

Welmede Housing Association Limited

Rosemere

Inspection report

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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

The inspection took place on 3 March 2016 and was unannounced.

Rosemere is a purpose-built care home providing accommodation and personal care for up to six adults with learning disabilities.

There was a registered manager in post, although they were not present on the day of our 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 and associated Regulations about how the service is run.

People were safe because there were always enough staff on duty to meet their needs. Risks to people had been assessed and action taken to reduce these risks. Health and safety checks were carried out regularly and plans were in place to ensure that people would continue to receive their care in the event of an emergency. People were protected by the provider's recruitment procedures. Staff were aware of their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. People's medicines were managed safely.

People received their care from staff who had the training and support they needed to fulfil their roles. Staff had an induction when they started work and ongoing refresher training. They met regularly with their managers for supervision and had opportunities for continuing professional development.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which meant that people's care was provided in the least restrictive way.

Staff enabled people to make informed choices about what they ate and supported them to maintain a balanced diet. People were supported to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals which ensured people received the care and treatment they needed.

Staff were kind and caring. They treated people with respect and supported them in a way that maintained their privacy and dignity. Staff encouraged people to be independent and to learn new skills. They promoted people's involvement in their local community and to develop and maintain relationships with their friends and families.

People's needs had been assessed before they moved into the service and were reviewed regularly. The service actively sought people's views about their care and support and responded to their feedback. Care plans were person-centred and reflected people's individual needs, preferences and goals. They provided

clear information for staff about how to provide care and support in the way the person preferred.

There was an open culture in which people, their relatives and staff were able to express their views and these were listened to. Staff understood the values of the service and demonstrated these in their work. They met regularly as a team to discuss any changes in people's needs, which ensured that they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring, which meant that key aspects of the service were checked and audited regularly. Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

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 was safe.

There were enough staff to keep people safe and meet their needs in a timely way.

Risks to people had been assessed and measures had been put in place to minimise these risks.

There were procedures for safeguarding people and staff were aware of these.

People were protected by the provider's recruitment procedures.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People received consistent care from staff who knew their needs well.

Staff had access to the training and support they needed to do their jobs.

People's best interests had been considered when they needed support to make decisions. Applications for DoLS authorisations had been made where restrictions were imposed to keep people safe.

People were supported to have a balanced diet and to choose what they ate.

People were supported to maintain good health and to obtain treatment when they needed it.

Is the service caring?

Good 

The service was caring.

People had positive relationships with the staff who supported them.

Staff were kind and committed to providing high quality care and support.

Staff treated people with respect and provided care in a way that maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Staff encouraged people to make decisions about their lives and respected their choices.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Support plans were person-centred and reflected people's individual needs, preferences and ambitions.

Staff worked well with other professionals to ensure that people moving in to the service were supported through this process.

People had opportunities to enjoy fulfilling lives and to be as active as they wished. Staff promoted people's involvement in their local community.

People were supported to pursue their interests and to maintain relationships with their families.

There were appropriate procedures for managing complaints.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff were encouraged to contribute their views and these were listened to.

Staff had been involved in developing the values of the service and demonstrated these in their work.

There was an effective system of quality monitoring to ensure

that people received safe and appropriate care and support.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

Rosemere

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 3 March 2016 and was unannounced. Due to the small size of the service, the inspection was carried out by one inspector.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR 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.

During the inspection we spoke with three people who lived at the service, three staff, the provider's regional manager, a relative and a social care professional. If people did not express themselves verbally, we observed the care and support they received and the interactions they had with staff.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We checked how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with one relative after the inspection to hear their views about the support their family member received.

The last inspection of the service took place on 17 April 2014 when no concerns were identified.

Is the service safe?

Our findings

Relatives told us their family members were safe at the service. They said staff were aware of any risks to their family member's safety and managed these effectively. One relative told us, "I don't worry about him at all there. They know where he is at risk and they manage that well." Another relative said, "It's real peace of mind for us to know that he is so well looked after there."

