Stockton-on-Tees Borough Council

Rosedale Centre

Inspection Report

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Overall summary

Rosedale Centre is a rehabilitation and assessment centre for up to 44 adults. The service is a purpose built, single storey short term centre made up of four units; Oaks and Laurels providing rehabilitation and Willows and Poplars providing assessment.

The service offered people up to six weeks of rehabilitation free of charge and there were 34 people resident on the day we visited with three people discharged during the day.

The ethos of the service was about working together to enable people. This was the general impression we were left with following the inspection.

There was a registered manager working at this service who had worked at this service for over 30 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The manager showed good leadership and worked hard to make continuous improvements using the knowledge they had gained through working alongside other professional groups. The registered manager and the management team were good role models who had sustained a positive and supportive culture over time.

People told us that, “They encourage my independence, but will always help me if I need it” and “I can’t fault anything here. My mother is looked after so well”.

People worked with care staff, physiotherapists and occupational therapists to decide on the level of support they needed. The therapists worked on site for periods of up to a year but were employed by the NHS although the senior therapist was permanently employed to provide continuity.

Communication was effective and people who used the service were relaxed with staff. We observed many positive interactions between staff and people who used the service. For instance we observed a staff member kneel beside a person to talk to them at eye level. We also saw staff at lunchtime chatting and joking with people which created a happy atmosphere.

There were no planned social activities but people were sat in small groups chatting throughout the day. They also had occupational and physiotherapy up to four times a day if necessary. People told us they were happy with this.

We found that staffing levels were safe and that people had support over the weekends. There was a positive culture in the service and staff understood their roles and responsibilities.

We observed that the dining room provided a homely environment with small dining tables for up to four people which encouraged communication.

We found the service to be meeting the requirements of the Deprivation of Liberty safeguards. People’s human rights were therefore properly recognised, respected and promoted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used this service told us that the care they received at this service was, “Lovely” and that they felt safe. Staff knew how to make a safeguarding alert if they had concerns. They were aware of the Mental Capacity Act 2005 and deprivation of liberty safeguards.(DoLS). While no applications had been submitted, proper policies and procedures were in place. Relevant staff understood when an application should be made and were aware of how to submit one. People’s human rights were therefore properly recognised, respected and promoted.

We saw that medicines were managed safely within this service. The local authority had used the service as an example of good practice for others.

We saw that accidents and incidents were reported and recorded. Appropriate actions had been taken. We saw that staff knew a person’s needs and responded quickly and appropriately when there was a risk to that person.

Are services effective?

A pre admission assessment was carried out by the service before a person was admitted to determine whether or not the person’s needs could be met.

People were involved in planning their care and support where possible. Staff were aware of people’s needs. The service had professional therapists working on site but were quick to refer to other healthcare professionals if needed.

Care and support plans were detailed and updated daily. Staff had attended training which was relevant which meant people were getting their needs met by people who were trained to do so.

People’s needs were met through the use of appropriate and specialist equipment and furniture in this service. The service had started to develop the environment to support people with a dementia although this was in the early stages and there was a lack of signage.

Are services caring?

All the people we spoke with praised the service and the care they had received. They told us that staff were kind and compassionate.

Summary of findings

Staff had a good relationship with people who used the service using humour, smiles and kindness to enhance their communication with people.

Staff knew people's likes and preferences and people told us that staff were caring.

Are services responsive to people's needs?

People's needs were assessed by a nurse and the registered manager from Rosedale Centre in order to decide whether or not this was a suitable placement. They were given a welcome pack containing information about the service.

People were asked about their needs and preferences and involved in planning their care and support..

People had been asked for their consent when it was appropriate and where people had no capacity to make decisions correct procedures had been followed to ensure that decisions were taken in their best interests.

People received individual therapy sessions or attended group sessions each day which meant that people had an opportunity to reduce their loneliness and meet people.

Are services well-led?

People were encouraged to give feedback about their stay at this service and this information was used to plan improvements to this service.

There was a clear quality assurance system in place. The registered manager worked with other groups and organisations to ensure that this service follows best practice guidelines.

The registered manager provided good leadership and support to staff who acknowledged this. The registered manager had a clear idea of how they wanted the service to develop and when we spoke with staff this vision was shared. We saw that the registered manager and all the staff had clear values and showed respect and kindness when speaking with people.

