

The Bridgings Limited Rosewood

Inspection report

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Ratings

Is the service effective?

Overall summary

We carried out a comprehensive inspection of this service on 10 February 2015. At this inspection a breach of legal requirements was found. The registered provider did not have suitable arrangements in place for obtaining consent and acting in accordance with the consent of people who used the service in relation to their care and treatment provided for them. Capacity assessments had not been undertaken where needed and best interest decisions were not recorded. The registered provider wrote to us telling us what action they would be taking in relation to the breach. As a result we undertook a focussed inspection on 14 July 2015 to follow up on whether action had been taken in relation to the breach.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosewood on our website at www.cqc.org.uk

Rosewood provides care and accommodation for up to eight adults who have a learning disability, some of whom also have associated physical disabilities. The service is a detached bungalow set in its own grounds, and parking is available.

The home had a registered manager. 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 manager started working at the service in October 2014.

At this focussed inspection on 14 July 2015 we found that the registered provider had followed their plan and legal requirements had been met.

After the comprehensive inspection all staff had attended training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguarding (DoLS). MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health, care, welfare or finances. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had an understanding

Summary of findings

MCA of DoLS. The registered manager had ensured that appropriate Deprivation of Liberty Safeguarding (DoLS) applications had been made to the local authority for three people who used the service. The service was awaiting the outcome and decisions in respect of this.

The registered manager had carried assessments of people's capacity where needed, however some work was still required to ensure that all best interest decisions were recorded in care records.

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 effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Rosewood

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.

The first, a comprehensive inspection of all aspects of the service, was undertaken on 10 February 2015. This inspection identified a breach of regulations. The second was made on 14 July 2015, and focused on following up on action taken in relation to the breach of legal requirements we found on 10 February 2015. You can find full information about our findings in the detailed findings sections of this report.

The inspection team consisted of one adult social care inspector.

We inspected the service against one of the five questions we ask about the service: Is the service effective. Before the inspection we reviewed all the information we held about the service. During the inspection we spoke with four people who used the service. We also spoke with the registered manager, a senior support worker and with two support workers.

During the inspection we reviewed a range of records this included two people's care records. We spent time in the communal areas and observed how staff interacted with people.

Is the service effective?

Our findings

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005 and deprivation of liberty safeguards. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health, care, welfare or finances. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make 'best interest' decisions.

One member of staff gave us a particularly good example /scenario of how important it was in ensuring that every person who used the service was given every practicable

help and support in making their own choices and decisions even if this was an unwise decision. They talked about how the values, preferences and beliefs for each person were different and how people should be treated as individuals.

Observation on the day of the inspection confirmed that staff knew people who used the service very well. Staff were observed to offer people choices. One person who used the service had difficulty with communication. Staff were patient when speaking to this person and waited for them to give consent. Staff were very aware of the need to seek people's permission and involve them in any decision making.

The registered manager had carried assessments of people's capacity where needed, however some work was still required to ensure that all best interest decisions were recorded in care records. We saw records to confirm that multidisciplinary teams and relatives were involved in making decisions about what was in people's best interest.