

Spectrum (Devon and Cornwall Autistic Community Trust)

Rosehill House

Inspection report

Ladock
Truro
Cornwall
TR2 4PQ

Tel: 01726883776

Date of inspection visit:
22 February 2022
03 March 2022

Date of publication:
27 April 2022

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?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rosehill House provides care and accommodation for up to five people who have autistic spectrum disorders. The service is part of the Spectrum group who run several similar services throughout Cornwall. At the time of the inspection three people were living at the service. The service was based in a large detached house with an annex. The service is in a rural setting on the edge of a village.

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

The provider had been using one part of the location to provide accommodation for a member of staff from another service. We have made a recommendation relating to the risk management associated with this practice.

This service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support:

- Two people shared the annex and another person lived in the house. One person had moved to the annex enabling them to remain in their home as their needs changed.
- People were supported to have choice and control over their own lives. 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 did support this practice.
- Staff focused on people's strengths and interests. They promoted what people could do and supported them to pursue their interests.
- People were supported in ways that reduced periods of distress. People were clearly relaxed with staff and reassured by their presence.
- People lived in a home that reflected their personalities, needs and interests. Infection control procedures and measures were in place to protect people from infection control risks associated with COVID-19.
- Staff supported people to take part in home based activities and pursue interests in their local area if they enjoyed this. One person was keen to get out on a walk they had chosen when we visited.
- Staff enabled people to access health and social care support in their community. People were starting to return to activities that had been paused during the pandemic.
- Staff supported people to make choices and communicated with people in ways that met their needs.
- Staff supported people safely with their medicines and worked with health professionals to achieve good health outcomes.

Right care:

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People were relaxed with their staff.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People could communicate with staff. Staff understood their individual communication needs and were consistent in their approach. Where people needed staff to use specific language this was communicated clearly in their care plans.
- People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), and pictures could interact comfortably with staff because staff had the skills to understand them.
- People received care that supported their needs and goals; staff were focused on their quality of life. One person had a delivery of new bedroom furniture, staff supported them to be engaged in the process, to enjoy their new acquisition. Their interaction about this was familiar and enthusiastic.
- People pursued individual interests and staff sought opportunities to try new activities that may enhance people's lives.
- Staff promoted equality and diversity in their support for people. They sought to understand people's histories and backgrounds and provided appropriate care.

Right culture:

- The staff at Rosehill House were committed to ensuring people were leading the lives they wanted. People were treated with dignity, respect and care.
- People led lives that reflected their personalities and preferences because of the ethos, values, attitudes and behaviours of the management and staff.
- People received good quality care, support and treatment because staff had the skills they needed and supported each other effectively.
- People were supported by staff who understood the wide range of strengths, impairments or sensitivities autistic people may have. This knowledge informed assessments and care plans and meant people received compassionate care that was tailored to their needs.
- Staff knew and understood people well and were responsive to them. They supported people to live a life of their choosing.
- Staff turnover was low, which supported people to receive consistent care from staff who knew them well.
- People and those important to them, including advocates, were involved in planning their care.
- Staff valued and acted upon people's views and understood that these were expressed through how people presented themselves and their actions.
- People's quality of life was enhanced by the staff team's commitment to ensuring a respectful and inclusive culture. Systems were in place to monitor the quality of the care and support people received.
- The registered manager and staff team were open and transparent and acted on feedback given, and queries raised, throughout the inspection.

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

Rating at last inspection

The rating at the last inspection was Good. (Published March 2018)

Why we inspected

The inspection was prompted in part due to concerns in relation to staffing levels across the provider

organisation and the impact on people's support. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We made a recommendation in relation to good governance.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Rosehill House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Rosehill House 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.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed previous inspection reports and other information we held about the home including statutory notifications. A statutory notification is information about important events which the service is required to send us by law. 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 contacted health and social care professionals who worked with people and staff in the home. We received feedback from two social care professionals and a health professional.

During the inspection

Two inspectors visited Rosehill House on 21 February 2022. We looked around the home, including the annex, and observed staff supporting people. We spent time with the three people living in the home, and communicated with them and three members of staff. We looked at detailed care records for two people, and other records relating to the running of the service such as rotas, service development plans, staff training records and meeting minutes. The lead inspector and another inspector spoke with the registered manager and provider about the governance of the home on 3 March 2022.

After the inspection

On the day of our visit we asked the provider to send a poster to relatives and friends of people living in the home and to staff who were not present on the day. The poster asked for feedback and we requested this be provided by 1 March 2021. There was an administrative delay in sending this poster, so we agreed a longer period for feedback. We received feedback from two relatives. The last feedback was received on 8 March 2022.

