

Autism Plus Limited

# Rosefern Residential Home

## Inspection report

2 Seamer Road  
Scarborough  
North Yorkshire  
YO12 4DT

Tel: 01723 378431

Website: [www.autismplus.co.uk](http://www.autismplus.co.uk)

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an announced comprehensive inspection of this service on 14 and 16 October 2014. Breaches of legal requirements were found in respect of Regulations 9, 10 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulations 9, 10 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Regulation 9 Person centred care: People did not always receive care that met their assessed needs. Arrangements were not in place to manage the care of people who were at risk because of their nutritional needs, dangerous moving and handling techniques were used and there was a lack of meaningful activities for people.

Regulation 10 Dignity and respect: People's views and experiences were not been taken into account in the way the service was provided and delivered. Suitable arrangements were not in place to provide appropriate opportunities, encouragement and support in relation to promoting people's autonomy, independence and community involvement.

Regulation 17 Good Governance: Effective management systems were not in place to identify, assess and manage risks to people's health, safety and welfare because although audits had been completed there was no evidence to show how the results of the audits informed changes in practice or to the service.

# Summary of findings

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulations 9, 10 and 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosefern Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

This inspection was carried out on the 20 August 2015 and was unannounced. Rosefern is a care home which provides accommodation for up to twelve people with a learning disability and/or autism who require personal care. There were six people who lived at the service on the day of the inspection.

There was a registered manager at this service. 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.

At this inspection we found that care and support plans had been reviewed and that there were now clear arrangements in place to meet nutritional risks and manage those risks where necessary. Weights had been carried out regularly and referrals made to the

appropriate health service where necessary. We saw that appropriate moving and handling techniques were being used. The requirements made in relation to regulation 9 were now met.

We saw that people were asked what they wanted to do throughout the day and their views taken into account when planning their care. There had been significant improvements made around activities, which were now planned to match people's wishes and preferences. There had been changes made at this service to ensure that people now had more autonomy in their everyday lives. The requirements made in relation to Regulation 10 were now met.

The systems for managing the service were in the process of being changed but in the meantime there were clear action plans devised following audits. Learning had taken place following analysis of accidents and incidents. The requirements in relation to regulation 17 were now met.

At the inspection on 14 and 16 October 2014 we had found that the environment required improvement and at the focused inspection on 20 August 2015 we found that improvements had been made. New boilers had been installed and bathrooms upgraded. People were living on the ground and first floors only. The registered manager said that when the service was assessing people to come and live at the service they would only be considered if they were fit and well enough to use the stairs for first or second floor rooms.

# 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 effective?

We found that action had been taken to improve the environment. New boilers had been installed and bathrooms upgraded.

People were living on the ground and first floors only. The registered manager said that when the service was assessing people to come and live at the service they would only be considered if they were fit and well enough to use the stairs for first or second floor rooms.

Where people were at risk of malnutrition appropriate assessment tools had been used to determine the level of risk. Referrals had been made to health professionals where necessary. There was detailed information about people's nutritional needs in their care plans.

Following the focused inspection on 20 August 2015 we have improved the rating for this domain because the improvements made to the environment were permanent.

Good



### Is the service caring?

We found that action had been taken to improve the way staff took account of confidentiality and we saw that people's privacy, dignity and independence was promoted.

Staff were described as being kind and friendly and we observed positive interactions between staff and people who used the service.

We could not improve the rating for caring from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection

Requires improvement



### Is the service responsive?

We found that action had been taken to improve the way in which the service responded to people's health needs. Validated screening tools were now used routinely to assess the risk to people's health.

Referrals were made appropriately and promptly when people had a health need. Care plans contained clear plans and guidance on how staff should manage certain conditions.

People had individualised routines and activities planned according to their needs and wants, as well as more meaningful activity which enhanced their daily living skills.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection

Requires improvement



# Summary of findings

## Is the service well-led?

We found that action had been taken to improve the auditing system. New systems were being implemented but until they were fully operational the service continued to use existing audit tools.

The audits that had been completed identified required actions which were then completed which meant that the service was using the audits to improve the service.

Peoples care was person centred and staff followed good practice guidelines relating to specific areas of peoples care.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection

## Requires improvement



# Rosefern Residential Home

## 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 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.

We undertook an unannounced focused inspection of Rosefern Residential Home on 20 August 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 14 and 16 October 2014 inspection had been made. The team inspected the service against four of the five questions we ask about services: is the service effective? Is the service caring? Is the service responsive? and is the service well led? This is because the service was not meeting some legal requirements.

The inspection team was made up of one inspector and one specialist advisor who had experience working with people with a learning disability and of auditing care home systems.

Prior to the inspection we looked at the action plan dated 19 May 2015, sent to CQC by the provider, which outlined the improvements they had planned to make. The latest date for completion of items outlined in the action plan was 31 July 2015.

Before the inspection on 14 and 16 October 2014, the provider completed 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 read this document to get an overview of the service from their perspective.

We looked at all the information we held about the service and inspected statutory notifications that the service had sent to the Care Quality Commission (CQC). Statutory notifications are events that are legally required to be notified to CQC relating to the service or people who use the service.

During the inspection we spoke to all of the six people who used the service, three care workers, the registered manager, deputy manager and the area manager.

We reviewed three care and support plans; audits of different areas of the service; looked at policies and procedures and inspected the building.

We spoke to a Speech and Language therapist to gather information about the service. Their comments are included in this report.

