

Metropolitan Support Trust

Rosswood Gardens

Inspection report

4, 6, 8 & 10 Rosswood Gardens
Wallington
Surrey
SM6 8QZ
Tel: 020 8647 8193
Website: www.mst-online.org.uk

Date of inspection visit: 14 October 2014
Date of publication: 05/02/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 14 October 2014 and was unannounced. At the last inspection on 19 September 2013 we found the service was meeting the regulations we looked at.

Rosswood Gardens is a care home and short stay respite unit that provides accommodation and personal care for up to 23 people. The service specialises in the care and support of younger adults who have learning disabilities, including people living with autistic spectrum disorders. The accommodation is split across four adjoining houses that are self-contained each with their own separate

entrance, communal lounge, and kitchen, toilets, bathroom and laundry room. People are free to use the communal areas in all three of the houses. Each person has their own bedroom. The respite unit can accommodate a maximum of six people at any one time and is not accessible from the main care home.

There were 13 people living in the home and two people staying in the respite unit when we visited.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

Although people told us Rosswood Gardens was a comfortable place to live; we found the environment was not always adequately maintained. For example, we found damaged and missing cupboard doors in all the laundry rooms, ripped curtains in most communal areas, an offensive smelling toilet and saw the rear garden was overgrown. We also found that systems used to assess the quality of the service had not identified the issues that we found during the inspection. This meant the quality monitoring processes were not effective as they had not ensured that people received appropriate care and support that met their needs.

You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe living at Rosswood Gardens. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these to keep people safe from harm or injury.

There were enough properly trained and well supported staff working in the service to meet people's needs. People told us, and we saw that staff had built up good working relationships with people using the service and were familiar with their individual needs and preferences.

People told us they were happy living at the home. They also said staff were kind and caring, and our observations and discussions with relatives supported this. We saw staff treated people with dignity, respect and compassion.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing.

Where there were any issues or concerns about a person's health or wellbeing staff ensured they received prompt care and attention from appropriate health and social care professionals.

People were also encouraged to drink enough and eat sufficient amounts of nutritionally well balanced food.

Care plans were in place which reflected people's specific needs and their individual choices and beliefs for how they lived their lives. People were appropriately supported by staff to make decisions about their care and support needs. People were involved in developing and regularly reviewing their care plans, and we saw people were supported to make decisions about their care and support.

People had access to their local community and could choose to participate in a variety of interesting and fulfilling in-house and community based social, educational and vocational activities. We saw staff encouraged and supported people to be as independent as they wanted to be. People were also encouraged to maintain relationships that were important to them.

The service had a clear management structure and people who lived there, relatives and staff felt comfortable about sharing their views and talking to managers if they had any concerns or ideas to improve Rosswood Gardens. The manager and deputy manager demonstrated a good understanding of their role and responsibilities, and staff told us the managers were competent, supportive and fair.

There were effective systems in place to monitor the safety and quality of the service provided at Rosswood Gardens. The provider regularly sought people's views about how the care and support they received could be improved.

The registered manager had received training in Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. This helped to ensure people were not being deprived of their liberty unlawfully.

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?

Some aspects of the service were not safe. Although we saw Rosswood Gardens looked homely, we found an unusually high number of outstanding repair and maintenance issues throughout the service and surrounding grounds.

There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff.

There were enough staff to support the people who used the service and meet their needs. People were given their prescribed medicines at times they needed them.

Requires Improvement



Is the service effective?

The service was effective. Staff were suitably trained and supported by the provider to meet the needs of the people who used the service.

People were supported to eat and drink well and stay healthy

The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act (2005) and the DoLS.

Good



Is the service caring?

The service was caring. People were happy at the home. Staff treated people with respect, dignity and compassion.

Staff knew about people's needs, preferences and aspirations and people using the service and relatives were involved in planning the care and support they received.

Staff actively supported people to maintain and develop their independent living skills.

Good



Is the service responsive?

The service was responsive. Care and support was centred on people's individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and choices.

People were supported to live active and fulfilling lives and participate in meaningful in-house and community based activities.

Good



Summary of findings

People found the providers complaints process easy to use and were happy with the way any concerns or complaints they had raised were handled.

Is the service well-led?