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

Staffing and recruitment

- There were enough staff deployed to be able to provide people with the support they had been assessed as needing, including for one-to-one support. There were usually a minimum of three staff on each shift. Staff told us that it was very rare for them to work at their contingency staffing level of two staff. This is the lowest level of staffing, as defined by the provider, to ensure safety is maintained. Staff told us that this occasionally happened for an hour or two but was not a regular occurrence.
- The home had faced staffing challenges in early 2021. This had resulted in a delay for one person moving within the service. The registered manager explained that recruitment had been successful, and the move went ahead when it was safe to do so.
- Staff told us that the staff team was 'strong', and they were able to cover each other to ensure continuity of staff for the people they supported.
- Staff recruitment was safe. The registered manager explained that recruitment checks were undertaken by the provider organisation. A member of staff who had been employed in the last year described a robust recruitment process. This process reduced the risk of people being supported by staff who were not suitable to work within the care sector.
- Every person had a clear communication profile with essential information and do's and don'ts to ensure that new staff could see quickly how best to support them.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. They knew what to do if they saw any signs of abuse or neglect. Staff also knew which statutory agencies they should raise concerns with if internal systems were not effective or appropriate. Staff discussed these processes regularly at team meetings to ensure they were confident to act if necessary.
- People were relaxed and familiar with their staff team. Staff understood that our visit may be unsettling and helped people to feel safe and relaxed during an unfamiliar situation.

Assessing risk, safety monitoring and management

- People had detailed risk assessments and associated care plans. These had been reviewed and changes were recorded to ensure the plans reflected their current needs. These included information about risks associated with people managing their emotions and behaviour, personal care, eating and drinking safely, medicines and doing things they enjoyed in their community.
- Staff understood these plans and were able to describe the support people needed. We saw support was provided in line with care plans and this support helped people to manage their anxiety and eat and drink safely. People's sensory needs were reflected in their care plans and staff understood the importance of these needs. One person found uninitiated touch difficult and their care plan was clear about this in

appropriate places. Staff understood this and communicated it sensitively and respectfully.

- Each person's care plan included ways to avoid or minimise the need for restricting their freedom. These plans were effective and people had not needed restrictive interventions due to escalations in anxiety or agitation. There were robust systems in place to monitor the use of restraint if it was used.
- A relative explained how their loved one was supported to take risks. They reflected on the support provided leading to a "warm and safe environment".
- Staff provided information and structured support in a way that suited each person. This enabled people to manage risks associated with the tasks of day to day life and their emotional well-being.
- People had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Risk assessments relating to the environment were in place. Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Using medicines safely

- Medicines were managed safely. The system for signing in medicines needed to be made more robust to ensure they were signed in and transcribed onto records safely. This was discussed during our visit. The provider representative explained that an electronic system was almost fully functional, and this system would resolve this issue.
- Staff responsible for administering medicines were appropriately trained. Staff had access to information and guidance about how to safely administer people's prescribed medicines.
- People took their medicines in a way that suited them individually.
- Medicines audits were completed weekly and any errors were investigated to minimise risk of reoccurrence.
- The provider was signed up to the STOMP pledge. (STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines). People were supported in ways that reduced their need for psychotropic medicines and we saw that people did not need to routinely take medicines to help them calm down if they became upset or angry.
- Staff reviewed each person's medicines regularly, with health professionals, to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.

Preventing and controlling infection

The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service had a process for admitting people safely. No one had moved into the service during the pandemic.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance. They supported people to maintain contact with loved ones who were not able to visit due physical distance.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. If appropriate, measures were put in place to reduce the chance of any reoccurrence. Staff recorded any incidents to ensure learning could be supported. They also discussed any incidents and accidents to support each other and improve the support they provided to people.

Is the service effective?

Our findings

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 living in the home had their needs reviewed regularly. This included staff liaising with other health and social care professionals. Whilst no one had moved into the service recently one person had moved from the main house to the annex. This planned change followed ongoing assessments of the person's changing needs. Staff also considered and planned for the needs of other people who would be impacted by this change.
- A social care professional told us they received appropriate information from staff and managers to contribute to their ongoing assessments. People's likes and dislikes were reflected in the assessment process. This meant people's individual needs could be fully assessed and met. The resultant care plans were personalised and reflected people's needs and aspirations, included physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were confident they had the skills and knowledge to support people well. They discussed their training at regular staff meetings and minutes recorded discussions related to how the training reflected the needs and support of each person.
- Training provided staff with the skills and knowledge they needed to meet people's needs. One member of staff described their training and induction. They told us they had training followed by a two-week shadowing period. They told us they were always comfortable to ask saying: "even after the shadowing period I can ask anything"
- Staff told us they felt well supported by each other and the registered manager. The support was provided both formally through regular supervisions and team meetings and informally. One staff member told us: "I have been made very welcome ."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to choose their own meals. People had been doing online shopping during the pandemic and discussions were ongoing about restarting shopping for people who enjoyed this.
- People were supported to eat and drink safely. Risks associated with eating and drinking were assessed and staff understood the support people needed.
- People were supported to get drinks or snacks at any time. Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff maintained detailed records relating to people's health and the input they received from healthcare professionals. This included information about healthy eating and lifestyle as well as specific conditions.
- People saw a range of health professionals when needed and were referred to specialists when required. Guidance from these professionals was reflected in people's care plans. A health care professional highlighted that people were supported to attend GP appointments and that communication with the staff team was positive.
- We received positive feedback from a social care professional about the current registered manager. One professional told us that the registered manager "is always very helpful and responds appropriately and quickly to any queries".