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. They told us that safeguarding and whistle-blowing were discussed at team meetings. This was confirmed by the team meeting minutes. One member of staff told us, "We are all told about safeguarding and what to do if we have any concerns." Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records.

Staff carried out risk assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. For example one person had been identified as at risk of choking and staff had sought the input of a speech and language therapist to develop measures to reduce this risk. Measures were put in place to support people to maintain their independence in a safe way. For example one person liked to go out without staff support and plans had been put in place to enable the person to do this safely. A missing person profile had been developed for each person, which contained essential details about them and their needs.

The premises were checked regularly to ensure they were safe and well maintained. The provider's health and safety manager carried out regular audits in relation to the safety of premises and equipment. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The support each person would need in the event of a fire had been recorded in a personal emergency evacuation plan. The fire alarm system and firefighting equipment were checked and serviced regularly.

The provider had developed contingency plans to ensure that people's care would not be interrupted in the event of an emergency, such as loss of utilities or severe weather. The service aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence.

There were sufficient staff deployed to meet people's needs in a safe and timely way. Relatives told us that there were enough staff with appropriate skills to make sure their family members received the care they needed. We observed that staff were available when people needed them and that the staffing rota was planned to ensure that staff with appropriate knowledge and skills were available on each shift.

Staff told us that there were enough staff on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. Staff told us that management support was always available if they had concerns about a person's health or welfare. The provider operated an out-of-hours

support service for staff, which enabled them to contact a member of the management team in an emergency.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with their employment history and qualifications and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work.

People's medicines were managed safely. Medicines were stored securely and medicine stocks checked and recorded daily. There were appropriate arrangements for the ordering and disposal of medicines. All staff administering medicines received training and completed a supervised competency assessment before being authorised to do so. Protocols were in place for PRN (as required) medicines and medicines audits were carried out regularly to ensure that people were receiving their medicines correctly. We checked medicines administration records for three people and found no gaps or errors in recording. The service had access to advice from the dispensing pharmacist and people's medicines were reviewed regularly by their GP.

Is the service effective?

Our findings

People benefited from a stable staff team who had access to the training and support they needed to do their jobs. The staff on duty had all worked at the service for some time and knew the needs of the people they supported well. Staff told us that vacancies due to leave or sickness were either covered by members of the permanent staff team or by other staff employed by the provider. One member of staff told us, "We rarely need to use staff from outside the service to cover shifts but if we do, we use other Welmede staff. That way, they know how we work and what is expected of them." Relatives told us that staff knew the people they supported well, which enabled them to provide care in the way people needed. One relative said, "The staff know him very well. They communicate well with him because they really understand him."

All staff had an induction when they started work, which included shadowing an experienced colleague and reading people's support plans to understand their needs. Staff also attended core training in their induction, including safeguarding, health and safety, infection control, fire safety, first aid, medicines management and moving and handling. Staff told us that they attended refresher training in core areas to keep their skills and knowledge up to date. The provider had systems in place to ensure that all aspects of refresher training were up to date.

Staff were well supported through regular supervision and appraisal. They said they had a one-to-one supervision with their line manager every month and that they valued these opportunities for advice and support. There was a system of annual appraisal in place and staff said appraisals were used to evaluate their performance and identify any further training needs.

Staff communicated information about people's needs effectively to ensure they received the care they needed. Handovers took place between shifts to ensure that staff beginning work were up to date with any changes in people's needs. All staff were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care. There was a plan in place for each shift, which ensured accountability for the completion of all tasks.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The Care Quality Commission (CQC) monitors the operation of the DoLS, which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

The provider had delivered training in the MCA and DoLS and staff understood how the principles of the legislation applied in their work. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. There was evidence that people's capacity had been assessed and that their best interests were considered if they required support in making decisions. Where possible, the provider involved people's families to support them in making decisions. Applications for DoLS

authorisations had been submitted to the local authority where restrictions were necessary to keep people safe.

