

Roselawn Care Limited

Roselawn House

Inspection report

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Surrey
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Tel: 02086686517

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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

Roselawn House is a residential care home for eight people with learning disabilities. Accommodation includes a kitchen, lounge and dining room, bathrooms and toilets. Each person has their own bedroom and there is access to a large enclosed garden. There were eight people using the service at the time of our inspection.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because the service was registered before the guidance was published. However, the service was working towards developing the provision in line with these principles. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People continued to experience person-centred, flexible support. People's care needs were assessed, kept under review and they were fully involved in making decisions about their care and support. Assessments considered whether people had any needs in relation to their disability, sexuality, religion or culture. Staff understood and respected these needs.

Risks to people's health and well-being were assessed and reviewed when needed. Staff took action to minimise these risks and keep people safe.

Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse. The provider followed an appropriate recruitment process to employ suitable staff. Staffing was managed flexibly so that people received their care and support when they needed it.

People received the support and care they needed to maintain their health and wellbeing. Referrals were made to other professionals as necessary to help keep them safe and well.

People received their medicines as prescribed although medicines were not always stored and managed in line with best practice guidance. We have made a recommendation concerning medicines management.

Roselawn House continued to be kept clean, well maintained and furnished to comfortable standards. The provider considered and recognised the needs of people with physical and sensory disabilities. People were provided with the necessary equipment to promote their independence and meet their assessed needs.

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

least restrictive way possible.

The service remained responsive to people's individual needs. People were involved in their care planning, and staff respected their choices and promoted their independence. Care plans were updated to reflect any changes and ensure continuity of their care and support.

People's privacy and dignity was respected and upheld by the staff team and people were supported to maintain relationships with those who were important to them.

There were enough staff to support people's needs and staff worked flexibly to support people with their preferred interests, activities and hobbies. People enjoyed varied social and leisure activities and had opportunities to try new ones.

The home had stable management and leadership. There was an established registered manager who worked alongside the staff team to ensure people received the care and support they needed. Feedback regarding the registered manager was positive from people, their relatives and staff.

People, their families and staff were encouraged to share their views and contribute to developing the service. Any concerns or complaints were acted on and the provider used feedback to improve the service.

The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided. Action plans were used to highlight any areas where improvements were required and these were monitored to ensure that changes were made.

Further information is in the detailed findings below

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Roselawn House

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 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager and staff are often out of the service supporting people with their activities. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people, the registered manager and two members of staff. Due to their needs, other people were not able to fully share with us their experiences of living at the service. We therefore spent time with people in the communal areas and carried out observations to understand how staff interacted with people who could not communicate verbally. We also reviewed care records for three people.

We looked around the premises and checked records for the management of the service including quality assurance audits and checks, meeting minutes and health and safety records. We checked recruitment records for two members of staff and information about staffing levels, training and supervision. We also reviewed how medicines were managed and the records relating to this.

Following our inspection, the registered manager sent us information we had requested concerning quality assurance, incident/accident analysis and maintenance repairs. We also contacted a person's relative and a professional involved with the service to obtain their views about the care provided. They agreed for us to use their feedback and comments in our report.

Is the service safe?

Our findings

People told us they felt safe living at Roselawn House. A relative commented, "They ensure that [my relative] is looked after appropriately, any safety issues are addressed without delay."

People remained protected from the risk of abuse and harm. Staff knew what action to take if they had concerns about a person's welfare or safety and completed safeguarding training every year to keep up to date with best practice. Information about reporting such concerns was displayed in the home. The registered manager understood their responsibilities to report suspected abuse to the local authority and the actions they needed to take to keep people safe from harm. There had been no safeguarding activity since our last inspection.

People had individual risk assessments that were personalised and kept under review. People continued to receive the support they needed from staff. Staffing was planned flexibly to take account of people's planned activities and needs. Where people required one to one staff support at home or in the community, this was provided. There was an established registered manager and staff team which meant that people experienced consistent care and support. People spent time with their keyworker staff on a one to one basis to do their chosen activities.

