

Mr Alan Milliner and Mrs Maxine Milliner

Rosewarne Care

Inspection report

Largemouth
42 Tehidy Road
Camborne
Cornwall
TR14 8LL

Tel: 01209712854

Date of inspection visit:
09 February 2018
12 February 2018

Date of publication:
20 March 2018

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

This inspection took place on 9 and 12 February 2018 and was unannounced. Rosewarne Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rosewarne Care accommodates up to six people who have learning disabilities. Four people were using the service at the time of our inspection. The service is situated in a semidetached property with an enclosed outdoor space in a rural location on the outskirts of Camborne.

The service 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 service is a family run business and support is provided in a domestic style. The registered manager is also one of the registered providers and is responsible for meeting people's day to day support needs. The registered manager was supported by a team of three part time care staff and an office administrator.

People were relaxed and comfortable at Rosewarne care and told us, "It's very nice here" and "I am happy living here." Staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse and harm. The registered manager had responded appropriately to an incident that had occurred and acted to ensure people were protected from discrimination.

The registered manager and staff knew people well and understood their individual care and support needs. People enjoyed the company of their support staff and there was a relaxed, comfortable and homely feel to the service. People approached staff for support without hesitation and staff responded immediately to address people's needs. One person told us, "[The staff] are all kind." Staff told us they enjoyed their role and took pleasure in describing people's achievements.

Staff were well motivated and told us the registered manager, who they worked alongside every day, provided effective leadership. Staff told us, "Most of the time the registered manager is here and she is always on the end of the phone if you need her, It's a great place to work" and "You have nothing to be worried about".

Information was stored securely and there were systems in place to monitor the service's performance, gather people's feedback and identify where improvements could be made. All Firefighting equipment had been regularly serviced and utilities had been regularly tested by appropriately skilled contractors.

People's medicines were managed safely. Medicine administration records had been accurately completed and staff had been provided with appropriate guidance on the use of as required medicines.

Registered manager and staff team were sufficiently skilled to meet people's care and support needs. Rotas showed there were enough staff available to meet people's needs and staff told us, "There is always somebody here." Although the service had not recently recruited new members of staff appropriate induction procedures were available. Staff records showed all necessary pre-employment checks had been completed for existing staff before they were permitted to provide care.

Detailed assessments of people's needs were completed before they moved into the service. This was done to ensure the service could meet the person's needs without impacting on people already using the service. The assessments process included visits to the person's home and the person visiting the service to meet staff and other residents. People's initial care plans were based on information gathered during the assessment process combined with background information from commissioners and relatives.

People's care plans were sufficiently detailed and staff had a detailed understanding of each person individual needs. People's care plans had been reviewed and updated regularly and people were involved in these processes. Care plans included information about how people preferred to be supported as well as guidance on how to provide support when the person was feeling upset or anxious.

People were able to choose how to spend their time and to access the community when they wished. During our inspection one person was attending a work placement and another person was supported to go shopping and out for lunch by a member of staff. Two people chose to spend their time in the service and were supported by the registered manager to engage with a variety of activities including, dancing, craft activities and exercise routines. Staff told us, "I take [person's name] out every Wednesday for lunch" while one person said, "I don't stop in, it's no good stopping in." Health and social care professionals told us, "This service had tapped into my client's motivation, sourcing some good ideas for her to trial local activities and groups" and "I feel the people that live there have a good quality of life."

The Registered manager and staff had a good understanding of the Mental Capacity Act 2005 and records showed that where people lacked capacity staff had consistently acted in their best interest. However, a necessary Deprivation of Liberty Safeguards application to the local authority had not been made in relation to recent changes in one person's care plan. We discussed this situation with the registered manager who subsequently made the necessary application. We have recommended that the registered manager review current guidance to ensure people's rights were protected at all times.

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 remains safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remained well led.

Rosewarne Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 12 February 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

The service was previously inspected on 5 November 2015 when it was found to be good in all areas. Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the three people who used the service, two members of care staff and the registered manager. After the inspection we also communicated with two health and social care professionals who visited the service. We also inspected a range of records. These included three care plans, three staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

We saw people were relaxed and comfortable living at Rosewarne care and one member of staff told us, "People are definitely safe."

The registered manager and staff understood their responsibilities in relation to protecting people from abuse and all forms of discrimination. Staff told us, "I have done safeguarding training." Information about how to raise safety concerns outside the service was readily available and displayed in the service's office. Staff said they would report any concerns to the registered manager who they were confident would take action to ensure people's safety. One staff member described an incident where a person had been discriminated against in the local community. The registered manager had acted to protect the person. The individuals involved had been identified and their behaviour challenged. In addition, changes had been made to how support was provided to prevent similar instances reoccurring.