People were supported to have a balanced diet and were involved in choosing the menu. Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. Staff were aware of people's likes and dislikes and used residents' meetings to seek people's preferences about what they ate. People's nutritional needs had been assessed and were kept under review. Risk assessments had been carried out to identify any risks to people in eating and drinking. The service had involved healthcare professionals, such as speech and language therapists, if people developed needs that required specialist input.

People were supported to stay healthy and to obtain treatment when they needed it. Relatives told us staff monitored their family members' healthcare needs closely and that staff made a medical appointment if they identified any concerns. One relative told us, "The way they monitor his health is fantastic, they don't miss a trick." Another relative said, "If anything is wrong, they call a doctor straight away." The service had developed effective relationships with healthcare professionals, including GPs, and the community team for people with learning disabilities, which ensured that people received the care and support they needed.

A health action plan had been developed for each person, which recorded their individual health needs and any guidance from healthcare professionals about the delivery of their care. Health action plans also recorded the outcomes of any healthcare appointments. Relatives told us staff always kept them up to date about any events that affected their family members' health or well-being. One relative said, "If he has a fall, they ring me straightaway and let me know" and another relative told us, "They are very good at keeping us informed."

Is the service caring?

Our findings

People were supported by staff who were compassionate and caring. People told us they liked the staff who supported them and that staff were kind. Relatives told us that their family members received high quality care from caring staff. They said their family members received consistent care because the service had a stable staff team. One relative told us, "The staff here have been fabulous. They have been amazing. They were marvellous helping him get settled in. They have really helped him adapt to his new life." Another relative said, "The staff there are so nice. They are all lovely." The social care professional we spoke with told us, "People seem to have very good relationships with the staff."

Staff encouraged people to be involved in planning their care. One person showed us their person-centred plan and told us they had written it themselves with support from staff. The person clearly felt a strong sense of ownership of the plan and of satisfaction with completing it. The provider had made information about people's care available in symbol-supported formats. People were encouraged to contribute when their care was being discussed. For example, a review of one person's care took place during our inspection involving staff, a social care professional and relative. The person was encouraged to participate in the meeting and did so for the length of time that suited them. Staff spoke with the person after the review to give them details about what had been discussed in their absence and check they were happy with the outcome of the review.

Staff supported people in a way that promoted their independence and enabled them to develop new skills. One relative told us, "They have really supported him to be independent. He does so much more for himself now. I can't believe the progress he has made." Another relative said, "It is really good for him there. They encourage him to do things for himself. It's amazing what he has achieved there."

People told us they enjoyed being involved in the daily life of service, such as shopping and preparing meals. One person told us about the tasks they could do for themselves that they had been unable to do before they moved to the service. The person had clearly gained much satisfaction from the new skills they had developed. We observed during the inspection that one person wrote the house shopping list with support from staff and went with the member of staff to buy the shopping.

The atmosphere in the service was calm and relaxed during our visit. We observed that people had positive relationships with staff and that staff treated people with respect. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening during care and support.

Staff demonstrated the provider's organisational values in their work, including providing person-centred care and treating people with respect. Support with personal care was provided in private and staff respected people's privacy at all times. People were able to meet with their friends and families in private or spend time alone whenever they wished. Staff were committed to supporting people in a way that promoted their rights and reflected their preferences about their lives. The provider had a confidentiality

policy, which was explained to staff in their induction. All staff signed to record their understanding of this policy and their agreement to adhere to it.

Is the service responsive?

Our findings

People received personalised care and support based on their individual needs. People's needs had been assessed before they began to use the service to ensure their needs could be met. Support plans were person-centred and reflected people's individual needs, preferences and ambitions. They recorded what people could do for themselves and in which areas they required assistance and contained guidance for staff about how people preferred their support to be provided.

One person had recently moved into the service. We found evidence that the person's transition from another service had been planned and managed sensitively to ensure that the person felt comfortable at each stage of the process. A social care professional told us staff had worked closely with them to ensure a person who had recently moved into the service did so in a well-planned way. The social care professional said, "They worked very well with us in planning the transition and they gave him good support to settle in."

