

The Edmund Trust Rosewood

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Rosewood is registered to provide accommodation and non-nursing care for up to six people. At the time of this inspection there were five people living in the home who had a learning disability.. Each person had their own bedroom in the bungalow. There was a communal kitchen/dining room, lounge and sun room for people and their visitors to use.

This unannounced inspection took place on 15 January 2016.

At the time of the inspection there was 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.

People could not be confident that they always received their medication as prescribed. There had been a high

Summary of findings

number of medication administration errors identified since October 2015. However the registered manager was taking action to reduce the number of errors and ensure staff were competent at administering medication.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was not acting in accordance with the requirements of the MCA including the DoLS. The provider could not demonstrate how they supported people to make decisions about their care. Where

people were unable to do so, there were no records showing that decisions were being taken in their best interests. This also meant that people were potentially being deprived of their liberty without the protection of the law.

Staff knew what actions to take if they thought that anyone had been harmed in any way.

People confirmed and we saw that there were enough staff available to meet their needs. The recruitment process was followed to ensure that people were only employed after satisfactory checks had been carried out.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed.

Care plans and risk assessments gave staff the information they required to meet people's care and support needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

The registered manager obtained the views from people living in the home about the quality of the service and took action when improvements were identified..

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Risks to people had been assessed and reduced where possible.

Thorough recruitment practices had been followed to ensure that only the right people were employed.

Good



Is the service effective?

The service was not always effective.

Staff were not acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. This meant that people's rights were potentially not being promoted or protected.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Requires improvement



Is the service caring?

The service was caring.

The care provided was based on people's individual needs and choices.

Members of staff were kind and caring.

People's rights to privacy and dignity were valued.

Good



Is the service responsive?

The service was responsive.

People and were invited to be involved in the planning and reviewing of their care.

Support plans contained up to date information about the support that people needed.

People were aware of how to make a complaint or raise any concerns.

Good



Is the service well-led?

The service was well-led.

Staff felt confident to discuss any concerns they had with the registered manager and service manager and were confident to question colleagues' practice if they needed to.

Good



Summary of findings

The service had an open culture and welcomed ideas for improvement.

Audits and actions plans ensured that the quality of the service provided was being constantly reviewed and acted upon.

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 was planned to check 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 15 January 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service

does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners to obtain their views about the service.

During our inspection we spoke with three people who lived at Rosewood, three support workers, the service manager and the registered manager. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We also observed how the staff supported people in the communal areas. Observations are also a way of helping us understand the experience of people living in the home.

Is the service safe?

Our findings

One person told us, “I feel safe because staff are good, they tell me what they’re going to do before they start.” Another person said, “I feel safe, I like it here.” One person told us, “I don’t feel safe. No-one has ever hurt me, but I worry about it. I would like staff to sit with me more.” During the inspection we did see staff sitting and talking with the person. The registered manager also stated that they would talk to the person about how they were feeling.

Some of the people living in the home had attended training so that they knew what they should do if they thought that they or anyone else had suffered any harm. Staff told us and records we saw confirmed that staff had also received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Information about how to raise a safeguarding concern was visible on noticeboards in the home.

Assessments had been undertaken to assess any risks to the person and to the staff supporting them. The risk assessments included information about the action to be taken to minimise the chance of harm occurring. For example, one person had fallen several times so a risk assessment had been put in place which identified what action should be taken to reduce the risk of further falls. The service manager told us that only staff that had completed risk assessment training were allowed to complete the risk assessments.

We saw that there were a sufficient number of staff working on shift. Staff had time to sit and talk to people and engage them in activities. People told us that there was normally

enough staff on shift to meet their care and support needs in a timely manner. One person told us they would like to go out more (with staff support) and the registered manager stated that this could be arranged.

Staff told us that when they had been recruited they had completed an application form and had attended an interview. References and criminal records checks had been completed before they were employed. Any potential new staff were interviewed by the manager’s as well as being interviewed by people living in the home. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in home.

