

The Disabilities Trust

Rosewood

Inspection report

18 St John's Avenue
Burgess Hill
West Sussex
RH15 8HH

Tel: 01444232197

Date of inspection visit:
09 October 2019

Date of publication:
09 December 2019

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 ●

Summary of findings

Overall summary

About the service

Rosewood is a residential care home providing personal and nursing care to four people aged 18 and over at the time of the inspection. The service can support up to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service provided to people was safe. People living at the home told us they felt safe. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The risk posed to people had been assessed and suitable action had been taken to minimise the risk posed to people using the service. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service and the recruitment practices in the home ensured suitable staff were recruited.

Staff had received training which was relevant to their role. People were supported to access support from health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People's capacity had been assessed in line with current legislation and where people were lacking capacity, decisions were made in their best interests. Staff were kind and caring and were motivated to offer person centred care. People and relatives, we spoke with told us staff were caring. Comments included "They (staff) are kind to me." The principles of respect, dignity, compassion and, equality and diversity were embedded in the service. People were treated as equals regardless of age, gender or personal beliefs.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records contained good levels of details and provided evidence of person-centred care. Where required, people were supported to make decisions about end of life care which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to improve the service. There was a positive culture throughout the service which focused on providing person centred care.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosewood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rosewood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager working at the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included four people's care records and their medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We analysed additional information provided by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. When asked if they felt safe, one person replied "Yes." Relatives we spoke with told us they felt their family member was safe.
- Staff had received training on safeguarding adults and were knowledgeable about what they needed to do if they had any concerns.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. One member of staff said, "If I have any concerns, I will speak to my senior or the manager". Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. For example, there were clear guidelines for staff on how to support people who were at risk of suffering falls. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner. Staff demonstrated a good understanding of people's behaviour support plans and could confidently explain how they would support people to manage any distressing behaviours.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. For example, staff ensured they supported people who were at risk of malnutrition in line with the recommendations made by the health professionals involved in their care.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. We saw there were enough staff to ensure people received support in line with their assessed needs.
- People were supported by a consistent team of staff that knew their needs well. People and relatives confirmed this.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every

year to evidence they had maintained their knowledge and skills.

- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN). For example, epilepsy medicine such as Midazolam. Staff we spoke with were able to provide a thorough explanation of when and how to use Midazolam to support people with epilepsy.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. This meant they could safely prepare people's food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care.
- The home was clean and tidy and free from odour.

Learning lessons when things go wrong

- The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.
- The service had a process of learning from accidents and incidents. The manager told us that when an accident or incident occurred, staff would receive a debriefing and be given time to reflect on the incident.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People continued to receive effective care based on current best practice as staff had sought advice from health care professionals in specialist areas to ensure their practices were current.
- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately and based on current best practice. For example, the service had followed national guidelines in relation to the management of medicines.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to carry out their roles. Training topics included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA, dementia care, end of life care, epilepsy, Positive Behavioural Support (PBS) and moving and handling. The staff we spoke with told us they felt the training provided was good and met their learning needs.
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. The staff we spoke with told us they had received a good induction which had prepared them well for their role and to meet people's needs.
- Staff felt supported by the management team. They told us they received regular one to one meetings with the registered manager or team leader to discuss work related issues and their development needs. Staff told us the registered manager had an 'open door' policy and they could always discuss any issues with them.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access ongoing healthcare. Staff did this by arranging appointments and attending them with people.
- Care records recorded referrals to healthcare professionals such as, Community Learning Disability Teams (CLDT), Speech and Language Therapist (SLT), Occupational Therapists and GP's. We saw that advice given by healthcare professionals was acted upon and included in people's care records.

Adapting service, design, decoration to meet people's needs

- The service was clean, tidy and homely. People had access to a large garden.
- Where required, adaptations had been made to ensure the service was accessible to people.

- People's rooms had been adapted to their personal preferences. People told us they were able to bring personal belongings when they moved to the service

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Staff had spent time with people to identify their strengths and enable people to be involved in making choices about their meals and preparing their meals.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. For example, where people were at risk of choking, staff ensured they were supported appropriately.
- People's oral health care and preferred routines were known by staff. Staff assisted and prompted people to maintain good oral health care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about the principles of the MCA.
- During the inspection staff asked people if they were happy for us to be shown around and whether they wanted to speak with us.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant supervisory body and the service was awaiting the outcome of the application.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection the rating has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. One person said, "They (staff) are kind to me." Another person said "They (staff) take care of me." Another person when asked if they felt the staff were caring said, "Yes." The relatives we spoke with told us staff were kind and caring towards their family member.
- People's needs in respect of their religious beliefs were recorded, known and understood. For example, people were supported to attend church if they indicated a preference to do so.
- It was evident from speaking with people and relatives, and our observations that staff recognised the diverse needs of people and treated everyone as equals.
- The service had an Equality and Diversity policy in place to ensure all the people using the service and staff were treated equally.
- We observed staff interacting with people and found they were supportive, kind and caring. Through our observations, we saw that staff knew people's communication needs well and were able to engage effectively with them.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.
- Staff worked with people and relevant health professionals to ensure people could take part in making decisions around their care. Where people had communication difficulties, referrals were made to professionals such as Speech and Language Therapists (SLTs) to maximise people's communication needs and empower them to express their views. Staff worked creatively and used pictures to enable people to express their views and make decisions.
- We observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people how they wanted to spend their day, what they wanted for lunch and their plans for the weekend.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. We observed staff knocking on doors before entering people's rooms. Staff told us how they ensured doors and curtains were closed when carrying out personal care.