Relatives told us the service had responded well to their family member's individual needs. They said staff had tried hard to understand their family members' aspirations and to provide opportunities to achieve these. One relative told us, "They have shown him the opportunities available to him, how life can be for him. It's lovely to see the confidence in him now." Another relative said, "He has really blossomed since he has been there." A social care professional told us staff provided support that reflected their client's individual needs and that the person had benefited from their move to the service. The social care professional said, "They provide very person-centred support. They have really responded to meet his individual needs. There have been many positive changes for him."

People had opportunities to take part in activities they enjoyed and to maintain relationships with their friends and families. One person told us about the activities they had tried and enjoyed since moving to the service. These included arts and crafts, cookery and bowling. The person said they met regularly with their keyworker to talk about activities they would like to try. Relatives told us their family members were encouraged to be active and to try new activities they may enjoy. One relative told us, "They go out all the time. There is always something going on." Another relative said, "He joins in everything. He is much more active now, which is good for him."

Staff had worked hard to find relatives and initiate contact for one person who had little contact with their family. This had resulted in a positive outcome for the person, as they now had regular contact with members of their family. One person who moved into the service had lived locally for many years and had developed friendships in the local community that were important to them. The person had been supported to maintain these relationships since moving to the service.

The service actively sought people's views about their care and support and responded to their feedback. People met with their keyworkers each month to give their views about the service they received and an action plan was developed to achieve any goals identified by the person. Residents' meetings took place regularly and were supported by staff. Notes were taken by staff and made available in a symbol-supported format. Meeting notes demonstrated that people were encouraged to give their views about how the service

was run. People were also encouraged to speak up if they had any complaints or were concerned about how they were being treated.

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies complainants could contact if they were not satisfied with the provider's response. We checked the complaints record and found that no complaints had been received since the last inspection. Neither of the relatives we spoke with had made a complaint but both said they would feel comfortable doing so if necessary and were confident that any concerns they raised would be dealt with appropriately.

Is the service well-led?

Our findings

The service was well managed. There was a registered manager in place and senior staff who had the necessary skills and experience to manage the service effectively in the registered manager's absence. Relatives told us the registered manager or senior staff were available if they needed to discuss their family member's care and that any concerns they had were always addressed promptly.

Staff met regularly as a team and said they had opportunities to discuss any changes in people's needs, which ensured that they provided care in a consistent way. They said they worked well as a team to ensure people received the care they needed. One member of staff told us, "We get good support from our managers. They are very supportive." Another member of staff said, "We support one another well. We are a good team. We all support one another."

Staff were supported to give their views about how the service could improve or to raise any concerns they had. They told us their contributions were encouraged and valued by the registered manager. One member of staff told us, "The manager is very good, very approachable. We are encouraged to contribute our ideas." Another member of staff said, "The managers encourage staff to use their initiative but there is always someone available if you need them. That means you feel secure for yourself and secure for the service users."

The staff team had developed a charter of values which they needed to demonstrate in their work. This exercise had been supported by the provider's regional manager and all members of the team had been encouraged to contribute to the charter's development. The values included being open and honest, keeping people safe, promoting their independence, providing choices and supporting them to have positive relationships.

The provider had an effective quality assurance system which ensured that all aspects of the service were monitored regularly. The registered manager carried out monthly audits and produced a report of their findings. These audits included checks of incident and accident records to identify trends and record any learning from these events and the actions being taken to minimise any risks to people. The registered manager submitted these reports to the provider's quality assurance team, who ensured that any actions identified were carried out.

The provider had a quality assurance team that also carried out checks on aspects of the service including staff training and supervision, documentation and the management of any complaints or safeguarding referrals. The service had a continuous improvement plan, which was reviewed regularly. These reviews ensured that action had been taken where areas had been identified for improvement.

Records relating to people's health and care were accurate, up to date and stored appropriately. Staff kept daily records for each person, which detailed the care they received, the activities they took part in and any issues related to their health or well-being. The outcomes of medical appointments were recorded and any guidance received from health and social care professionals was incorporated in people's care plans. The

service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed. The service notified the Commission and other agencies of incidents and events when required.