

Mrs Janet Barlow

Rosebery 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 was announced and took place on 7 October 2014.

Rosebery House comprises of two terraced domestic properties and can accommodate up to six people with mental health needs. Each property can accommodate three people and each house has three single bedrooms. The houses are in a cul-de-sac within walking distance of Barnsley town centre. Elements of the service provision are designed to ensure that people living in the home are supported to be independent.

There was a registered manager employed at the service. A registered manager 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

People were safe and well cared for in this home. People we spoke with said they felt 'safe' living at Rosebery House. During our inspection there was a relaxed friendly atmosphere at the home and we witnessed a lot of shared laughter between staff and people at the home.

The five external professionals we contacted before the inspection said they had no concerns about the safety of people or care and support people received at Rosebery House.

A robust recruitment process was used when new staff were employed. All new staff had completed induction training before working in the home. The staff employed at Rosebery House were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual.

People were supported to maintain their independence and control over their lives. People were supported and encouraged to participate in activities in the community. People participated in a range of daily activities which were meaningful and promoted their independence in and outside the service.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

We found the service had appropriate arrangements in place to manage medicines so people were protected from the risks associated with medicines.

During our inspection we observed the number of staff on duty relative to people's needs and looked at how quickly people were able to summon assistance. We saw that there were enough staff to keep people safe and saw staff spending time talking to people and assisting them with daily activities. During out of hours there were on call staff available to deal with any untoward events. People said they knew how to contact staff at all times of the day.

People were referred to appropriate other professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to GPs, opticians, Community Psychiatric Nurses, and diabetic nurses. People told us they had access to healthcare services when they needed them.

We found the staff employed in the home were well trained and competent to carry out their duties.

People said they felt involved and included in how the home was run and how it could be improved to respond to their needs. There was a clear complaints system in place and we saw any matters were recorded and responded to. People we spoke with told us they knew how to make a complaint if they wished to.

Staff, people and professionals spoke highly of the registered manager and management team of Rosebery House.

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.

Staff we spoke to knew how to keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There were procedures in place designed to ensure the safe handling of medications.

There were regular audits and checks to ensure the care home was maintained to a safe and comfortable level.

There were effective staff recruitment and selection procedures in place.

Good



Is the service effective?

The service was effective.

Staff received training to enable them to perform their roles and were able to access additional training to improve and develop new skills. People's individual risk assessments were up to date for staff to manage their care and support effectively.

People were referred to appropriate other professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to GPs, opticians, Community Psychiatric Nurses, and diabetic nurses.

We saw that people were involved in their care and were asked about their preferences and choices.

Meal times were flexible and individual to each person's preferences. Staff assisted people with planning menus to ensure they were healthy and balanced but in the main people chose what they wanted to eat.

Good



Is the service caring?

The service was caring.

Staff were kind and caring in their interactions with people. All people we spoke with were complimentary about the care and support they received. External health professionals who attended the home also told us people were well cared for.

People's likes and dislikes were recorded in their care records and we saw that staff followed people's choices. We saw that staff respected people's privacy and dignity and knew people's preferences well.

Good



Is the service responsive?

The service was responsive.

Staff understood people's preferences and their abilities. People and external professional told us the service was responsive to people's needs.

People told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



Summary of findings

Staff understood people's preferences and their abilities. A varied activity programme took into account people's personal hobbies and interests.

Is the service well-led?

The service was well led.

Team meetings took place frequently and good practice was regularly shared.

The managers undertook various audits such as health and safety, medication and record checks. People said the managers were approachable and they were kept up to date with information about the service.

Good



Rosebery 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 checked 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

This inspection took place on 7 October 2014 and was announced. The provider was given 48 hours' notice of our inspection because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Two adult social care inspectors carried out the inspection.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We also contacted the commissioners of the service and five external professionals who had knowledge of Rosebery House. This information was reviewed and used to assist with our inspection.

During the visits, we spoke with three people who were living at the home, the provider/registered manager, assistant manager and two support workers. We spent time observing daily life in the home including the support being offered to people. We spent time looking at records, which included three people's care records, and records relating to the management of the home. We looked round the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Is the service safe?

Our findings

People we spoke with said they felt 'safe' living at Rosebery House. People said, "I can talk to staff but I have no complaints at all, I feel very safe here" and "I am safe here I've no worries, if I had I would tell somebody, probably the manager."

The five external professionals we contacted before the inspection said they had no concerns about the safety of people or care and support people received at Rosebery House.

We found safeguarding and whistleblowing policies and procedures in place, including access for staff to South Yorkshire's local protocols. Whistleblowing is a procedure where staff can safely and independently voice any concerns they may have. Staff told us and records confirmed all staff had received safeguarding training.

