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# Rosewarne Care

## Inspection report

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Date of inspection visit: 5 November 2015  
Date of publication: 13/11/2015

### 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

We inspected Rosewarne on 6 October 2015. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be available to speak with us. The service was last inspected in January 2014. We found the service was meeting legal requirements at that time.

Rosewarne provides care and accommodation for up to six people who have a learning disability. There were four people living at the service during this inspection visit.

The service is situated on the edge of Camborne but with transport available to attend community facilities and

events. The service is a two storey house of a domestic nature. There were a number of aids and adaptations for a person requiring more support with their personal care and mobility.

The service had a registered manager in place. 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.

The registered providers and registered manager were supporting people using the service at the time of the inspection visit. There was a current recruitment process

# Summary of findings

taking place in order to increase staffing levels due to recent changes in the staff team. During this time the registered providers and manager were supported by two volunteers who had the necessary recruitment checks in place. Throughout the report people supporting people will be referred to as staff.

People were supported to lead full and varied lives within the boundaries of their physical and mental capabilities. They were supported to engage in a wide variety of activities. People told us, “I work at the nursery [garden], yes I like it very much” and, “I go out every day. I like being busy and I help out when I can”. Another person told us, “I go into town and I like playing bingo. I win sometimes”.

People were treated with kindness, compassion and respect. Staff were seen to take time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking with staff. For example one person liked to help in the kitchen. They were supported to do this with supervision so they were safe. Comments included; “I’ve not been here long but I like it a lot. [The manager’s name] helps me with everything I need here”. Also, “[The manager’s name] is very kind to me”.

Staff were very familiar with what support and care people needed. People were supported to make meaningful decisions about their lives and staff respected those decisions and wishes. For example, some people liked to smoke. The registered manager advised people of the risks associated with this, but respected their decision to smoke as people had the capacity to make that decision for themselves. One person said, “I know it’s bad for me but I enjoy it”.

People told us they felt safe living at Rosewarne. One person said, “Yes, I feel very safe because they [staff] keep an eye on me”. Arrangements were in place to protect people from abuse and unsafe care.

The registered manager understood the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. However there were no people using the service who lacked mental capacity and therefore there were no restrictions in place which might challenge their human rights.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. People had been included in planning menus and their feedback about the meals in the service had been listened to and acted on. Mealtimes were a social experience, with people sharing conversation between themselves and staff. One person told us, “I really like cooking and we talk all the time about what we are going to have to eat”.

People who actively communicated with us told us they were involved in their care planning and reviews. People had individual care plans, detailing the support they needed and how they wanted this to be provided.

Care records contained specific information to guide staff who were supporting people. Life history profiles about each person were developed. The information was in written format as most people had a level of literacy, however the registered manager recognised that where people required other formats for communication they would be made available so the information was more meaningful for people.

There was a system of quality assurance checks in place. People were regularly consulted about how the home was run.

# 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. Procedures were in place to protect people from abuse and unsafe care.

People's medicines were managed safely and there were safe arrangements in place to assist people with their finances.

Staffing levels met the care needs of the people that lived at the service.

Good



### Is the service effective?

The service was effective. People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Rosewarne worked well with other services and health professionals to ensure people's care needs were met.

People's healthcare needs were monitored and continuity of care was maintained.

Good



### Is the service caring?

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People were included in making decisions about their care and support.

Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

Good



### Is the service responsive?

The service was responsive. Care plans were detailed and informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Good



### Is the service well-led?

The service was well led. There was an open and relaxed atmosphere at the service.

There was a system of quality assurance checks in place. People were regularly consulted about how the service was run.

The registered provider routinely worked in the service and dealt with any issues of quality quickly and appropriately.

Good



# Rosewarne Care

## 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 Act 2014.

This inspection took place on 5 October 2015 and was announced. The inspection was carried out by one inspector. Before the inspection we reviewed previous

inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with all four of the people who lived at the service in order to find out their experience of the care and support they received. We spoke with the registered manager and one volunteer. Following the inspection we spoke with two professionals.

We looked around the premises and observed how staff interacted with people during the inspection visit. We also looked at three people's care records, staff training records, recruitment records and other records associated with the management of the service including quality audits.

