harm, and risk assessments were in place. The risk assessments were detailed, very clear and the staff ensured they effectively planned for all potential risks.
- The provider had safeguarding systems in place. Staff had training and a good understanding of what to do to make sure people were protected from harm or abuse.
- People confirmed their relatives felt safe using the service. One relative told us, "[Person's name] has lived in Rosehill since 2009. [Person's name] has been settled there. I am satisfied with every aspect of care."
- The registered manager critically reviewed the operation of the service and actively made changes as and when these were needed.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The management team clearly had an in-depth knowledge around capacity assessments and 'best interests' decisions. They were exploring with healthcare professionals the pros and cons of any actions proposed to improve health outcomes and what would be in the 'best interests' for individuals.

Staffing and recruitment

- The provider operated safe recruitment systems to ensure suitable staff were employed. One person said, "I like them all."
- There were enough staff to safely care for people. Staff found they could meet people's needs throughout the night and day as well as being able to spend meaningful time with individuals. A staff member told us, "I do believe I get an adequate amount of time to complete my work. However, working in care can come with unexpected challenges that may push any work back. When this happens, I have plenty of support from staff"

and management to ensure I complete any outstanding jobs. This level of support runs through to all aspects of my role."

Using medicines safely

- People's medicines were managed in a safe manner. Staff were trained in medicines management and were assessed as competent to administer people's medicines.
- Regular checks were carried out of people's medicines to ensure records were accurate.
- Staff were given clear guidance on when to administer medicines.

Preventing and controlling infection

- The provider had relevant policies in place to support effective infection prevention and control.
- Staff completed training in infection prevention and control.
- Staff had access to appropriate personal protective equipment.

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 our last inspection we rated this key question good. At this inspection the rating has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted a positive, person-centred culture. The team put people's needs and wishes at the centre of everything they did and were very clear they expected people to be able to live ordinary lives. One relative said, "My relative has lived at the service for many years. The managers and staff are very caring and we are happy with the care staff provided." This ethos was clearly reflected in people's support plans and the way in which staff worked, which led to the enhancement of individual's quality of life.

- Relatives and staff told us the registered manager was approachable and acted swiftly to address any issues. They ensured people and their families were involved in discussions about their care and support needs. Relatives told us they were confident staff had the skills they needed to provide them with the right care.

- The provider operated a process called STEP, which was where partners from various clinical disciplines such as psychiatry, occupational therapy and a positive behaviour support team came together to consider changes in people's presentation and determine a cause and resolution.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; 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; Working in partnership with others

- The management team regularly reviewed the systems and processes in the service to determine if improvements were needed and where enhancements could be made.

- Reports had been sent to alert the CQC and local authorities when incidents occurred. The registered manager closely reviewed all incidents and ensured all relevant parties were involved in this process.

- Staff were passionate about providing good care outcomes and took ownership of their practice. They understood their roles, responsibilities and their accountability.

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing. These links had led to staff being able to support people make lifestyle changes to improve their health and the identification of emerging health conditions.