People were protected from unsuitable workers. The required recruitment checks were completed to make sure staff employed were of good character and had the right skills and experience to support people. These included checks with the Disclosure and Barring Service to ensure applicants were not barred from working in care. There was also evidence of identity documents, references, full employment histories and training qualifications.

Roselawn House was clean, well maintained and provided people with a comfortable living environment. Arrangements were in place for checking the health and safety of the premises and that equipment was in good order and safe for people to use. Safety checks were carried out, for example, on electrical and gas appliances, water hygiene compliance and fire safety. Fire alarms and other fire equipment were routinely tested and fire evacuation drills were held regularly involving both people using the service and staff. People had a personal emergency evacuation plan (PEEP) to explain the support they needed in the event of a fire or major incident.

The provider had effective systems for checking the home was kept in a good state of repair and records were available to support this. However, we noted some exposed pipework in the laundry room and a broken window restrictor. The registered manager took immediate action to address this and arranged for the necessary work to be completed. She also sent evidence to support this following our inspection.

People were protected from the risk of infection as staff maintained appropriate standards of hygiene. People assisted with keeping their home clean and staff supported them with this. We found the home continued to be clean and hygienic with no malodours. Staff undertook infection control and food safety training to keep their knowledge and skills up to date.

Incidents and accidents were recorded and checked by the registered manager or senior staff. In two cases, we were not able to see what action had been taken in response to the accident or incident. Reports had been signed and dated but it was unclear whether a review of the person's care had taken place. The registered manager agreed to review the reports and confirmed that appropriate action had been taken shortly after our inspection.

People continued to receive their medicines as prescribed and had regular medicine reviews with relevant professionals to promote good health. We saw up to date records to support this. Information about people's medicines was up to date and explained how people preferred to take them. Where people needed medicines 'as required' or only at certain times, there was additional guidance about when and how they should be administered. For example, medicines related to pain relief.

Medicine administration records [MARs] were accurate and confirmed that people received their medicines appropriately. However we noted that medicines prescribed for people as required, such as Paracetamol, were not included on the MAR. This meant staff would have to contact the GP for authorisation to administer and people may experience a delay in receiving their medicines for pain relief. The registered manager advised that this was because the pharmacist only printed records for the medicines they supplied each month. During our inspection the registered manager contacted the pharmacist and arranged for replacement MARs to be put in place.

Staff responsible for administering medicines received regular medicine training and observational checks on their practice. Medicines were stored securely in locked cabinets and staff completed stock counts and audits for medicines to make sure people did not miss doses of medicines.

We noted that room temperatures where medicines were stored were not routinely monitored to check they were within the correct range. We recommend that the registered provider reviews their processes for medicines management in line with current guidance and take action to update their practice accordingly.

Is the service effective?

Our findings

People received effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. Arrangements were made to make sure people received effective and coordinated care when they were referred to or moved between services. One person had started using the service since our last inspection. We found the transition process for the person had been managed in a planned and structured way to make sure the home was suitable for them. This involved staff meeting with the person in their previous placement to get to know their needs and consulting with other professionals involved in the person's care. One professional told us, "I found the manager and staff at Roselawn to be very accommodating and proactive in making sure the move was successful."

The service continued to provide people with effective care and support. People were supported by a team of well trained staff. Staff continued to access the training and support they needed to carry out their roles. Staff who were new to care completed the care certificate. The care certificate sets out common induction standards that care staff are expected to meet.

Records confirmed staff undertook training to meet people's individual needs and keep up to date with best practice. This included learning about supporting people with epilepsy and behaviour that may be challenging. Staff felt well supported and had opportunity to meet with the registered manager to discuss all aspects of their work. One to one supervision meetings were held every three months and staff had an annual review or appraisal of their work performance.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

We observed staff offered people choices and supported their decisions about what they wanted to do. Staff understood people's individual communication needs and how they expressed themselves. Care plans explained where people could not give consent and what actions were needed to protect and maintain their rights. Decision specific mental capacity assessments were completed and a best interest process followed in relation to decisions about people's care and treatment. Staff completed yearly training in MCA and DoLS. They were aware of the legal requirements and how this applied in practice. Policies and guidance about the principles of the MCA were clearly displayed for staff to reference.