Some aspects of the service were not well-led. Although there were systems to assess the quality of the service provided in the home we found that these were not effective. The systems used had not ensured that people were protected against receiving inappropriate or unsafe care and support.

The manager ran the service in an open and transparent way.

The views of people who used the service, relatives and staff were welcomed and valued by the manager. They were used to make changes and improvements to the service where these were needed.

Requires Improvement



Rosswood Gardens

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 14 October 2014 and was unannounced.

The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of services.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they

plan to make. We looked at all the notifications we had received about the service since we last inspected on 19 September 2013. We also contacted a lay advocate and the local authority's contracts and quality assurance officer to obtain their views about the service.

During our inspection we spoke with 12 people who use the service, the registered manager and 12 care staff. We also looked at records which included five care plans, four staff files and other records relating to the management of the service.

We spent time observing care and support being delivered in communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the visit we contacted the relatives of 12 people who use the service and asked them for their views about Rosswood Gardens.

Is the service safe?

Our findings

People told us that Rosswood Gardens felt like a homely and comfortable place to live or stay. One person said, “I really like the little lounges. It’s a nice place to sit with my friends to watch the telly or just talk.” Another person told us, “I like the way my bedroom is decorated. I’ve got everything I need there.” However, we found that some of the soft furnishings in communal areas and the surrounding garden had not been adequately maintained, which meant parts of the premises were unsuitable. For example, a toilet and flooring in a shower room in the respite unit were damaged. Curtains in most communal areas were ripped or damaged in some way and were no longer fit for purpose. A large proportion of cupboard doors were either missing or hanging off various units or drawers in laundry rooms. The lawn in the rear garden was overgrown and the whole outside space was littered with shopping trolleys from the local supermarket and various mops and buckets. This was a breach of Regulation 15(1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider managed risks appropriately so that people were protected and their freedom respected. Care plans contained a set of detailed risk assessments that had been undertaken to identify the hazards people might face and the action to be taken by staff to appropriately manage these risks. This included environmental risks and any risks associated with people’s health and support needs, such as travelling independently in the local community, having a bath, making a hot drink, falling and looking after their own finances. It was clear from discussions with staff that they were fully aware of the potential risks people using the service may face. One member of staff gave us examples of the risks one person could encounter when they accessed the community or made a cup of tea and the actions they would take to keep this individual safe.

The service took appropriate steps to protect people from abuse, neglect or harm. People who use the service and their relatives told us people were safe at Rosswood Gardens. One person said, “I am happy living here... the staff look after us and keep us safe.” A relative told us, “I believe [my relative] is well looked after at Rosswood Gardens and kept safe by the staff who work there.”

Records showed staff had received training in safeguarding adults in the past 12 months which the manager told us

was regularly refreshed. Staff we spoke with understood what they must do to protect people from the risk of abuse or harm. They were able to explain what constituted abuse, the signs they would look for to indicate someone may be at risk of this and the action they would take if they had a concern about a person. There were appropriate safeguarding and whistleblowing policies and procedures accessible to all staff which set out how they should do this. The manager told us staff were required to read these policies and procedures as part of their induction. This ensured staff had the appropriate information and support they needed to help protect people against the risk of abuse, neglect or harm.

The service managed accidents, incidents and safeguarding concerns appropriately. Relatives told us the service always informed them about accidents or incidents involving their loved one and investigated them. One person said, “Staff told me about my relatives accident which the manager is currently investigating.” Records showed the manager followed locally agreed safeguarding protocols and dealt with these appropriately. Staff from the local authority told us the service notified them about safeguarding incidents and cooperated fully with their investigations. It was clear from comments made by staff and records we looked at the manager carried out investigations of incidents and took appropriate action where required to prevent recurrence of similar incidents. For example, an incident where a person sustained an injury led to the review of staff support they needed and we saw that increased staff support was provided to them during the inspection.

The service managed situations and protected peoples’ dignity and rights where they behaved in a way that may challenge others. Records showed staff had received specialist training in managing behaviours that challenged. Staff we spoke with understood what they must do to reduce the causes of behaviours that may cause distress to people by working with them and appropriately supporting them to manage their behaviour. They were able to explain the signs they needed to look out for that would indicate someone may be distressed and the action they would take to support them with managing their behaviour if this challenged others or puts them at risk of harm. We saw guidance in care plans that made it clear how staff should

Is the service safe?

prevent or deal with behaviours that challenged. The manager told us people had been referred to behavioural psychologist who had helped develop these behavioural management guidelines for staff to follow.