We spoke with two members of staff who were able to tell us how they would respond to allegations or incidents of abuse and the lines of reporting in the organisation. Staff spoken with were confident the registered manager would take any concerns seriously and report them to relevant bodies. They also knew the external authorities they could report this to, should they feel action was not taken by the organisation or they felt uncomfortable raising concerns within the service.

The registered and assistant manager were aware of the need to report any incidents to us and the local authority in line with written procedures to uphold people's safety. The registered manager said currently there were no safeguarding concerns.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. Staff at the home managed money for some people. We saw the service had a system in place to manage each person's money and a sample of documentation was reviewed to demonstrate operation of the system.

We looked at three people's care records where individual risk assessments were in place in relation people's support and care provision. People said they were involved in monthly discussions about their support plan. Support plans were designed to minimise risk whilst allowing

independence, and to ensure people's safety. An example of this was that two people in the home were being supported to self-medicate (store and administer their own medication).

We asked two staff about their recruitment. They told us they had had to provide reference details and have a DBS (Disclosure and Barring Service) check prior to starting their role. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home.

The service had recruitment policies and procedures that the registered manager followed when employing new members of staff. We viewed two staff files. They contained an application form, job description, two references, copies of certificates, a photo of the member of staff, two forms of identification, interview records and a programme of induction. The service had completed enhanced Disclosure and Barring Service [DBS] checks, formerly known as Criminal Records Bureau [CRB] checks for all staff working at the home. This helped to protect people who received a service. The manager was aware that if a person's DBS check was returned unclear, the provider must carry out a risk assessment to show that they had considered the results of the DBS check before making the decision to employ the person or not. This ensured that staff employed were suitable and safe to work with people.

There were five people living in two separate houses at the home at the time of our inspection. The houses were next door to each other and shared a back garden.

We spoke with the registered manager and assistant manager and staff who gave us details of the usual staffing levels for the home. The houses were usually staffed by two support workers for six hours each day. Staff did say on occasions (holiday time or due to sickness) there may be only one member of staff. In addition the managers said they also visited the home on a frequent basis to offer support and cover. The ethos of the home is for staff to only provide care and support six hours a day so that people's independence is promoted. The registered manager confirmed that staffing hours were and had been increased if people's support needs required the extra support.

During out of hours there were on call staff available to deal with any untoward events.

Is the service safe?

People said they knew how to contact staff at all times of the day. We saw the 'on call manager' telephone number was displayed on the phones in each of the houses. People said they felt there were enough staff at the home.

Comments included, "Staffing works okay, we have a buddy telephone number where we can call the managers at any time day or night, they will come if we need them, it's not a problem at all" and, "I know how to contact the manager in the evening, they always answer the phone and will come to see me if I wanted them to, they [on call staff] are good, no worries at all."

There was a current detailed medication policy in place. We found that suitable arrangements had been made for the safe storage of medicines which were administered by staff. Cupboards used to store medicines were lockable and were securely fixed to walls in a locked room.

People who received medication from staff said they received their medication at the correct times. They said their medication was regularly reviewed by their GP and Psychiatrist.

We found Medication Administration Records (MAR) sheets were signed by staff to confirm they had given the medicine or entered a code to state why the medicine was not given. No staff signature gaps were found on MAR sheets which indicated that medicines had been administered by staff as per instruction.

Two people were administering their own medicines. We saw risk assessments had been completed and updated by staff to make sure the people were able to safely self-administer their own medicines.

We found one person had not securely stored their medication. Medication was in an unlocked tin in their bedroom which was also unlocked. The person was aware that the tin should be locked. Staff said they would work with the person and may need to increase observation and revisit their risk assessment to ensure the person and other people were kept safe from risks associated with unsafe storage of medication.

The managers said that medication audits were carried out so that any errors were identified promptly. We saw evidence of completed audits that had been undertaken on a weekly basis. These were completed by the support worker and then checked again by a manager.

We spoke with two staff who were knowledgeable on the correct procedures to follow regarding medication. All staff had also been on medication training, which they said was regularly updated. We saw training records which provided additional evidence that staff had undertaken this training.

The managers said that staff were also monitored when dispensing medicines as part of the 'observation in practice' process which was undertaken by a manager. We saw records which provided additional evidence that these observations were occurring on a regular basis.

The home had a contract in place with the community pharmacist, which showed the pharmacist visited the home and carried out an audit/assessment of medicines. On their most recent visit the pharmacist did not highlight any major concerns with the medication systems at the home. The pharmacist did recommend however that where medication had to be recorded and handwritten by staff, two staff check and countersign any written instructions relating to the dosage and times of any prescribed medication. Attention to the points above would improve the systems in place to safely manage medicines. The managers and provider gave assurances to us that they would give immediate attention to this issue and staff would receive further supervision and support to ensure safe medication practices continued at the home.