People were encouraged to have a healthy diet and participate in food preparation and cooking. A four weekly rotational menu was displayed in the kitchen and included two options. We noted the menu had not been reviewed for over a year and it was unclear how people had been involved with planning their meals. We discussed this with the registered manager who acknowledged there could be a more person centred

approach to meal provision. She agreed to discuss this with people using the service at the next meeting, with a view to weekly menu planning. Care plans included details about people's nutritional needs and other professionals, such as the GP and dietician, were involved in people's care if this met an identified need. At the time of our inspection no-one using the service required a specialist diet.

People had health action plans which included personalised details about their past and current healthcare needs. Plans described how people would be best supported to maintain contact with health services or in the event of admission to hospital. People saw other external professionals when necessary, to make sure their needs were met. Records of all health care appointments were maintained. These detailed the reason for the visit or contact and any actions or recommendations from these. Staff were knowledgeable about people's individual healthcare needs and how to support them. They could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well.

People had the equipment they needed to meet their individual needs. People were supported to be involved in changes to their living environment and had recently chosen paint colour for the redecoration of communal areas and their bedrooms. People's bedrooms were all individual in decoration and had been personalised with their own belongings and items that were important to them.

Is the service caring?

Our findings

People who were able to comment told us they were happy living at Roselawn House and liked the staff team. A relative told us when they visited, staff were, "very caring and attentive to [my relative] and other service users' needs". A professional spoke about "an extremely positive move" for one person and told us, "The staff ensured [person] was introduced to the home and other service users at their pace but also made sure they were involved in upcoming outings and holidays."

People were comfortable and relaxed in the presence of staff. There was a friendly, welcoming atmosphere and we observed positive interactions between people and staff. People were treated as individuals by the staff team and enabled to make decisions about how they wanted to spend their time. When people returned from their daily activities, staff supported their choices about what they wanted to do. Some people preferred a set routine to their evening, such as taking a bath, listening to music or relaxing in their bedroom. Throughout our inspection, people chatted with staff about their day and shared laughter together.

Our observations and discussions with staff showed they knew people well and how to support individual needs and preferences. The registered manager and staff members we spoke with could describe people's likes, dislikes and what activities they enjoyed doing. Staff showed knowledge about what to do if people were unwell, unhappy or if there was a change in a person's behaviour.

People's diverse needs were met and equality was promoted within the service. Staff understood how to reduce the barriers for people with physical or sensory impairments. To support staff in understanding how people communicated and expressed themselves, their communication methods were recorded in their support plans. For example, one person used Makaton sign language to communicate and this was documented in their care plan. Makaton signs were also displayed in the home for people and staff to refer to. Another person had a visual impairment and staff used sounds to help them familiarise with their surroundings and move around the home safely. The registered manager was in the process of finding out about technology resources to further promote independence for the person.

People were encouraged to make decisions about their care, express their views and maintain relationships with people close to them. People were involved in meetings to discuss their views and make decisions about their care and support. This included choice of activities and holidays, food and keyworker staff. Staff supported people to keep in regular contact with their relatives. People visited their families and relatives were invited to parties or other social events in the home.

People's rights to privacy and dignity were respected and upheld by staff. This included giving people private time in their rooms or other areas, listening to people, respecting their choices and upholding people's dignity when providing personal care.

People were supported by staff who were compassionate and kind. A person living at Roselawn House had passed away earlier in the year and staff had supported people through the bereavement process. After the

funeral and at the request of the family, everyone met at the home to celebrate and remember the person's life.

Is the service responsive?