- When people chose to speak with us, staff respected people's right to speak with us privately. Where people indicated they would like staff to be present when they spoke with us, they were supported by their preferred staff member.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff developed personalised care plans for people from the knowledge gained during the assessment process and other information provided from health and social care professionals.
- The service had a process of ensuring care plans were accurate and up to date. The registered manager told us care plans would be reviewed routinely and when people's needs, or health changed to ensure the care provided was always meeting the needs of people. People were involved in monitoring and reviewing their care plans. The registered manager told us this was to ensure care plans accurately reflected people's current routines, likes, dislikes and aspirations.
- People's care plans clearly explained how they liked to be supported. This ensured people received personalised care and support which met their needs. People's personal care plans clearly detailed their preference for how they would like to be supported with their personal care. People's care plans also identified their strengths and areas of independence.
- It was evident from our conversations with staff and observations that staff understood people's preferences and routines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. Signs, posters and notices were situated around the home in a way, so people had access to the information and could see and read items on display.
- People's care plans clearly recorded people's communication needs. For example, if people were unable to effectively communicate due to cognitive or language barriers, this was recorded in their care plans. From observing and speaking with staff, it was evident they knew people well and were able to communicate effectively with them.
- Where people had difficulties with communicating verbally, staff used other methods such as pictorial forms of communication to ensure effective communication with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access a range of activities. These included activities such as arts and crafts,

gardening, days out, holidays, discos and going to the cinema. The people and relatives we spoke with told us they led an active and fulfilling life.

- The service had introduced an activity champion. The registered manager told us this role had been developed to ensure activities were fully bespoke to people. We saw how this had made a positive impact for people. For example, one person was an aviation enthusiast and their activities had been tailored to their specific preferences.
- The service had worked with the provider's other services to enable people to access social events. The registered manager told us how a fun day was arranged at one of the provider's other locations which was hosting a funfair. We saw evidence of how people had enjoyed the day and it had also enabled them to develop friendships with people from other services.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. This provided a clear framework on how complaints would be managed and investigated. The provider's complaint policy was available in a variety of formats such as easy read for people who may have communication difficulties.
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately.
- Monthly meetings were also held with people who used the service to give them an opportunity to discuss any concerns they might have. Where people had communication or sensory difficulties, they received additional support from staff to maximise their involvement in these meetings and enable them to provide an opinion. For example, staff had received Makaton training course to enable better communication and interaction with people.

End of life care and support

- Staff had received training around end of life care and support.
- The registered manager and staff were able to describe how they would seek support from other health professionals if a person's health deteriorated and they required end of life care.
- At the time of our inspection, nobody living at Rosewood was receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

There was a registered manager working at Rosewood. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff we spoke with felt supported by the registered manager and felt able to raise issues.
- The people, relatives and staff we spoke with praised the impact of the registered manager on the service. Staff told us the registered manager had an open-door policy and was available to support staff at any time.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took in to consideration their preferences. The staff we spoke with told us how they felt the registered manager was very much a member of the team. They told us the registered manager had a 'can do' attitude and did their best to ensure people live an active and fulfilling life
- The provider had developed a safeguarding champion, activity champion and a nutrition champion within each of their services. The provider told us how these members of staff would receive additional training in their area of specialism. They told us the purpose of this was for champions to provide additional support to the staff who worked with them which in turn would enable the staff in each service to provide better support to people. For example, the registered manager had introduced 'Safeguarding Tuesday' where staff would have time to discuss a specific safeguarding topic. The staff we spoke with told us how this had led to them having a greater understanding and confidence around safeguarding issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service obtained the views of people who used the service and their representatives through quality assurance surveys. The registered manager told us the feedback from these surveys would be used to set future development goals for the service.
- The service organised an annual 'family day' which was open to the families of people who used the service and staff and their families. The registered manager told us how this had enabled the building of stronger relationships between staff, people who used the service and their family members.
- Staff told us they had regular meetings with the manager and a representative of the provider. Staff told us this gave them opportunities to understand what was happening across the provider's other locations as well as make suggestions relating to their day to day life as a member of staff at Rosewood.

Continuous learning and improving care

- Effective quality assurance checks were carried out by key staff members, the registered manager as well as the provider. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team. For example, following a recent audit, the provider had recognised the reporting of incidents required improvement. As a result, a new system had been implemented and we saw improvements had been made at the time of the inspection.
- The registered manager held monthly meetings with their deputy managers from both services they managed. These meetings were used to analyse incidents, significant events and safeguarding events across both services. The registered manager told us this enabled them to identify common themes and trends and take appropriate action to minimise future incidents in both services.
- The provider had a business contingency plan and had assessed the impact of Brexit on the service.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.

Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required.
- The registered manager had worked closely with their local Healthwatch group to develop a 'Consent to Care' toolkit which could be used by various professionals such as hospital staff, GPs and social workers to ensure complex decisions were always made in the best interests of people who lacked capacity. The registered manager had developed this following an incident where one person was at risk of receiving hospital treatment which was against their wishes and best interests. Following a successful local pilot, the toolkit was being considered for publication to be used as a recognised toolkit nationally.
- The provider had built strong relationships with local emergency services. As a result, the provider had organised 'Emergency Service Days' at their services. This had helped to break barriers and increase understanding between people who used services and emergency service professionals.