There were sufficient numbers of staff available to keep people safe. People told us, and we saw, that there were enough staff on duty to meet people's needs when we visited. A relative said, "There's usually lots of staff about when we visit." It was clear from staff duty rosters we looked at and comments made by the manager that staffing levels in the care home were determined according to the dependency levels of people who lived there. Staffing levels for the respite unit were more flexible and routinely adjusted depending on the number and needs of the people who used the service daily. The manager confirmed staffing levels were regularly reviewed and adjusted accordingly to ensure the needs of people who received services in either the care home or respite unit

were met. For example, we saw staffing levels had recently been increased to ensure there were enough staff on duty on an afternoon shift to take people out for a pub lunch. We observed staff responding quickly to people's needs and requests, which included answering call bells promptly.

People received their prescribed medicines as and when they should. People told us, and we saw, that they were given their prescribed medicines on time by staff. We saw medicines were safely stored away in locked metal cabinets. Records showed staff had received medicines training in the past 24 months which the manager told us was due to be refreshed soon. Staff we spoke with understood about the safe storage, administration and management of medicines. We found no recording errors on any of the medicines administration record sheets we looked at.

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. People told us staff knew how to look after them. One person said, “My keyworker knows what they are doing.” Relatives we spoke with also felt staff knew what they were doing and had a good understanding of how to meet their family member’s needs. One relative said, “The staff are really good at their jobs. I have every confidence in them.” Staff told us they received regular training which they felt was relevant and helped them to understand the needs of people they supported. All new staff had to complete an induction programme during which their competency was assessed by the manager. The manager told us new staff were not allowed to work with people unsupervised until they had shadowed more experienced staff to build up their knowledge and understanding of how to provide people’s specific care and support needs. A member of staff told us that their induction had been thorough and they felt it had prepared them well for their role as a support worker. We saw records to show that the induction for all new staff included training in key aspects of their role, as well as shadowing experienced members of staff.

We were able to see records of training staff had attended including training the provider considered mandatory. The manager showed us a staff training needs and development matrix the provider had created that showed sufficient numbers of staff had completed training in key aspects of their role. The matrix revealed that the majority of staff had refreshed their mandatory training which help to ensure they had the right mix of knowledge and skills to meet people’s needs. All the staff we spoke with confirmed they had received up to date learning disability awareness training. We also found that staff were able, from time to time, to obtain further relevant qualifications. For example, we saw records to show dates had been arranged for most of the staff team to receive managing challenging behaviour training in response to one person’s changing needs. Staff told us they had opportunities to continuously update training they had previously undertaken, as well as learn new skills.

Staff had effective support and supervision. Records showed staff regularly attended monthly team meetings and had individual one to one (supervision) sessions with their manager once every two months. The manager told

us they had appraised the work performance of all staff annually, which staff confirmed. Staff also told us they felt well supported by senior staff. We observed that staff who had come on duty attended a handover meeting about the morning shift, which was given by a member of staff who had worked that shift. This meant that all staff were made fully aware of what had happened in the service prior to them coming on duty and what needed to be done during the late shift.

People were able to make decisions about their everyday life and were asked for their consent. For example, people told us, and we saw, that they could access food and drink when they wanted, go to bed and get up at a time of their choosing and participate in social activities that interested them. It was also clear from speaking with relatives; they were actively involved by staff in supporting their family members to make more complex decisions about their care and support needs. People’s care records evidenced this. Where people did not have the capacity to make decisions about specific aspects of their care and support, staff and healthcare professionals had discussed and recorded where these had been made, in people’s best interests.

We saw the service had up to date policies and procedures in relation to the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and consent. Training records showed all staff had attended training on the Mental Capacity Act 2005 and DoLS, which staff confirmed they had received. These safeguards help to ensure that a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The service had policies and procedures which gave staff instructions and guidance about their responsibilities in relation to the Mental Capacity Act 2005 and DoLS. All staff had signed to confirm they had read and understood these. The manager told us applications for three people using the service had been made at the time of our inspection which were being processed by the local authority.