The registered manager and the management team were good role models who had sustained a positive and supportive culture within this service over time.

The registered manager had made notifications to CQC as required by law.

Summary of findings

What people who use the service and those that matter to them say

We spoke with ten people who used the service and seven relatives. We also had discussions with two groups of people who used the service. People we spoke with were positive about the service and one person told us that "The staff are always polite and respectful".

Two people told us that they had been involved in planning their therapy with the physiotherapist. There were people who used the service who had a diagnosis of dementia and so their families had been involved in making decisions on their behalf. The daughter of one person said "I cannot fault anything here my mother is looked after so well"

Every person that we spoke with told us that staff were kind towards them. One person said, "The staff in here are wonderful, the care in here is lovely very compassionate" and another said, "The carers are very good if I press the buzzer they come quickly".

People we spoke with told us that if they need something staff responded well. We were told "If I need anything and they say they will come back soon, they always do" and one person who could not feed themselves said, "They are very good they help me with my food". Another resident explained "I had an asthma attack at breakfast time and the staff immediately noticed and called for an ambulance to take me to hospital". This showed that staff dealt with different needs appropriately.

People told us that they were able to attend individual and group therapy sessions. The provider information return said that the, "Therapy programmes are personal to the client's needs and capabilities but all clients are encouraged to attend group therapy sessions".

People told us they would feel confident raising a concern or making a complaint. None of the people who used the service had any complaints but said that if they did they would complain to …"The carer", "The office", "My daughter".

Rosedale Centre

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 was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited Rosedale Centre on 07 May 2014. At the last inspection for this service in June 2013 the provider was not asked to make any improvements.

The inspection team consisted of an Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection the provider completed a Provider Information Return (PIR). We also looked at notifications for this service, reviewed any intelligence received by CQC and looked at the risk level for this service. We reviewed information that we held about the service The service was an intermediate care service provided by the local authority where health professionals worked so we were able to speak to them during the inspection.

We looked at all areas of the building including individual bedrooms, with people's permission. We observed a medication round, a lunchtime period and a meeting between the therapist and management team. We looked at records. This included four people's care and support records and records relating to the management of the service including policies and procedures, maintenance records, quality assurance documentation, staff duty rosters, six staff training and supervision files and a training matrix.

We spoke with the registered manager, the duty manager, the co-ordinator, a senior physiotherapist, a cook, a domestic and two care staff. We also spoke with ten people who used the service and seven relatives.

Are services safe?

Our findings

All the people we spoke with told us that they felt safe at this service. People told us that if they needed assistance the carers are always available but that they were encouraged to be as independent as possible. One person told us, “They encourage my independence but will always help me if I need it”.

There was a settled staff team with a registered manager in post who had worked at the service for more than thirty years. This gave the staff and people who used the service some continuity and reassurance that staff know what they are doing. One relative told us, "I can’t fault anything here my mother is looked after so well”. This was confirmed by the person who used the service.

The service had notified the Care Quality Commission, (CQC) as required by law, about incidents that had occurred within the service. There had been no incidents since the last inspection that the registered manager had needed to report to the local authority safeguarding board. There had been no whistleblowing concerns raised. A whistle-blower is a member of staff who raises concerns about the place in which they work. The registered manager was aware of local safeguarding protocols and could tell us what they would do if there were any concerns raised. There were corporate policies and procedures in place for safeguarding vulnerable adults as well as a specific policy and procedure for Rosedale centre. All the staff had been trained in safeguarding vulnerable adults. The staff we spoke with were able to tell us what they would do if they had any concerns about a person’s safety or welfare. This meant that people were safe because staff knew what to do if any safeguarding concerns were raised.

The registered manager and some staff had already completed training and we saw that further training had been planned for staff relating to Mental Capacity Act (MCA) 2005 and deprivation of liberty safeguards (DoLS). The staff showed an understanding of the requirements of MCA and DoLS when we spoke with them and observed their practice.

Some people who used the service had been involved in making decisions about their care but those who were unable or did not wish to had nominated their relative to do this for them following requirements of the MCA 2005 where needed. We saw that people were always asked by staff if and when they might need assistance with anything. We saw one gentleman been returned to his room in a wheelchair. Staff asked if he wanted anything to drink, if he wanted his TV turning on and if he needed anything else. They gave him time to reply and responded to his wishes.