Risks in relation to people's care, support needs and the environment had been identified and assessed. These documents had been update to ensure they accurately reflected people current needs and provided staff with guidance on how to mitigate and manage individual risks. For example, one person had been identified as being at significant risk of falls. This person had been provided with a remotely operable emergency pendent and had been supported to keep their room tidy and clear of trip hazards to reduce risks while mobilising independently in their room.

Where accidents and incidents occurred these were well documented. Details of the person's behaviour both before and after the incident was recorded. All incidents had been investigated by the registered manager to identify any trends or changes that could be made to further improve people's safety.

The service's firefighting equipment had been regularly checked by external contractors to ensure it was ready for use and records showed regular alarm tests and evacuation drills had been completed. On the first day of our inspection there had been an electrical power failure in the early morning. Staff had acted promptly to address this and an electrician was onsite before 10:00. Records showed necessary safety checks of the service utilities had been regularly completed.

The service's records were reasonably well organised and the registered manager was able to locate information required during the inspection. All records were stored appropriately when not in use and digital information was held on the service's password protected computer.

There were sufficient staff available to meet people's care needs. Most support was provided by the registered manager with assistance from the small team of part time staff. The staff team consisted of three staff that normally provided support to engage with activities, complete domestic tasks and covered for the registered manager when unavailable. There was also a part time office administrator who supported the registered manager but was able to provide care if required. One member of staff was on duty at all times and staff said, "There is always somebody here."

The service had suitable recruitment procedures in place. All necessary recruitment checks including Disclosure and Barring Service (DBS) checks and reviews of references from previous employers had been completed to ensure people were suitable for employment in the care sector.

The service had suitable arrangements for the ordering, storage, administration and disposal of medicines. Medicine Administration Records (MAR) had been completed correctly. The registered manager had identified changes in one person's behaviour and had arranged for a medicines review to be completed by the person's GP to ensure their currently prescribed medicines were necessary. Where medicines had been prescribed 'as required' information was available on how and when these medicines should be used.

The service was clean. There were cleaning schedules in place and staff had access to appropriate personal protective equipment to limit the spread of infection. Then registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Laundry facilities were appropriate to the service needs and cleaning materials were stored safely when not in use.

There were systems and procedures in place to support people to manage their finances. One person recognised that they were likely to spend any money they had. They had asked the registered manger to give them an amount of money each day and we saw this was provided before the person left the service each day. The registered manager told us, "People spend money on what they want" and records were kept of what people chose to purchase with their funds. Where the service held money for people this was stored securely, appropriately documented and audited by the service's accountant.

Is the service effective?

Our findings

Assessments of people's needs were completed before they moved into the service. This was done both to ensure that the service could meet their needs and that the person would not cause unnecessary disruption to the people already living at Rosewarne care. As part of this process people were encouraged to visit, look around and meet the other people currently using the service. This ensured people had a good understanding of how the service operated before choosing to move in.

Staff were sufficiently skilled and experienced to meet people's care needs. The registered manager only appointed staff with significant previous care experience and all staff had completed diploma level qualifications in care. Health and social care professionals told us they thought the staff team were well trained. Although the service had not recently appointed any new staff the registered manager was aware of the care certificate. This certificate is designed to provide staff new to the care sector with an understanding of current good practice. In addition, there were systems in place to provide any new staff with an induction to the service's policies and procedures.

Staff told us they were well supported by the registered manager who worked alongside them every day. Staff said they would have no hesitation in either raising concerns with the manager or requesting additional guidance and support if necessary. Informal handover meetings were held with the registered manager at the beginning and end of each shift. This helped ensure staff and the register manager had a good understanding of people's current needs and provided staff with an opportunity to discuss and review any incidents that had occurred. In addition the registered manager had organised a team building event for the day after our inspection to provide staff with an additional opportunity to reflect on practices within the service.

People were supported to access external healthcare services as necessary and to attend regular check-ups. The service worked collaboratively with health professionals to ensure people's needs were met. Where professionals had provided specific advice this had been adopted by the service and included in people's care plans. Records showed people had been recently supported to access a variety of health professionals including, GPs, speech and language therapists, dentists and specialist nurses.

The service worked collaboratively with the day centres people regularly attended to ensure people's needs were consistently met. Staff from these services were advised of any significant change in individual's needs and the registered manager had worked collaboratively with day centre services to develop strategies to support one person to manage their food intake.