Our findings

People continued to experience a responsive service and there was continuity of care. This was because people were supported by an established staff team who knew them well and their individual needs. A relative commented on a recent survey, "We are so pleased and happy with all aspects of care for [name of person] and staff are the best we could hope for."

People's likes, dislikes and what was important to the person were recorded in person centred care plans. Where people had specific health care needs or conditions, there was detailed guidance for staff about how this impacted upon the person's care and what steps they needed to take to support their individual needs.

Plans explained how staff should support them with their activities in the home and local community. People went to organised daily activities, with staff to accompany them if needed. People were offered outings, day trips and supported holidays and were encouraged to participate in community activities of their choice. They were supported to develop and maintain relationships in the wider community by accessing local leisure amenities and meeting people from the provider's other services. Photos were displayed around the home of people taking part in a range of activities as well as celebration events. These demonstrated that people were provided with a range of opportunities to lead fulfilling lives and experience new things.

The provider had arrangements for making sure people's care and support needs were kept under review. Care plans were reviewed at least six monthly or more frequently where a person's needs had changed. Staff completed daily records for people and shared information at handovers between shifts. This helped ensure any new concerns or issues relating to people's welfare were recorded and passed on.

People's rights were upheld and they were protected from discrimination. The provider understood the importance of promoting equality and diversity for people and staff completed training to enable them to meet people's needs. Any needs in relation to people's disability, sexuality, spirituality or culture were assessed and described in the care plan.

The provider was aware of their responsibility to support people's needs in line with the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a disability, impairment or sensory loss to have access to the same information about their care as others, but in a way they can understand. As well as written words, alternative formats such as pictures, signs, symbols and photos were used to ensure information was accessible to people. This helped people to communicate their preferences and wishes and promote their independence. For example, one person had a folder of food and drink pictures to enable them to choose their meals.

There were appropriate arrangements for managing complaints and concerns. People told us they would know who to speak to if they had any concerns or worries. The complaints procedure was displayed within the service and available in picture and symbol format to help people understand the information. There had been no complaints about the service.

People were supported to make decisions about how they wanted to be cared for at the end of their life. The service was working towards the "Steps To Success" accreditation for end of life care in residential care homes. Training for staff was facilitated by the local hospice team to give them the skills and knowledge they needed to care for people appropriately. Advanced care plans were being developed with people and their families to ensure people's end of life wishes would be respected.

Is the service well-led?

Our findings

The service continued to be well led and the same registered manager was in post since our last inspection. 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 registered manager was supported by a deputy and all members of the staff team had designated duties. We observed effective team work and communication between members of staff during our visit. The staff team were caring and dedicated to meeting the needs of the people using the service. They told us that they felt supported by the registered manager who was approachable and worked alongside them. They said they felt listened to and could contribute ideas or raise concerns if they had any. A relative told us the service was well run. They spoke about how staff "help family visitors to feel part of the house family and involved."

The quality of the service continued to be monitored effectively using audits and checks. These involved looking at people's care plans, staff records, cleaning and hygiene, the environment and health and safety. Where issues were identified, action was taken. The registered provider visited the service regularly and wrote reports about these visits. We noted that reports did not always capture people's views and experience of the service. We discussed using more up to date methods that could incorporate the five key questions and fundamental standards of care. The registered manager agreed to discuss this with the provider.

The service promoted and encouraged open communication between people, relatives and staff. People and their relatives or representatives were involved in development of the service and given yearly questionnaires to share their views. The latest survey results were positive about the service.

Staff meetings enabled staff to share information about people's care and support, develop or refresh their knowledge and skills and keep updated with current practice. At recent meetings, staff had discussed planning holidays with people using the service and updated policies and procedures.

The registered manager ensured that people received the relevant support from other agencies as required, such as the community learning disabilities team. A social care professional spoke about how well the service had worked with them to support a person's move to the home. Records demonstrated how the service engaged with other agencies and professionals to respond to and meet people's care needs. For example, recent training from the local hospice gave staff the skills and confidence to support people at the end of their lives should this be needed in the future.

The registered manager understood her responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare.