People we spoke with commented positively about the quality and choice of food and drink that were offered in the home. One person told us, “The food is lovely. Another person said, “If you don’t like what’s on the menu the staff will help you make something you do like.” People told us, and we saw, they could choose what to eat from a choice of freshly prepared food. Relatives told us staff supported

Is the service effective?

people to eat healthily. Care plans we looked at also included information about people's food preferences, diet and risks associated with their nutrition and weight. In addition, staff monitored people's nutrition and fluid intake using food and fluid charts and weight charts where this was required. Staff told us that they encouraged people to eat a healthy and balanced diet and monitored this closely through records. We saw guidelines for staff on how to ensure menus were nutritious, promoted healthy eating and how people should be supported to eat well and in a safe way. Where people needed support with their meals this was recorded in their personalised care plan. We looked at the current menu which appeared well balanced and featured vegetarian alternatives and fresh fruit and vegetables. Staff demonstrated a good understanding and awareness of people's individual dietary needs.

People were supported to maintain good health and had access to healthcare services when required. Care plans contained a health care action plan as recommended by

the Department of Health for people with learning disabilities. These plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. It was clear from the information contained in these plans that people were in regular contact with a range of community based healthcare professionals such as GP's, district nurses, speech and language therapists, podiatrists, opticians and dentists. The records we saw also showed the date of the appointment and the outcome of the visit. The manager confirmed that all the people who lived permanently at the home were registered with a local GP surgery and were supported to attend regular health checks there. Staff we spoke demonstrated a good understanding and awareness of people's specific health care needs. The manager gave us several good examples of advice they had received and put into practise following a referral they had made to a community based occupational therapist.

Is the service caring?

Our findings

People were supported by caring staff. People who use the service told us staff were caring and kind. One person commented, “The staff are so friendly, they’re really good to me.” Relatives also said they were happy with the staff who worked at Rosswood Gardens. One person told us, “I don’t have any complaints about the staff, they’re lovely.” Typical feedback we received from people using the service and their relatives was also positive about the standard of care and support provided at Rosswood Gardens, which included, “I’m happy living here and I love the staff”, “the care is pretty good, the staff are all excellent” and “my relative is looked after well here, I can’t fault the staff”.

Throughout our inspection the atmosphere in the home remained pleasant and relaxed. We observed many interactions between staff and people using the service that were characterised by warmth and compassion. In conversations with staff we noted they talked about people in a kind and affectionate way. It was also clear from the chatter and laughter at lunch time that staff took their time to sit and engage with people in a kind and friendly manner during the meal. People told us staff often spent time just sitting and talking with them. Care plans contained information and guidance for staff on how their needs could be met in a caring and supportive way.

We observed interactions between people and staff was positive and supportive. We saw when people asked for help and assistance, staff were responsive and acted promptly. For example, one person needed support arranging transport and money to attend a pre-planned activity which staff help them do. People were able to ask for advice and support at any time and we saw staff gave them this when it was needed. Throughout our inspection we observed people come to speak with staff on a number of occasions and saw their issues or concerns were promptly dealt with.

People’s equality and diversity were respected. Care plans we looked at were centred on people as individuals and contained detailed information about people’s diverse needs, life histories, strengths, interests, preferences and aspirations. For example, care plans included information about the name people liked to be called, how they liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication. People told us they could choose to

attend places of worship that met their spiritual needs. For example, we saw people who had expressed a wish to attend church services were supported by staff to do so on a regular basis.

During our inspection we observed staff use a variety of different communication methods to enable people to make informed choices about the things they wanted to do. For example, we saw staff use pictures and Makaton (a sign language specifically developed for people with learning disabilities) to help individuals decide what activities they wanted to do that day. One support worker said, “I always use the pictures and photographs in this book to find out what people who don’t use the spoken word to communicate what to do or are thinking.” When people were not able to verbalise they were able to understand their wishes from their body language. For example, we saw staff demonstrated a good understanding of the unique non-verbal gestures one person used to regularly communicate their needs, wishes and feelings.