# Is the service safe?

## Our findings

People told us they were very happy with the care and support the service provided. They said, “Love it living here. Feel very safe”. and, “Don’t need to worry about a thing, everything gets sorted out for me”.

The service had a safeguarding policy and procedure in place if abuse were to be suspected. Posters were placed around the service informing people of what to do should they be concerned about abusive practice. People told us they understood what the posters meant and knew how to raise issues which might cause them concern. Staff provided scenarios of what action they would take should any form of abusive practice be suspected. It was clear they understood what the principles of abuse were and how to respond to keep people safe.

Staff supported people to take day to day risks while keeping them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding people’s safety in the community due to their vulnerability. Actions including ensuring identification and contact numbers were in place. Risk assessments were reviewed and offered clear guidance for staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

During the daytime some people were out at a work programme or using community facilities of their choice. Where people stayed at the service staff were available to meet their needs. There was a current recruitment programme taking place to replace staff who had recently left the service. For the interim period two volunteers with care experience were engaged to support people in addition to the registered manager. There was evidence all the relevant recruitment checks had taken place to show people were suitable and safe to work in a care environment.

Staff told us they had time to spend with the people living at the service. They were able to spend time chatting with people about their day as well as attending to people’s personal care needs. The support was unrushed and relaxed.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents which had occurred or needed to be recorded.

There were storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) were completed appropriately. However, one person who had requested and consented to administer and store their own medicines, was not using the facilities made available to them by the registered manager. This was addressed during the inspection visit and the person reminded of the importance of ensuring medicines were stored safely.

The service had safe and effective procedures in place to support people in managing their finances. Some people managed their own finances and understood monetary value. Other people were supported by the registered manager as an active appointee. Records were maintained showing where cash allowances were paid to the person and signed for. In addition professional audited accounts were in place to ensure there was evidence peoples monies were being managed safely.

The exterior and interior of the building was clean and tidy. Some areas of the service had been decorated recently and the plan was to work through each room as some required redecoration. One specific room had wall paper damage. Equipment in use was serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

# Is the service effective?

## Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and a staff member talked about people knowledgeably. For example where a person required a specific routine and how this was recognised as important to the person's emotional wellbeing. This demonstrated a depth of understanding about people's specific support needs and backgrounds.

The atmosphere was relaxed and people had freedom of movement around the service. Some people were moving between their own room, lounge and kitchen area throughout the inspection visit. There were no restrictions other than the requirement to smoke outside the service. One person required assistance to do this and staff were available to support them. The registered manager had shared the risks of smoking with people to ensure they could make an informed decision. They supported and respected people's choice. One person said, "I like to smoke it makes me relaxed but I know it's not good for me".

People had good access to a range of health support services. Care planning records covered the person's physical health and mental welfare. The health plans identified if a person needed support in a particular area. Some people required specific healthcare support and there was evidence this was provided. The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care. Professionals told us the service supported people well and responded to guidance they had provided to the service. Reviews showed people's healthcare needs were being monitored and discussed with them as part of the care planning process. Care plans were not all in easy read format which would support people with learning disability to understand the information being held. We spoke with the registered manager about this who agreed to look at where this might be appropriate as some people had a reasonable level of literacy and would not necessarily require information in pictorial format.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. There were no current DoLS authorisations in place for people using the service at the time of the inspection visit. We did not see any restrictive practices during our inspection visit and observed people moving around the service freely.

People's diet and nutrition was taken seriously. Meal planning was usually carried out as a group on a weekly basis to make it more flexible. This meant people could make more choices and choose foods they liked. One person took a particular interest in meals and food preparation. The registered manager supported the person to do this so they were guided by staff and any hazards were controlled. One person told us they liked the variety of meals and snacks. They said, "They [staff] get the weight watcher meals for me. I have lost a lot of weight and like to eat them because it's what I'm used to". The registered manager had supported the person to follow a diet plan which had resulted in a significant weight loss by using a national organisation to support weight loss and healthy eating plans.

Staff training and staff support systems were in place. Training opportunities were available to the registered manager and staff working in the service. Training certificates were seen to cover all aspects of providing care and support to people with a learning disability as well as general care practices, for example safe and effective techniques for people who required more support with their mobility. There were systems in place to support staff through supervision so they were supported in their role to help ensure they were able to meet people's needs.