There were people who used this service with a dementia but there had been no need to apply for DoLS as no one was been deprived of their liberty. We saw that some capacity assessments had been completed and that one person who had a dementia had been assessed for the next stage of their care with their relative and a social worker involved in making any decisions. This meant that any decisions were been made in their best interests. There were corporate policies and procedures in place relating to MCA and DoLS.

We looked at how the service managed medication. We observed a medicine round and observed that staff wore a “Do not disturb” apron when they were carrying out this task. People had a photograph attached to their medicine record which had been taken with their permission. We checked records and looked at the storage arrangements. We saw from the training records that all staff who had a nationally recognised qualification at level three or above had received training in medication management. Only those staff who were properly trained were able to administer medication and they were identified in the current policies and procedures.

We saw that medicines were stored appropriately and staff had recorded correctly leaving a clear audit trail. Current guidelines were followed by staff when handling medicines. The adult social care commissioning team in Stockton had used this service to audit the medicine process. This helped support other commissioners in developing best practice tools for audits within the Quality Standards Framework (QSF) for independent care homes. These are nationally recognised standards which are used to produce a high quality of service for people who live in care homes. This meant that people had their medication handled and administered safely by staff who were properly trained to do so.

We saw that accidents and incidents had been reported and recorded. There were records of actions that had been taken. Staff responded when people were at risk. One person told us, “I had an asthma attack at breakfast time and the staff immediately noticed and called for an ambulance to take me to hospital”. This meant that staff

Are services safe?

follow peoples risk management plans to make sure they are safe. We also saw that staff supported people to take informed risks. One person told us, “Staff encourage my independence but will always help me if I need it”.

Are services effective?

(for example, treatment is effective)

Our findings

We found that the admission procedures were effective making sure people received good care. When referrals were accepted there was a full handover to ensure that all the necessary information had been gathered and that medication accompanied the person to the centre. This made sure that the admission was safe.

When people had been admitted they were involved, where possible, in the development of their support plan. The support plans showed that individual's choices and preferences had been taken into account. Each person had been given a welcome pack on admission which contained details of the service, visiting and meal times and told people how to complain. This meant that people had some initial information to support them in the first days at the service.

Care and support plans were agreed and signed by the person who used the service, the registered manager and the support worker. The plans reflected the person's needs and had been updated and reviewed daily. The plan aimed to help people to be as independent as possible and suitable equipment was supplied by the therapists to make sure that happened.

The community stroke team and speech and language therapists visited this service twice a week to provide specialist input and continuity as this support was continued when people returned to the community if it was needed. If people needed additional health care referrals were made by the persons GP or directly by one of the therapists to the appropriate professional. If people needed assistance with finding suitable housing so that they could return to the community, staff at Rosedale Centre worked with the local council through the person's social worker.

We saw from the care and support plans that people had been asked what food and drink they enjoyed and that they had been weighed on admission to the service. If there weight was too high or low they were monitored closely and a referral made to the dietician. Weights had been noted in the care and support plans and any actions taken were recorded. If any other needs were identified with eating or drinking a person was referred to the appropriate professional. This meant that people received the appropriate care and support to meet their dietary and hydration needs.

We observed lunchtime. People came to the dining room and were sat at small tables of up to four which encouraged people to chat and socialise. The tables had table cloths and were properly set with cutlery and condiments. The lunch time meal was soup and sandwiches as people had a cooked dinner in the evening. They were also given freshly baked cakes and a pot of tea on each table. There was a family feel to the dining experience we observed. People told us, "It is like a first class hotel, the food is wonderful" and" You couldn't get better food anywhere". One person who had needed assistance with eating said, "They are very good, they help me with my food". Everyone we spoke with told us that they had plenty to drink. One person said, "I have plenty to drink when I want it".

Staff were attentive and chatted with people but let people help themselves where they could. When someone needed help they noticed immediately and made sure that person received the help they needed to eat and drink. People were offered food until they said they had had enough. The dinner menu was displayed in the dining room. People had been given a menu card so that they could choose their meals for the day. The cook told us that after the evening meal every day they walked around and spoke with people to check that they had enjoyed their meal. They then acted upon peoples suggestions by changing the menus if necessary.