People confirmed that they received their prescribed medication on time. Staff told us that they had completed administration of medication training and that their competency to administer medication was regularly assessed. The records of medication administered were accurate and reflected what people had told us. We saw that the lunch time medication round was carried out in a safe manner. However, the registered manager stated that in order to meet the contractual agreements with the funding authority they had changed the system they used for administering medication. Since this change had taken place in September 2015 there had been an increased number of medication administration errors. In response to the medication errors the registered manager had initiated daily medication audits, arranged for only senior members of staff to administer medication and for all staff to receive refresher training. However the trainer had cancelled the training at short notice. The registered manager stated that they would be sourcing the training externally as a matter of urgency.

We noted that fire drills had been carried out regularly and that there were contingency plans in place for any foreseeable emergencies that may occur.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The services manager had recognised that they needed to understand in greater detail how the MCA should be applied to people living at Rosewood. They had attended training and discussed any issues with the trainer to ensure that they were compliant with the Act. The PIR highlighted the need for capacity assessments to be completed regarding the administration of medication and financial matters. The service manager confirmed this and stated that they would be completing capacity assessments and where appropriate best interest decisions would be made and recorded.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that the training programme equipped them for their roles. New staff completed a thorough induction and the training record showed that most staff were either up to date with their mandatory training, or this training was scheduled to take place. There was evidence that staff had the opportunity to undertake additional relevant training from time to time. One member of staff told us that they had recently attended 'End of Life' training and this had helped them support a person through the final stages of their life.

Staff told us that they felt supported. They told us they had received supervisions and had attended team meetings. A schedule of planned supervisions, appraisals and team meetings was in place.

We saw that staff treated people with empathy and respect and tried to involve them in making decisions. One person told us that they enjoyed making their own choices. They stated, "The best thing here is they [staff] leave you alone to get on with the things you enjoy." They also told us that they regularly went shopping into the local town on their own but when needed they could ask staff for support with this.

We saw that lunch time was pleasant and relaxed experience. People were offered choices of food and a choice on where they wanted to eat it. A person told us, "Fish and chips are my favourite and I always have it on a Friday. I sometimes eat in my bed." We saw that one person helped to prepare the food. Staff offered support when it was needed but also respected people's choice to be left on their own. Staff demonstrated to us a knowledge of people's special dietary needs and any food and drink preferences. All of the people living at Rosewood met together once a week and discussed what would be on the menu for the following week. One person told us, "The menu is up to us, we can choose anything that is going. We can go to [named supermarket] and pick."

People told us that when they needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. One person told us, "Staff ring the doctor for me." Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. Each person also had a hospital passport in place which included important information to take with them if they were admitted to hospital.

Is the service caring?

Our findings

People that we talked with were complimentary about the staff. One person said, “The staff know me well, I’m part of the furniture. They do a great job, I enjoy them joking with me.” Another person told us, “The staff are kind.”

The staff that we talked to told us they really enjoyed working at Rosewood. They could tell us about people’s life histories, their preferences and what made them happy. This demonstrated to us that they had taken the time to get to know people well.

We observed kind and caring interactions between staff and people who lived at Rosewood. Staff addressed people courteously using first names or terms of endearment if that was what the person preferred. Staff demonstrated to us an understanding of how to meet people’s needs. We observed that staff spoke about and behaved with empathy towards the people they were assisting. We noted that a support worker noticed that one person had small cut on their hand. The staff member then prompted the person to support their well-being by asking them if they would like a plaster.

We saw that people felt happy to move freely around the home and could choose if they wanted to join in with any activities that were taking place. Staff had time to sit and talk to people throughout the day.

People were treated with dignity and respect. People told us that staff closed doors when providing support with

personal care and kept them covered up when possible. They also told us that staff knocked on their bedroom doors and waited for an answer before entering. We saw this happening on the day of the inspection. One person told us that they held the key to their bedroom door and locked it when they were not in it. This was respected by staff and they did not enter the bedroom without the person’s permission. People also told us that they could choose what time they went to bed and got up in the morning. One person’s care plan stated that on Friday’s they liked to stay in bed until late morning. We saw that this had happened on the day of the inspection and the staff had respected the person’s wishes to do this.

Support plans had been written in a way that promoted people’s privacy, dignity and independence. One person told us, “I tell my keyworker what I think and he writes it down [in the support plan].”

People were encouraged to be as independent as they wanted to be. During the inspection we heard one person asking to go to the bank to withdraw their money. Staff supported the person to do this. Another person told us that they enjoyed going out on their own and using public transport to get to the shops. We saw that this happened during the inspection.