The service's policy was not to use any forms of physical restraint. Each person's care plan included detailed guidance on how to provide support if they became upset and anxious. This included information about events likely to cause the person anxiety and details of techniques that had previously been successfully used to meet people's needs while upset.

People told us, "The food is lovely" while staff commented, "The food is fantastic here. No corners are cut."

Staff understood people's dietary needs and preferences. All meals were freshly prepared and staff told us the menu, "varies according to the season." Fresh fruit and vegetables were readily available and the kitchen had been awarded a five star food hygiene rating by the local authority. At lunch time on the day of our inspection people were offered a choice of sandwiches and light snacks and these were prepared as requested. The registered manager sat and chatted with people throughout the lunchtime meal and people clearly enjoyed her company.

The service was decorated in a homely style and had been appropriately maintained. People's rooms had been personalised with the inclusion of a variety of furniture, ornaments and pictures. One person showed us around their room. They said, "I have a very nice room" and told us of their plans to redecorate the room in accordance with their own preferences. The registered manager told us these works were planned to coincide with the person's upcoming holiday. Each person had their own bedroom and there was a communal lounge, kitchen and dining room. In addition there was an enclosed outdoor space which people could enjoy independently.

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. Management and staff had a satisfactory understanding of the Mental Capacity Act 2005 (MCA.) Staff demonstrated their understanding of these principles in the way they cared for people. Staff believed that everyone at the service had the right to make their own decisions and individualised techniques were used to support people to make choices.

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 service's doors were not locked and some people routinely accessed the community independently. However, recent changes in one person's behaviour meant they could be exposed to significant risk if they accessed the community independently. The registered manager had made an appropriate best interest decision to restrict this person's liberty to ensure their safety and wellbeing. However, the registered manager had not made the necessary application to the local authority for the authorisation of this person's care plan. We discussed this issue with the registered manager in detail during the inspection and necessary DoLS applications were subsequently made.

We recommend the registered manager reviews published guidance in relation to both the Mental Capacity Act and Deprivation of Liberty Safeguards to ensure people rights are adequately protected at all times.

Is the service caring?

Our findings

People were relaxed, comfortable and at home at the service. They told us, "It's very nice here", "It's a nice quiet place" and "I am happy living here."

The registered manager and staff knew people extremely well and were able to provide detailed descriptions of each person's individual care and support needs. During our inspection we found staff and the registered manager were fully focused on ensuring people's needs were met with kindness and compassion. People approached staff for support or reassurance without hesitation and staff consistently responded promptly to people's needs. Care was provided at a relaxed pace and people were encouraged to be as independent as possible.

Where people struggled with specific tasks staff provided support, encouragement and reassurance. For example, one person had recently received new dentures. The person was finding these uncomfortable to wear for extended periods. The registered manager provided gentle encouragement for the person to wear the dentures for a short period each day and complimented and praised the person when they chose to wear them.

People told us, "[The staff] are all kind." The registered manager and staff spoke warmly of the people they supported and took obvious pleasure in describing their individual achievements and characters. Staff comments included, "It's great, I love working here" and "People are well looked after here" while the registered manager told us, "I love her to bits."

Staff protected and respected people's human rights and promoted individuality. People were supported to dress in accordance with their individual tastes and to personalise their rooms. The importance of cultural practices to individuals was recognised and people's care plans. This included information on how to support people with these aspects of their lives. People were supported to attend religious services when they wished and records showed people had been supported to vote in various elections.

People's privacy was respected and staff knocked on doors, and were careful not to enter people's rooms without permission. People were able to make choices and decisions about both how their care was provided and how to spend their time. People chose what time they got up in the morning and when they went to bed. People moved around the service without restriction and one person had taken on responsibility for ensuring the service was locked at night.

People were involved in most aspects of the service's operations and were supported to participate in a variety of household chores and tasks. People took pride in the individual responsibilities and staff told us, "People help with little things, changing beds things like that" and "[Person's name] will dust her room."

Staff sought people's permission and consent before providing support and there were formal systems for recording people's consent both in relation to their planned care and other issues. Staff had been provided with specific guidance on how to present information to enable people to make complex decisions and

choices. We saw 'social stories' and appropriate techniques had been used to support people's understanding.

Is the service responsive?

Our findings

People were encouraged to visit the service and assessments of their individual needs were completed before they moved into the service. Information gathered during the assessment process was combined with details provided by commissioners, relatives and previous care providers to form the person's initial care plan.