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).

- The registered manager retained oversight of DoLS applications and maintained contact with the supervisory authority when these had expired.
- When people had DoLS in place their legal representative had been afforded appropriate access to their records and been supported to spend time with them to check on their welfare.
- The service was working within the principles of the MCA. Staff had received MCA training and ensured people were encouraged and supported to make decisions about their lives.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Where there was a question about people's capacity to make specific decisions, assessments were carried out and, if necessary, a best interests decision was made involving appropriate professionals and people who knew the person well. People's known preferences were considered as part of this decision making.

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

- The buildings were used in a way which supported people's independence and privacy in line with the principles underpinning the Registering the Right Support policy.
- Rosehill House was divided into distinct areas that reflected the preferences of the people living in them. One person lived in the house and two people lived in the annex. The external environment posed some challenges due to the hilly location. There were plans in place to develop an accessible garden area. One of the people was a keen gardener and this had been identified as an important outcome for them during the pandemic.
- There was one vacant flat. This was used by staff working elsewhere in the provider organisation. They did not have access to the house or annex.
- The environment was homely and stimulating. The design, layout and furnishings in a person's communal and private space supported their individual needs.
- Staff supported people to maintain their environment. Maintenance issues were reported to the provider

and staff told us issues they raised were addressed. We noted one bathroom had not been kept clean. We spoke to the registered manager who assured us a deep clean was carried out after our visit and updated us on refurbishment plans.

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 this key question has remained the same. 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

- Staff spoke about the people they supported with familiarity and obvious care. People's preferences regarding how they wished to be supported were clearly captured in their care records.
- We saw staff were kind, caring and patient. People smiled and responded with familiarity to staff.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A healthcare professional told us they found: "The carers genuinely like and care for the service users."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. Staff understood the sorts of noises that people found challenging. They also understood the sensory experiences that people found calming and pleasant.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful in their interactions. They provided people with space when it was needed.
- People were encouraged to have control over their lives. Staff knew what each person was able to do for themselves and the best way to help them complete tasks or get through difficulties. People were supported with the practical aspects of tasks. People were also supported to manage any anxiety or agitation they experienced during day to day life. Staff knew when people needed their space and privacy and respected this.
- Staff routinely sought leisure activities for people to try.
- People's right to confidentiality was protected. Records were not always kept secured, however, they were stored away from areas people used and could be moved if visitors were present. Electronic records were protected. The registered manager ensured there was secure storage for all confidential records before the end of our inspection.

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

- People's views, likes, dislikes and histories were evident in their care plans. This information was used to ensure support was provided in a way that afforded people meaningful choice. For example, one person was given options about their meal in a way that enabled them to fine tune their request. Another person used pictures to confirm where they would like to go walking.
- Staff listened to what people showed them through their actions. One member of staff described a person's happy response to brightly lit lorries whilst out recently. This had led to a discussion amongst the team about how to find more opportunities to see trucks and lorries at community events.

- Staff took the time to understand people's individual communication styles and develop a rapport with them.

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

- People received care and support that was flexible and reflected their needs. Care plans provided staff with information about people's abilities, the risks they faced and how to support them in ways that reflected their preferences. Care plans at the service were regularly reviewed to ensure they were accurate and relevant.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. These goals were reviewed regularly to ensure they had the best possible chance of being achieved. Goals were wide ranging and included joining community activities, maintaining relationships and planning holidays.
- Staff told us the care plans were up to date and that they reflected the care and support people received. A staff member told us, "They show what people need. When I started work they were really helpful."
- Changes to people's needs were communicated to staff in a variety of ways such as through informal discussion, communication books for each person and in team meetings.

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.

- People's communication needs were identified, and care plans contained information with detail about how people communicated. This detail included reference to the type of communication people may find challenging and how best to communicate with them at different times. Staff understood what people needed from communication. For example, one person had clear calm communication from staff to help them understand that they could relax with inspectors visiting their home.
- The service was able to provide information in different formats, such as easy read and social stories. Social Stories are a tool that support the sharing of information with autistic people. These had been developed to help people understand a range of changes in their life including especially difficult times like bereavements.
- One person used some Makaton signs and staff received support in how to use these specific signs alongside ways they communicated their choices.