The registered manager stated that although no one was using advocacy services at the time of the inspection information was available about advocacy services if they needed it. One person did have a befriender who they said they enjoyed spending time with.

Is the service responsive?

Our findings

Staff were able to tell us how they supported people to make choices. People confirmed that they could make decisions about what time they wanted to get up and go to bed, what they had to eat and how they choose to spend their time. This showed us that people could make choices about things that affected them.

Support plans were in place for each person which included information about what areas of their lives people needed support with. The sample of support plans we looked at were detailed and included the information that staff required so that they knew how to meet people's individual needs. For example, one person's care plan stated, "When I need my bed changed I will ask staff for support with this as I am unable to do this independently. I can however help pull the duvet down over the quilt." The support plan's included information about people's personal history, likes and dislikes and interests. People told us that they had been involved in their care plans and agreed with what had been written. People's keyworkers also wrote a detailed monthly summary of people's lives. Each person was asked if they would like to be involved in writing the summary and it had been recorded if they had declined. One support worker told us, "The support plans here are very clear. If I need to know anything I can go and look in the folder and find it out."

People told us that their family and friends could visit at any time. One support plan we looked at included information about how the person would like help from staff to maintain their friendships.

Staff helped people to plan and co-ordinate activities according to their interests. During the inspection two people had chosen to watch a film, two people spent time in their bedroom and one person used public transport to travel into the nearby town. People were given the choice of what they would like to do. One person expressed that they would like to withdraw some money from the building society so they were supported to do so. Staff engaged with people well and did not miss opportunities for engagement.

People told us they were aware of how to make a complaint and were confident they could express any concerns. A complaints procedure was displayed in the home. One person told us that they had complained that the bungalow wasn't warm enough (when the radiator had broken). They also said, "If I wasn't happy I would talk to the staff. Staff are always nice and explain things." Staff confirmed that action had been taken in response to the complaint. Staff were aware of the procedures to follow if anyone raised any concerns with them.

Is the service well-led?

Our findings

The registered manager was also the registered manager for five other services. They told us that they are responsible overall but that each service also had a service manager. We spent time talking to the registered manager and the service manager during the inspection. We were told by people who used the service and staff that both the registered manager and service manager were approachable. One member of staff told us, “The service manager has told us their door is always open.”

There was a relaxed and happy atmosphere at Rosewood and staff took pride in their work. Staff understood their lines of accountability. They confirmed that they received regular supervision and felt supported by the management. Staff told us they enjoyed working in the home and that they would be happy for a relative to live there. The service manager told us, “We ensure that people are happy, have a good a quality of life as possible and that their safe.”

The service manager told us that she ensured that staff had the training they required. The registered manager also stated in the PIR that they would be introducing more frequent supervisions and two observations per year so that they staff can reflect on their practice. The registered manager and the service manager also attended training and attended local meetings with other home managers to ensure that they remained up to date with changing legislation.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider’s whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

Regular staff meetings were held. Staff confirmed that they could add items to the agenda for staff meetings and make suggestions for improvements.

The service manager carried out monthly audits on the quality of the service provided. Audits looked at a wide number of areas including medication, health and safety and people’s support plans. The service manager and senior staff also completed weekly audits throughout the home. This helped to identify any improvements that were needed.

Meetings with the people living in the home were held so that they could make decisions about things that affected them such as the menus, activities and trips out. The meetings also provided people with the opportunity to raise any concerns they may have. Questionnaires had recently been sent out to people for feedback on the quality of the service. People were supported by staff who didn’t work at Rosewood to complete the questionnaires to ensure they remained impartial. The service manager told us that they intended to improve the questionnaire by making it more specific to Rosewood, as at present it was more about the whole organisation. A report was to be made available once the questionnaires have been analysed and collated. There was also a People’s Action Group (PAG) made up of people who use the service from across the provider’s services. The PAG that reported directly to the Board and was directly involved in policies and procedures. The PAG also report directly back to the people they represent. This meant that people were encouraged to be involved in the running of the home.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops, pubs and banks. They were also supported on trips out such as to the Thursford Christmas show or the seaside.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>People were not protected against the risks associated with a lack of consent, application of the Mental Capacity Act 2005 and associated code of practice. Regulation 11.</p>