People's care plans were sufficiently detailed and informative. They provided staff with guidance and direction on how to meet people's physical and emotional support needs. For example, one person was known to occasionally become confused. This person's care plan gave staff specific, detailed guidance on how to meet the person's needs and provide reassurance at these times. Each person's care plan also included information about the person's background, interests, family history and views. This information was provided to help staff understand what was important to the person and how their person's previous experience could impact on their current care and support needs.

Where changes in needs had been identified people's care plans had been updated to ensure they accurately reflected the current level of support required. Records showed people had been involved in their care plans review process and versions of care plans had been developed in accessible format to support people's engagement with this process. Records of a recent care plan review showed people were happy with the level of support they received. One person had commented, "I feel included yes. I belong and they like me. I have got important jobs, recycling and I get the chips."

Each day staff completed individual diaries for each person with details of the care and support they had received, observation on the person's mood and information about how they had chosen to spend their time. In addition there were informal but structured handovers whenever staffing changed and one staff member told us, "We have a handover every shift." This ensured all staff were aware at all time of people's current care needs.

People were supported to engage with a variety of activities both within the service and in the local community. Most people regularly attended day centres and activities within the service were arranged informally in accordance with people's likes and interests. On the day of our inspection one person attended a voluntary work placement, another person went shopping and out for lunch with support from staff and two people spent time in the service. During the day they enjoyed a variety of activities including; craft activities, listening to music, chatting with the registered manager and staff, dancing and exercise routines. People told us they were able to do what they wanted and one person commented, "I don't stop in, it's no good stopping in." Staff told us, "I take [person's name] out every Wednesday for lunch" while the registered manager commented, "We do have little discos in the lounge." Health and social care professionals told us, "This service had tapped into my client's motivation, sourcing some good ideas for her to trial local activities and groups" and "I feel the people that live there have a good quality of life."

People were supported and encouraged to take on responsibilities within the service and records showed people took pride in their roles. Staff told us, "[Person's name] lays the table and wipes the mats after

breakfast" while another person's care plan stated, "On occasion [Person's name] is more than happy to pick up any odd bits needed for the home and [they are] more than capable of getting receipts for these."

Staff and the registered manager respected people's choices and decisions. During our inspection we saw people routinely made decisions about how to spend their time, what to eat or drink and what time to get up and go to bed each day. Where people needed to make complex decision staff provided support using a variety of appropriate techniques. This included presenting information in various accessible formats, giving people time to process information and confirming choices at different times to ensure the person had understood the information provided. Some people signed to consent to specific sections of their care plans when they had capacity to make these decisions.

Registered manager and staff had a good understanding of equality and diversity issues and acted to ensure people were protected from all forms of discrimination.

The service had a complaints policy and there were system in place to ensure any complaints received were investigated. People knew how to raise complaints but the registered manager told us they had not received any. However the service had been regularly complimented on the quality of care and support it provided by people, there relatives and health professionals.

There were systems in place to enable information about people's preference in relation to end of life care to be recorded.

Is the service well-led?

Our findings

The service is required to have 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 service is a small family run business and one of the providers was also the registered manager. The registered manager was supported by a part time office administrator who ensured the service's records were organised and policies updated when necessary.

The registered manager led and operated the service each day with support from a number of part time staff. All of the staff were well motivated and it was clear that the people were at the heart of the service. The registered manager and all staff were keen to ensure people lived interesting and fulfilling lives. Staff told us, "I quite enjoy it all", "There are no problems at all here" and "It's a great place to work." One staff member said, "You have nothing to be worried about". The registered manager commented, "These guys deserve decent care. I am proud that this is their home. It might be my business but it is their home." Health and social care professionals told us there was a, "positive attitude" within the staff team and, "The manager is very approachable and open to ideas."

Staff told us they felt well supported by the registered manager who they spoke with them daily. Staff comments included, "The registered manager is as good as gold", "The registered manager is marvellous" and "Most of the time the registered manager is here and she is always on the end of the phone if you need her." The registered manager told us, "[The staff] are brilliant, it is a good team."

The register manager routinely reviewed relevant literature and guidance to ensure they were up to date with current care practices. In addition, the manager participated in some local peer support groups and had researched recent regulatory change to ensure the service remained compliant.

There were procedures in place to monitor the quality of the care provided. Audits had been routinely completed and where any issue had been identified the manager had taken appropriate action to improve the service's performance.

The service worked in partnership with other organisations to make sure people's needs were met. Where people regularly attended day centre information about their needs and preferences was shared to ensure people received care consistently from both services. Records showed the service had made referrals to and sought advice from health and social care professionals appropriately to ensure people needs were met.

The service care records were kept securely and confidentially when not in use. All necessary routine maintenance checks had been completed by appropriately qualified contractors.