

Community Integrated Care Rosedale/Rosewood

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

About the service

Rosedale/Rosewood is a residential care home providing personal care to five people with a learning disability and/or autism at the time of the inspection. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

People told us they felt safe and happy. Staff were caring, kind and respectful. There was a happy family atmosphere at the home. People and staff cared about each other and enjoyed spending time together.

There were systems and processes in place to help protect people from the risk of abuse. People received their medicines safely. There were enough staff on duty to meet people's needs. Safe recruitment procedures were followed. There was a positive approach to safety and risk which was not restrictive for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had enough to eat and drink and their choices were respected. Staff supported people to buy, prepare and cook food. People were supported to have access to a range of healthcare professionals to ensure they remained healthy. Staff were well trained and supported.

Staff had a good understanding of people's needs, preferences and goals. Care plans reflected people's individual needs and people were supported accordingly. Staff supported people to maintain contact with those important to them and promoted inclusion within the local community.

A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any issues or concerns were identified. The registered manager promoted people leading fulfilled lives and led by example. The service was well run.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of this thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Rating at last inspection

The last rating for this service was good (published 7 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosedale/Rosewood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Rosedale/Rosewood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We received

feedback from two relatives via email. We spoke with the registered manager, the regional manager, one senior support worker and two support workers.

We reviewed a range of records. This included two people's care records and three medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe because staff are here all the time and I prefer that to being on my own." A relative said, "[Family member] says they feel safe so that is important to me and to them. We are confident that staff treat them well."
- There were systems in place to help protect people from the risk of abuse. Staff were knowledgeable about what action they would take if abuse were suspected. Safeguarding concerns had been dealt with promptly and appropriately.

Assessing risk, safety monitoring and management

- There was a positive approach to risk taking. Staff managed these risks, so people could lead fulfilled lives by being as independent as possible.
- Staff carried out regular checks to make sure people lived in a safe environment.
- Contingency plans were in place to ensure people received continued care and support in the event of an emergency.
- Environmental and individual risks to people had been identified and mitigated.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- People were supported by a well-trained, experienced and familiar staff team.
- Safe recruitment procedures were followed to help ensure suitable staff were employed.

Using medicines safely

- Medicines were managed safely. Medicines were stored in people's bedrooms which helped promote a person-centred approach to medicines management.

Preventing and controlling infection

- People were protected from the risk of infection. The environment was clean and staff followed safe infection control procedures.
- Staff had completed infection control and food hygiene training.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify any themes or trends, so action could be taken to reduce the risk of any recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate. People were supported to visit the service to make sure they were comfortable and happy before they moved in.

Staff support: induction, training, skills and experience

- Staff had completed training in key areas, so people's needs could be met. Staff received regular supervision and annual appraisals.
- Staff felt supported by the registered manager and told us they could approach them at any time for advice or support.
- New staff were supported via a comprehensive induction programme.

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

- Staff ensured people received a well-balanced diet, which met their needs and dietary preferences.
- People chose what and when they wanted to eat. One person told us how much they enjoyed cooking with the staff.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- Staff were proactive in accessing support from health professionals. This led to people receiving timely support.
- People attended healthcare appointments. These included dentists, GPs and speech and language therapists. Recommendations had been included in care records which staff followed.

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

- The service had a homely feel and was well decorated and maintained.
- People were supported to personalise their rooms and had access to large spacious communal areas to socialise in.
- Two people had shown an interest in gardening. Staff supported them to create an allotment area which

they both really enjoyed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The registered manager monitored people's DoLS applications to ensure no one was unlawfully restricted.
- Staff sought consent before supporting people and encouraged people to make daily choices and decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care from experienced staff. People and staff showed kindness and compassion towards each other.
- People told us how much they liked living there because of the staff. One person said, "I used to live somewhere else where I liked my independence, but I'm so much happier here. The staff are kind, you really couldn't ask for better. They're smashing."
- A relative said, "From what I have seen the staff have the right skills to look after [family member]. They are kind, tolerant, patient and understanding of their needs."
- Staff understood people's individual communication needs and how best to support people if they became distressed.
- Staff were trained in equality and diversity and the provider had relevant policies in place to help protect people and staff from discrimination.

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

- One person said, "I love it here. I'm really happy with my room as I chose how I wanted it before I moved in."
- People were involved in all aspects of their care. Staff supported people to make decisions about their care. Staff recognised when people needed additional support with decision making, and involved relatives and professionals as needed.
- One person had an advocate. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's rights and delivered person-centred care. Staff respected people's privacy and dignity and promoted their independence.
- Staff supported people to take risks in a safe way. This maximised their independence, choice and control.
- One relative told us, "The staff are very caring and respectful towards [family member]. They always knock on their bedroom door prior to entering. They help them through sad times and when [family member] isn't well they inform me of the situation, which I think is caring for both of us. I haven't seen [family member] so happy and relaxed for years."
- People were supported to cook, prepare drinks and snacks and do their laundry. One person told us how much they enjoyed doing cleaning tasks around the home as this was important to them.

- Systems were in place to maintain confidentiality and staff understood the importance of this. Care records and other private and confidential information were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. (

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care was developed around people's individual care needs, preferences, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.
- People were supported to take part in activities meaningful to them such as swimming, horse riding, attending football matches, shopping and having meals out.
- Each person had an activities book which contained photographs of them enjoying activities and trips out. People were proud to show us these.
- Group activities were available at the service, such as arts and crafts and pamper nights.
- People told us how they had enjoyed a day trip to Blackpool a few days before our inspection and going to a safari park in the summer.
- Staff supported people to maintain relationships important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff followed the AIS. Staff were aware of people's communication needs. We saw meaningful interactions between people and staff. People were given the time and support needed to express themselves.
 - Care records outlined people's communication needs in detail. Information was available in different formats where needed, for example picture books were available to support people to choose their meals.
- ### Improving care quality in response to complaints or concerns
- There were systems in place to respond to any complaints, although none had been made. People and relatives said they would speak to staff or the registered manager if they wanted to raise a concern.
 - Information about how to make a complaint was available in formats appropriate to people's needs.

End of life care and support

- No one using the service was receiving end of life care.
- Care plans contained details of people's end of life preferences where people had felt able to discuss this sensitive matter. For example, one person's end of life care plan contained details about their spiritual

preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The values of the service were embedded into the care people received. The culture was person-centred, and people were supported to live good lives.
- There was a positive and happy atmosphere in the home. Staff told us they felt valued and enjoyed working there. One staff member said, "The staff genuinely care here and that makes all the difference. People are treated as individuals and they get plenty of choice."
- Staff were open and transparent and worked well together as a team.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager led by example. They promoted staff to support people to lead fulfilled lives where their choices were respected.
- The registered manager understood their duty of candour responsibilities and was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.
- A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any shortfalls were identified.

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

- People and staff were actively involved in all aspects of the service.
- Feedback from people, relatives and staff was sought via reviews and an annual provider survey. Action was taken if any issues were raised.
- The registered manager had recently started to hold regular family meetings. A relative said, "This made me feel involved with what is happening."

Continuous learning and improving care

- There was an effective system in place to check on the quality and safety of the service. All aspects of care were audited regularly.

- When an incident occurred, this was investigated thoroughly, and lessons learnt where appropriate.

Working in partnership with others

- Staff supported people to engage in their local community. Staff worked alongside health and social care professionals to make sure people received joined up care which met their needs.