Overall the home was clean. We saw that communal areas, people's bedrooms, bathrooms, and toilet areas were clean and well maintained. People said they were happy with the cleanliness and furnishings in the home. The registered manager said that regular audits were carried out at the home and new equipment and furniture purchased as necessary to ensure the environment was well maintained.

Is the service effective?

Our findings

People we spoke with said the care and support they received from staff was good and said, “Staff are good and know what they are doing.”

We checked staff files and spoke to staff. They told us and files showed all staff had an initial induction and undertook mandatory training, including for example, fires safety, safeguarding, food hygiene and health and safety with updates where required. A training record was in place which detailed training that support staff could access, for example diabetes care and mental health awareness.

Staff said the training provided them with the skills and knowledge they needed to do their jobs.

We observed staff engaging with people in a number of situations and they adapted the support appropriately to the needs of the individual, showing they had the necessary skills to meet people’s needs effectively.

We checked the supervision and appraisal records for two staff. These showed regular supervisions and annual appraisals took place, for support and development. Staff told us they found these sessions beneficial and said the managers were approachable and supportive. Comments included, “The manager is very supportive” and, “They [managers] are approachable and you can talk to them about anything.”

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. No one at the home had a DoLS authorisation in place as the managers said no applications had been required. The provider and registered manager were aware of a recent change in DoLS legislation but said at this time this did not have any specific impact on the home.

The managers told us that staff had received MCA and DoLS training and the records showed this had been undertaken in the last eighteen months. Staff we spoke with were able to correctly describe what the Act entailed and how it was used.

People we spoke with said, “I am able to choose what I do during the day. I go out if I want. I do what I want, I’m fine.”

During our observations, we saw that meal times were flexible and individual to each person’s preferences. One person went shopping to the local supermarket with a member of staff to buy weekly provisions. One person said, “We choose what we eat, we try to eat healthily and staff help us plan some meals but really it’s our choice.” We saw one person cooking lunch for themselves and the other people and staff in the home. They said, “I like to cook, I enjoy it.” We could see that people’s independence and living skills were being supported and promoted by staff as people were undertaking day to day activities such as shopping and cooking.

The managers told us staff assisted people with planning menus to ensure they were healthy and balanced but in the main people chose what they wanted to eat. This demonstrated that people were encouraged to be independent in all areas of their own meal choices.

We saw people were frequently making drinks for themselves and their guests. The hub of the home centred on the kitchen where people and staff sat around the table chatting to each other. We saw people were referred to appropriate other professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to GPs, opticians, Community Psychiatric Nurses, and diabetic nurses.

People told us they had access to healthcare services when they needed them. One person said: “I get to see a GP regularly, staff tend to come with me at my request”, and another said “staff are making me an eye appointment.”

The external professionals we contacted before our inspection were very positive how staff supported people with their health needs. They said, “The staff team at Rosebery House liaise very closely with us. I am very pleased with the progress my client has made, staff are helping them to live more independently.”

Is the service caring?

Our findings

We saw that staff were kind and caring when they interacted with people, who in turn responded positively to staff. Staff demonstrated familiarity and knowledge of people's preferences and dislikes. We witnessed a lot of shared laughter between staff and people at the home.

When we asked people about how staff treated them, all comments were positive. No one had anything negative to say about the care they received. One person who lived at the home told us, "The staff are very helpful and very nice to me, I like being here." Another person said, "I have my own space, my own private space. Staff always ask before going into my room, they knock on the door if I'm in my room and wait to be invited in. Staff are really nice, they always have time to sit and chat with me. I am very happy here" and "I can have my privacy here, staff are very good."

We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect and maintained their confidentiality.

A privacy and dignity statement was included in the service's 'statement of purpose' to inform people how their dignity should be promoted and upheld by staff.

Staff told us that the issue of privacy, dignity and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

The five healthcare professionals and commissioners of service we contacted had no concerns with the home and told us they found the staff to be caring. One professional told us, "The home provides high quality care individual to the person's needs, an excellent service" and another said, "The staff at Rosebery House are professional and caring."

We looked at a range of records and three people's support plans. These contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records have been reviewed and updated to reflect people's wishes. Examples of these wishes included meal choices and choosing the social activities they wanted be involved in.

We saw and heard staff asking people their choices and preferences about what activities they would like to do. One person went shopping with a member of staff whilst another was preparing lunch. They said they enjoyed doing this.

Is the service responsive?

Our findings

All of the people that we spoke with told us that the service provided in the home was flexible to their needs and choices. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us the staff in the home listened to them and respected the choices and decisions they made.

We looked at three people's care records and saw evidence people had been involved in discussions and reviews of care. We saw a resident's profile in each care record which detailed their life history, family and preferences. We saw there were individual personal support plans which reflected people's interests. We found people's support plans and risk assessments had been regularly reviewed.