# Is the service caring?

## Our findings

All four people living at the service were present during the inspection visit. We spent some time in communal areas observing interactions between staff and people who lived at the service. Staff were respectful and spoke to people with consideration. We saw people were provided with the choice of spending time on their own or in the lounge and dining areas. We saw relationships between people were relaxed and friendly and there were open conversations and laughter. People told us they liked living at Rosewarne. People said, “I haven’t been here long but I like it, especially cooking” and “Been here a long time my friends are here and [manager name] is very kind to me”. A professional told us their client was well cared for by staff who clearly understood their individual needs.

The registered manager took time to introduce us and explained why we were visiting the service. They also asked people's consent about speaking with us.

Daily records were maintained and demonstrated how people were being supported. The records communicated any issues which might affect their care and wellbeing. For example when a doctor or other health professional might be required. The registered manager told us this system made sure they were up to date with any information affecting a person's care and support.

The registered manager told us how they maintained people's privacy and dignity when assisting people with personal care. People living at Rosewarne had varying levels of dependency. Independence was promoted by encouraging people to do things for themselves; however where more support was required the registered manager had put support systems in place to address the need. This included specialist equipment to support people. The registered manager was seen to support a person in a sensitive and caring manner.

Two people told us their privacy was respected when they wanted to spend time in their rooms or other parts of the service. One person said, “I like to spend time on my own in here when I come back from work and then I can talk with [manager name]. Another person told us, “I love my room but I like coming in and out when I want to” People looked physically well cared for and made their own choices about what they wanted to wear.

Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them.

# Is the service responsive?

## Our findings

The service focussed on the importance of supporting people to develop and maintain their independence. People told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. For example one person went out most days to a work placement, two other people liked to go out into the community when they chose to. Staff respected people's choices. Where necessary people's choices might need to be restricted due to risk factors but this was discussed with the person. This was reflected in the care documentation. For example advising people about lifestyle choices as well as reminding them of their vulnerability in the community.

People were supported to maintain relationships with their friends and where possible family members. For example one person visited relatives for week end breaks.

Care plans had recently been reviewed and updated. They were structured and detailed the support people required. The care plans were person centred identifying what support people required and how they would like this to be provided. People we spoke with were aware they had a

care plan and told us staff often spoke with them about what they needed. During the inspection visit we witnessed staff asking people what they wanted to do and how they wished to spend their time. One person said they liked to go and play bingo. The registered manager supported them to do this.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. People we spoke with told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

A Professional told us the registered manager was responsive to people's needs. "It's a very pleasant place to visit and [name of person] has their needs responded to by staff that understand them".



# Is the service well-led?

## Our findings

There had been recent changes in the way the service was staffed. The registered providers and registered manager currently supported people on a day to day basis with the support of two volunteers. A current recruitment activity was ongoing and those applicants identified as suitable were going through recruitment checks. This was not affecting how people were receiving support.

People were comfortable and relaxed in the service. People told us, “Been here years. They [registered manager and staff] are a family to me” and “Love living here. It’s been a good move for me”. Professionals told us they believed the service was well managed. A volunteer told us they were enjoying working at the service and looked forward to becoming part of the staff team. Comments included, “I’ve done this work for a number of services but this is a lovely family run service. The care people get is very good”.

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence. It was important to the registered manager that people who lived at Rosewarne were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation. The registered manager recognised the changing needs of people living at the service including age related illnesses. They ensured the service had the necessary facilities available to meet specific needs and closely monitored any changes to ensure the resources were available.

Day to day communication systems ensured any issues were addressed as necessary. For example people told us

they felt confident the registered manager respected and acted on their views. The registered manager, who also lived alongside the service and was aware of what went on at the service on a day to day basis. The registered manager was always available and also spent time supporting people.

People were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about activities both in the service and externally. For example meals and any changes made to the environment. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were regularly surveyed.

Documentation relating to the management of the service was clear and had recently been updated. For example, people’s care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people’s care needs were identified and planned comprehensively and met people’s individual needs. The service understood and complied with their legal obligations, from CQC or other external organisations and these were consistently followed in a timely way.

The registered manager regularly audited the service policies and procedures to ensure they reflected current good practice guidelines. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.