Thought had been given to the purpose of this building. It was a single storey building and each person had their own room making sure they could have some privacy if they wished. The furniture in the bedrooms was all easily moveable so that it could be positioned to suit each person's needs. This allowed people to have the space they needed for movement and equipment and also to be comfortable. We saw specialist equipment in rooms such as profiling beds in every bedroom; these could be moved by the person in bed and chair raisers were used to support people in maintaining their independence. There were four units at this service and all were accessible from a corridor around a square at the centre of the building giving people uninterrupted space to walk around the building. People could access the outside space safely.

Are services effective?

(for example, treatment is effective)

The service had signed up to dementia friendly Stockton environmental principles and standards, and had started to consider what improvements should be made to the environment. These were a range of behaviours and standards that dictate what people who have a dementia could expect of public services in Stockton. There was currently a lack of signage around this building to help people find their way around, particularly those with a dementia but plans were underway to make sure that the signage needed was put in place. One third of staff had completed training in dementia awareness and we observed staff using their skills to communicate with people who had a dementia in a positive way. We observed staff being attentive and speaking to people respectfully. This meant that people with a dementia were treated with respect and kindness.

We saw a gym where therapy sessions were held. There was a variety of equipment to help people practice skills in order to regain their mobility such as steps, bed, stick and adjustable table. There were also small kitchens on each unit which could be used to practice skills. These areas gave people the opportunity to practice their walking or relearn skills whilst being supervised by therapists.

Before people were discharged from Rosedale they had a case review to look at on-going needs. Before they were discharged back to their own homes all support and equipment was put in place to make sure they were discharged safely. Some people were unable to go home and one person told us, “I have stairs at home so I want to go into a care home, the social worker is seeing to that”. It was clear that this service was effective in responding to people’s individual needs.

Are services caring?

Our findings

All the people we spoke with praised the service and the care they received saying, “The staff are always polite and respectful” and “The staff in here are wonderful, the care in here is lovely, very compassionate”. One person said, “I cannot praise the staff enough”.

Staff spoke respectfully to people and maintained people’s dignity when providing support. They asked people what support they needed and involved people in their care.

We could see that staff had a good relationship with people who used the service, some using humour and others smiles and encouragement to support people. We saw that staff were kind and caring and had a good rapport with people. The staff knew about the people they were supporting including their likes and dislikes. An example of this was at lunchtime when staff were able to make sure a person who had a dementia had enough to eat and drink by not trying to rush them but by letting the person follow their normal routines.

We saw one person who was very distressed and tearful. A staff member spent time kneeling beside them reassuring them but at the same time suggesting practical solutions. We saw that the staff member was concerned and that they made sure that senior staff were aware of this incident. This meant if further support was needed by this person staff would be aware of the situation.

We were told by one person, “If I need anything and they say they will come back soon they always do” and another said, “My mother is looked after so well”. People told us that staff cared about them and staff told us that the people who used this service mattered to them.

We saw that when people were admitted from hospital the service aimed to make the transition to this service as easy as possible for the person. All the people we spoke with had come from a hospital and we were told that, “The transfer from hospital to Rosedale had been handled well and it all went smoothly” and “His arrival at the centre went well with no problem at all”.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Every person was given a welcome pack on admission to the service which gave information about the service and what people could expect. In the pack was a questionnaire which people were invited to complete asking them to comment on the different services they had received. These were used to make improvements to the service. We saw a leaflet in the welcome pack which explained how to make a complaint, comment or commendation. Copies of this document were offered in various languages to make sure that people of all nationalities could understand the process. We also saw the complaints procedure displayed in the dining room's on each unit. In the last twelve months there had been only one complaint. This had been dealt with in line with the service's policy and procedure. The service had received 13 compliments which included thank you cards and letters. People told us that they had no complaints but would speak to the staff if they ever did.

People were encouraged to be involved in planning their care and support and to let staff know their needs and preferences when planning therapies. People's support plans were reviewed daily and updated. People also had a review before they left the centre so that any support and equipment could be put in place for when they returned home or moved to another care service.