We saw people's needs were assessed and the majority of recording demonstrated that care was planned appropriately and related to diagnosis/health problems, personal care, mental state, sleep, social interests, mobility and dexterity, personal safety, dietary needs, weight, continence, sight/hearing and communication, religious and cultural needs, foot care, oral health, medication and resident specific care plans.

People who used the service said they were aware of support plans and that they were involved in monthly discussions about their care and support. This consultation was confirmed and recorded as having taken place in the support plans we checked. People told us, "I have a care plan; I know what is in it. I discuss it with the staff every now and again." People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes. We looked at their daily notes records and we saw examples where they had been supported to participate in these interests.

We spoke with two members of staff and discussed aspects of people's care and support. Staff were fully aware of and able to describe to us the care, treatment and support that people required to meet their needs and to make sure people had choices.

The five healthcare professionals told us they felt the staff at the home were responsive to people's needs. They said

staff were always willing to listen to ideas to improve people's care and they acted promptly on suggestions made, such as referrals to other professionals or to the person's support plan.

People participated in a range of daily activities many of which were meaningful and promoted their independence in and outside the service. One person was supported to cook meals whilst another person said, "I enjoy going shopping with the staff, we go to the supermarket at least once a week and I go to other shops as well." People were assisted to access and take part in leisure activities.

People said they maintained good links with their family and friends. One person said, "I'm looking forward to seeing my sister; she usually comes to see me twice a week." We saw there were other activities advertised which people told us about. These included 'style with a smile' (separate pampering sessions for males and females), coffee mornings, arts, a regular walking group, day trips to local attractions and groups that support healthy eating and lifestyles. People said they also went on holiday every year and one person was looking forward to a trip to see the Blackpool Illuminations.

The managers told us there were monthly 'residents house' meetings and we saw minutes to show these had been carried out regularly to hear and respond to people's views. We saw where there were any concerns or comments this led to action being taken to make improvements to the service. People we spoke with said they felt involved and included in how the home was run and how it could be improved to respond to their needs. There was a clear complaints system in place and we saw any matters were recorded and responded to. People we spoke with told us they knew how to make a complaint if they wished to. One person said, "I would tell one of the managers if I wasn't happy, they are very good, I can ring them anytime, and they are very approachable."

The complaints procedure was contained in the Service User Guide which was displayed in the kitchen of the home. The policy included time scales for responses and the contact details of relevant organisations such as the local authority should people wish to raise concerns directly to them.

Is the service well-led?

Our findings

The registered manager had been in post for a number of years and was registered with CQC.

Staff, people and professionals we contacted spoke highly of the registered manager and management team of Rosebery House. One professional told us, “We are very impressed with the managers at the home; they ensure the care is individual to people’s needs.”

Staff said, “The management is good and approachable. I can phone any of the managers anytime; they will always speak to you or get back to you straight away.”

One person said, “I know the manager, she is very good. She talks to us and asks if everything is alright. She lets us know if anything is changing.”

During our inspection we found the atmosphere in the home was relaxed and friendly. We saw many positive interactions between the staff on duty and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided. Staff said, “I love working here; if the need arose I would be more than happy for any of my loved ones to live here.”

We saw evidence of regular audits by managers within the service to check the quality of service. These included monthly provider audits, medication, health and safety audits, infection control and premises audits. Actions resulting from these audits were recorded. We saw the monthly audits by the provider where they had spoken with people who used the service and staff and commented about the running of the home. This meant the provider had systems in place to monitor the home which included their involvement in the monitoring of the service.

People who used the service were asked for their views about their care and support and these were acted on. We

saw evidence the provider carried out annual satisfaction surveys. Feedback was analysed and the provider, took appropriate action. We saw the results of the surveys were very positive.

We looked at the minutes of the most recent ‘residents house meeting’ which were held in the individual houses of Rosebery House. We saw that a range of topics had been discussed including plans for social activities, the planning of meal choices and general housekeeping issues including what to do in the case of emergency such as fire. This told us the service actively sought out the views of people and included people in the day to day running of the home.

A regular provider newsletter was produced and circulated to people who used the service. The letter provided people and staff with information about developments and news about the service.

People said they had regular ‘house meetings’ where any issues or concerns and plans for the running of the home were discussed and acted upon.

We saw minutes of staff meetings which took place every two months or more frequently if required. The minutes we saw had included discussions on training, general care, incidents, updated policies and procedures and best practice. Staff we spoke with told us they were always updated about any changes and new information they needed to know.

There were a number of policies, procedures and processes in place to monitor and ensure the home was providing an effective service and to monitor quality of the service.

The managers said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. They confirmed that any notifications required to be forwarded to CQC had been submitted. They said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they would also use this regular review to identify any themes or trends that may require addressing.