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 encouraged to be involved in activities which they had enjoyed. Staff and the registered

manager were aware of the impact of the COVID-19 pandemic on people's presence and participation in their communities. People had been supported to be out and about doing activities they enjoyed in line with government guidance.

- People were supported to maintain meaningful relationships with family and friends. This support was provided with respect. People had been supported to find alternative ways, where possible, to keep in touch when COVID-19 restrictions had impacted on their relationships. People's relatives were kept up to date with both important events and day to events that had brought pleasure to their loved one. One relative told us, "They are very good I get a weekly phone call."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. There had not been any formal complaints made in the year prior to our visit.
- Staff had ongoing discussions about what people told them about the service they provided without using words. This meant that if people had shown they were not happy with an aspect of their care it was discussed by their team and addressed. The registered manager reflected the importance of this saying "We talk about it at team meetings and I ask staff at supervisions... We learn from them."
- Staff told us they were a close team who shared positive feedback with each other.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection, but a person had been recently bereaved. Staff had supported the person with a social story to help them understand.
- End of life care plans had been developed and these provided personalised detail about what people would like to be at happen at the end of their lives. Relatives had provided information to help this planning.

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 changed to requires improvement. This meant whilst the service was consistently managed and well-led, the provider organisation had not ensured systems were operated effectively.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was mixed evidence related to provider oversight. The provider completed quality assurance visits and the actions identified in these visits were evident on the service action plan and could be followed through to people's care records. For example, a quality assurance visit had highlighted the need to review people's wishes and expectations regarding access to their rooms. This was followed through on care plans and reflected actions taken by staff to determine people's wishes. However, we also noted that the provider had not always identified the delay to the bathroom refurbishment and the impact this had on hygiene.
- The provider had been asked to provide a risk assessment identifying and mitigating any possible risks associated with a member of staff from another of the provider's services living at the registered location. The provider did not produce the risk assessment and therefore we could not be assured any risks had been properly managed.

We recommend the provider seek guidance and support to assess and monitor the risks relating to the welfare of people due to the service set up.

- The registered manager had been registered with CQC since March 2021. Staff and professionals spoke highly of them. Professionals made comments related to their efficiency and knowledge such as: "seems very on the ball" and "very helpful and responds appropriately and quickly to any queries".
- Staff told us they felt supported and received clear direction from the registered manager. One member of staff told us: "I can ask anything. The manager is brilliant."
- The deputy manager supported the site visit. They were able to explain their role in oversight processes confidently.
- The staff and registered manager were open and transparent throughout our inspection; demonstrating their commitment to provide person-centred and high-quality care. The registered manager and deputy manager acted efficiently on queries and feedback throughout the inspection.
- There were governance systems in place. These included regular audits to ensure ongoing improvement. For example, the medicines audit was done weekly and this meant any errors were picked up quickly minimising the risk of impact on people.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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

characteristics

- People contributed to the internal quality assurance systems with support from staff who knew them well and supported them to communicate effectively. Records related to quality assurance were transparent about feedback people had given and when they had not been engaged in the process. Staff checked with people that they were happy across a range of areas such as their environment, staff and activities. Staff also discussed issues that people showed they were not happy with, through informal means such as becoming agitated or distressed. Staff also reflected on people's preferences when considering the quality of support they provided. This meant people's views were considered when planning for the service.
- Relatives told us they were kept up to date with their loved one's lives and felt listened to.

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

- The team at Rosehill House enjoyed an open culture and showed their commitment to providing person centred, high-quality care. Staff told us they were a "supportive", "stable" and "self-reliant team" that worked together to ensure good outcomes. Staff felt respected and valued by the registered manager which supported a positive and improvement-driven culture.
- Staff were passionate about people receiving personalised care. All staff gave examples of how this was delivered for the three people they supported. A healthcare professional reflected on the environment the team enabled, describing a "very peaceful, organised and safe environment".
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The registered manager worked directly with people and led by example.

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any incident or accident that had caused or placed a person at risk of harm.
- The provider and registered manager understood their responsibilities to notify CQC of certain events such as serious incidents and allegations of abuse. The provider was responsive and acted when asked to notify us of a maintenance issue that had occurred in the home and been managed safely.
- A bathroom in the home needed to be renovated. This had been delayed by a number of factors including both the impact of the pandemic and failure in internal communication. The provider organisation was transparent about this and explained the changes they had made to ensure this did not reoccur. The work was scheduled after our visit.

Working in partnership with others

- People's care records detailed the involvement of appropriate professionals to ensure the best outcomes for people. This included health and social care professionals and their input was reflected in care plans.
- Professionals were positive about their interaction with the current Rosehill House staff team.