People were supported to express their views and to get involved in making decisions about the care they received and how the service was run. One person told us, “Staff always ask me what activities I want to do and what I would like to eat and drink.” People also told us, and we saw information about their individual package of care, activity schedule’s, menus and the providers complaints procedures were all written in plain English or available in easy to read pictorial formats to help people understand what they could expect from the service and the choices they could make. People appeared comfortable speaking with staff and asked for their help and support in making decisions about what they wanted to do. Records showed people were encouraged to attend monthly house meetings where they could express their views about the service they received. This ensured that they were kept informed of changes in people’s conditions, along with any progress they had made. Relatives told us the manager involves them in quarterly meetings where they could feedback their views about the service received by their family member.

People’s right to privacy and dignity was supported by staff. People told us staff respected their privacy and dignity. Relatives also said staff treated their family member with respect and dignity. One relative commented, “Staff are good at keeping doors closed when they’re providing

Is the service caring?

someone with personal care.” We saw when providing personal care staff ensured this was done in the privacy of people’s rooms and always knocked on bedroom doors to seek permission to enter.

People told us staff supported them to be as independent as they wanted to be. One person said, “I clean my own room every week and sometimes I help staff make food.” Another person said, “I go shopping with staff to the local supermarket.” Relatives also told us the care and support

their family member received helped them to be as independent as they could be. We saw staff actively encouraged and supported people to make drinks, prepare meals and tidy up after mealtimes. People’s care records showed they each had individual goals and objectives, which were regularly reviewed by staff, aimed at increasing their independence in the home and the community. This included guidance for staff on how they could support people to do this.

Is the service responsive?

Our findings

People were involved in assessing and planning the care and support they received. We saw care plans included an assessment of people's needs, wishes and abilities. These initial assessments had been undertaken by the manager with the involvement of people who were considering moving into or staying at Rosswood Gardens, their relatives (where appropriate) and their care manager. This information had been used to develop a plan which set out how people's individual needs, wishes and goals would be met by staff. We saw each person had a personalised care plan. People told us staff discussed their care and support needs with them. We saw care plans provided staff clear guidance on how they should meet people's needs. One member of staff told us, "We treat each person as an individual, and always follow the instructions in people's personalised care plan."

People's care and support needs were reviewed by staff. Records showed staff met with people regularly to discuss and review the care and support they received. People's views about this were documented and where changes were needed, staff updated people's plans promptly to ensure all staff were aware of these. Relatives told us staff encouraged them to be involved in planning and reviewing their family member's care and were good at keeping them informed about changes in their health. One relative told us, "The manager always invites me to attend [my relative's] care plan reviews and always lets us know about any changes in their health." All the care plans we looked at had been signed and dated either by the person using the service and/or their representative to show they agreed with these. Staff told us everyone who lived or stayed at the service had an allocated keyworker who helped coordinate and review their care plan at regular intervals.

People told us staff helped them to decide what time they got up and went to bed, what they did each day, what and where they ate, and where they went on holiday. One person said, "Staff ask us what we want to eat and do, when we have our meetings." Another person told us, "Staff helped me choose the colour my bedroom was painted and where we went on holiday this year." We saw staff used plain English and repeating messages to help people understand what was being said to them. We looked at the minutes of a recent meeting involving the people who lived

at the home and noted that menu planning had been discussed, with people choosing the food they would like to eat. We saw people's preferences had been included into the weekly food menus.

People were supported to pursue activities and interests that were important to them. People told us there was usually plenty of interesting activities to do at home or in the local community, for example, bowling, going out for pub meals, attending classes at college and horse riding. One person told us, "I can do the things I want to here. I don't get bored." Another person said, "I have a job, which I really enjoy." During our inspection we saw people were engaged in a variety of activities with staff, such as drawing or playing a board game. We also saw staff supporting people to get ready to go out and participate in a range of community based activities, which included attending a local gardening club and dancing classes. Each person had a weekly planner displayed in their room which set out daily the activities they would be undertaking in the home and community. These covered hobbies, outings and household chores and tasks. We saw a range of leisure resources were available in the main communal area such as films, music, books, board games, puzzles, and various art and craft materials.