All the people we spoke with told us they did not need any further organised activities as they attended one to one or group therapy sessions several times every day . The individual therapy programme was planned by the therapist and the person who used the service and was personal to their needs and capabilities. Everyone was encouraged to attend the group therapy sessions to socialise with other people and prevent them becoming isolated.

Visitors were encouraged and people's families were involved in making decisions with or for people who used the service. We saw one person taking their relative for a walk outside in a wheelchair and another person sat outside with their relative. Many of the people we spoke with had visitors during the afternoon of our visit. This meant that people were maintaining relationships with family and friends.

One person with a diagnosis of dementia was assessed for discharge and their relative and social worker were involved in making decisions in their best interest. The staff identified when people did not have capacity and recorded this in their care and support plan. They discussed individuals at the meeting between management and therapists and had taken account of the Mental Capacity Act 2005. They followed the guidance by making sure that people had a capacity assessment and that decisions were made in their best interest involving the correct people.

Advocacy was provided by social workers, community psychiatric nurses and relatives to people who used the service. A more formal advocacy service was advertised within the service. The staff we spoke with were aware of how to access advocacy services if necessary.

Are services well-led?

Our findings

At the time of our visit there was a registered manager in post who had worked for the service for over 30 years. The registered manager was supported by duty managers and co-ordinators who took over the running of the service when they were not present. The management team had worked together for at least 12 years which gave people a sense of continuity. The registered manager had just returned from leave when we visited but we saw that they updated themselves about every person in the home by having a meeting with the duty manager and therapist.

It was clear that the registered manager had a good relationship with all staff. We observed them interacting with staff and saw that they displayed strong leadership and had a positive attitude. The culture of the service was one of empowerment and community. The registered manager encouraged other staff to take the lead in various aspects of running the home and this was clear when we interviewed staff. They were knowledgeable and confident that they were supported by their manager.

We saw that the registered manager promoted a clear set of values and behaviours within the service. They treated staff with respect and dealt with matters calmly and efficiently. We saw duty managers at work and they also displayed these values. We saw that staff were valued at this service and all managers worked alongside staff to provide care and support to people. One member of staff told us, "All the managers' work on the floor. This makes the managers more accessible. It helps that they are visible." Another told us, "I love working here. All the managers are really good". This meant that staff had good role models.

The registered manager met every month with their line manager to ensure that the service delivery met quality and care targets set by the council. The registered manager discussed any complaints or compliments at these meetings. The registered manager was involved in independent audits by the local authority commissioning team which focused on personal support, dignity and privacy. They had a meeting with therapy staff from NHS every month where a nurse from the local health centre sat in to feed back to the local GP's. This meant that the registered manager was constantly keeping abreast of changes and developments whilst working in partnership with others.

There was a robust quality assurance system in place at this service with audits completed internally and by external agencies. For instance the infection control audit completed by the infection control nurse showed 100% compliance. The service had achieved the Investors in People Award and had received a customer excellence award nomination.

People who used the service were asked to complete questionnaires on admission and on discharge. Written feedback had been given to people by the registered manager which showed that their views were listened to. All the information from the surveys was inputted into a survey database and the registered manager could access monthly reports to review the service and make changes.

The registered manager was not included on the staff rota which allowed them some flexibility. There was a duty manager and a co-ordinator on duty with two support workers on each unit of ten to twelve people. In addition there were two domestic staff, one cook, two kitchen assistants and a laundry person. The support staff had completed a thorough induction with one of them telling us, "I had a really good induction".

When we looked at staff training records we could see that they had gone on to complete further specialist training such as challenging discrimination and dementia training. Staff training records evidenced that in addition to expected training, staff had also completed specialist training. This included challenging discrimination and dementia care.

As well as care staff there was a therapy staff team led by a team leader who was an Occupational therapist. There were three physiotherapists and a physiotherapist student plus four therapy assistants in the team. They were based at the service and worked seven days a week. All the therapists and one therapy assistant were employed by NHS and three therapy assistants were employed by the local authority. This meant that people had access to staff who had the knowledge and skills to give the correct care and support.

The registered manager had followed employment procedures and staff had undergone appropriate checks before starting work at the service. We looked at personnel

Are services well-led?

files and saw that an application form had been completed, a full work history taken, two references collected and a criminal record check completed. There was evidence of people's identity in staff files.