People told us they felt comfortable raising any issues or concerns they might have. One person said, "If I'm feeling unhappy about something I would talk with my keyworker or the manager." Another person told us, "I don't have anything to complain about, but I'm sure the staff would do something if I did." Relatives told us they were happy with the way the manager had handled concerns they had raised about the service in the past and were satisfied with the outcome. One relative said, "The staff are quite good here and you can certainly talk to them if you're not happy about the service they provide." Another relative told us, "I was happy with the way the manager dealt my complaint and the action they took." We saw an easy to read copy of the providers complaints procedure was displayed on the communal noticeboard in the home. The procedure clearly outlined how people could make a complaint and the process for dealing with this. People told us they found the complaints process easy to understand and use. We noted all complaints received by the service were logged by the manager and the actions taken to resolve these had been documented.

Is the service well-led?

Our findings

The manager told us they and the staff team regularly carried out checks to assess the quality of service people experienced. Records showed managers and staff regularly checked the service's arrangements for reviewing care plans and risk assessments, managing medicines, preventing and controlling infection, fire equipment and safety, staff recruitment and training, and staff record keeping. Staff also said certain designated members of staff were responsible for carrying out daily audits on medicines and money they handled on behalf of the people using the service.

However, although there were systems in place to assess the quality of the service provided in the home we found that these were not always effective. The systems had not ensured that people were protected against some key risks described in this report about inappropriate or unsafe care and support. For example, we found problems in relation to odour in one part of the home and maintenance of furniture, soft furnishings and the surrounding grounds. During our tour of the premises we came across an offensive smelling toilet in the main house. Staff told us the toilet, which was located on the first floor in unit 4, had smelt malodours for some time because urine had seeped under the linoleum flooring into the wooden flooring below. We also saw a number of damaged cupboard doors and curtains throughout the communal areas and an overgrown rear garden. The manager also told us a senior manager within the organisation was responsible for carrying out regular quality checks of the home, but acknowledged that this had not been done within the last 12 months and that consequently Rosswood Gardens was well over due an internal quality audit.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had a registered manager in post. People told us, and we saw, the service was well-led by a suitably experienced person. People spoke positively about the manager, who had been in post since May 2013. One person said, "I like the manager. She is very nice and easy to talk to." Relatives were also complimentary about the manager's approach to running the home. One relative said, "The manager is doing a good job." Another relative told us, "I think the manager is very hands on and approachable."

The manager encouraged a culture within the service in which people and staff were supported to be open and honest. Relatives told us they felt able to make suggestions about how things could be improved for people. One relative said, "Staff often ask me for my opinion and take what I have to say seriously." Staff told us the manager does not tolerate poor practice and values their views. One member of staff said, "I think we work well as a team. Rosswood Gardens is a nice place to work and I believe we look after people well here." Staff also told us they felt the home had an open and supportive culture and were confident about raising any issues they might have with the management. Another member of staff told us, "The manager would always support you."

People using the service and relatives we spoke with told us the managers and staff regularly sought their views about the home and felt involved in helping to improve it. One person gave us a good example of changes they had requested to be made to the interior décor of their bedroom, which we saw had taken place. A relative told us the provider invited them to participate in satisfaction surveys. Other records we looked at showed that people using the service could express their views through regular meetings with their keyworker, group house meetings and care plan reviews.

Staff told us that any incidents, accidents, complaints and safeguarding investigations were always discussed at monthly team meetings which ensured that everyone was aware of what had happened and the improvements that were needed. It was clear from the minutes of team meetings we reviewed that significant incidents that had adversely affected the health and wellbeing of the people who used the service were routinely discussed. Staff told us they felt these meetings were useful as they encouraged them to discuss what they did well and what they could do better by learning from each other.

The service was proactive in promoting good practice. For example, we saw the providers arrangements to support people with complex communication needs were well understood and continuously used by staff. Care plans were in place and routinely used by staff to help them understand what people using the service wanted. We saw records to show staff had received training in topics such as

Is the service well-led?

learning disability awareness and communication. Those we spoke with felt they had sufficient skills from this training to meet the needs and wishes of the people they supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>People who use services were not protected against the risks associated with living or staying in unsuitable premises because these were not always adequately maintained. Regulation 15(1)(c).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People who use services may be at risk of receiving inappropriate or unsafe care or support because effective systems were not in place to regularly identify, assess, manage and monitor the quality of the services provided.</p> <p>Regulation 10(1)(a)(b)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.