# Is the service effective?

## Our findings

At the comprehensive inspection carried out on 14 and 16 October 2014 we found that although there had been no breach of regulation relating to this key question improvements needed to be made to the environment.

At the Inspection in October 2014, we had seen that the interior of the building had no lift and people had to move into rooms on the ground floor if they were unable to get up or down stairs. We saw that new boilers were needed, bathrooms required upgrading, there was a trip hazard between the lounge and dining room because there was a step but no hand rail, the ground floor bathroom was in need of repair and the fabric on the dining room chairs needed attention. In addition the fan in the ground floor toilet was not working and the exterior of the property required attention. We also noted that people's choices and preferences were not always sought and some records relating to diet and nutrition for one person were not sufficiently detailed.

At this focused inspection on 20 August 2015 we saw that the service had made improvements. Only the ground and first floor of the building were being used and those people on the first floor were mobile and able to use stairs safely. The registered manager told us that when they assessed people before they came to live at the service in future only those who were able to use stairs would be considered for the upper floors. We saw new boilers had been installed and the bathrooms had been upgraded. The step between the lounge and dining room had a handrail and a ramp so that people could access those areas safely.

When we looked at the dining room chairs we saw that they no longer had pads on the seats and had been recovered with new washable fabric to enable them to be cleaned if they were marked. This was more hygienic and at the same time took into account people's dignity because it was no longer obvious that anyone had a problem with continence through the use of pads on chairs.

People had not had sufficient choice around what they wanted to eat and drink when we inspected on 14 and 16 October 2014. Improvements had been made and people were now involved in making choices about all their

nutritional needs. We saw that pictorial and easy read menus were on display. There were also picture word card packs for particular subjects available to assist staff in supporting people to make choices. Staff told us they found these really helpful when communicating with people who used the service. One member of staff had worked at the service for several months and said these communication aids were constantly in use. They told us, "The pictorial menus and communication aids are so much better and make it easier for us (staff) to communicate with people." Two people who used the service were asked separately if staff showed them pictures [Communication aids] to help them understand and they told us that they did.

People were invited, where possible, to go to the kitchen and choose what food they wanted and what portion size. Where this was not possible we saw that people were shown the food on offer and indicated their preference through whatever communication method they used. One member of staff told us, "(Name of person) cannot decide what they want to eat so I am taking them to the kitchen and letting them choose what they would like to eat. They can have whatever they wish."

Staff informed us that the meals were chosen for the following day by people who used the service. They were supported to verbally communicate or use pictorial prompts to express their preferences. On the day of the inspection the lunch consisted of two choices of main meal and dessert. If people did not like what was on offer they were offered an alternative and we saw one person being offered yoghurt instead of the desserts listed on the menu. We saw that water, juice, a carbonated drink, chocolate milk shake and tea or coffee were offered at lunchtime and throughout the day people were asked if they wanted drinks.

We asked one person if they got enough time to eat their meals. They told us they were and we saw that there was cutlery, specially adapted cups and plates to help people to maintain their independence during mealtimes. We asked another person if they could they have snacks during the day. They had limited verbal communication skills but when prompted by a member of staff they told us that they liked particular snacks by murmuring, "Yes" and smiling

# Is the service caring?

## Our findings

At the inspection on 14 and 16 October 2014 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 20 August 2015 we did not see any evidence of this and one person who used the service told us that staff were kind and friendly. Another person said, "Staff are kind to me." Staff referred to people who used the service and each other respectfully during observations. Staff had light hearted banter with people and with each other with plenty of smiles and laughter from both.

When we arrived we were introduced to two people who were sat in the dining room. Staff also introduced themselves. When we looked around the building the registered manager asked permission of people before we entered their rooms showing respect for their personal space. In some cases people wanted to take us to their rooms themselves and the registered manager encouraged them to do so. They were enthusiastic about showing us their home and wanted to show us photographs or personal items that were special to them independently. Their rooms were personalised and showed the person's interests clearly. For instance one person had a collection of sports memorabilia and books whereas another enjoyed a collection of soft toys.

We observed care workers speaking respectfully to people and they gave them time to respond. It was clear that staff knew people well and when we asked them about people they were able to tell us in detail about the people they supported. When asked about people's involvement in their care one care worker gave us an example of one person who had chosen not to have a medical procedure carried out. Staff had explained the procedure, explaining

the process but the person still did not wish to go ahead. Medical practitioners, after discussions, agreed that the procedure did not need to take place if the person did not wish to go ahead, respecting this person's right to make informed choices about their care.

There was a lot of positive interaction between staff and people who used the service during the day of the inspection. We observed one person asking a support worker if they could go out to get their magazine; the staff member responded to this request after informing their colleagues and went out with the person. Other people were asked whether or not they wanted to go out during the day and we saw three people go out over the course of the day with support.

People's communication needs and methods were clearly outlined in their care plans. We saw staff communicating well with people and it was clear that they understood one another. One care worker told us, "When something went wrong I was able to use the communication cards. To be honest I thought they were just dust collectors when they were introduced but they were so useful that I use them all the time now." One care worker told us how much they enjoyed their work and said, "I am getting paid to make sure people are happy. I support them to do the things they want to do."

The external audit carried out by Network Care on 7 and 8 May 2015 had identified that, "Staff now try as far as possible to support people rather than doing tasks for them."

The breach of Regulation 10 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was now met but we could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection



# Is the service responsive?

## Our findings

At the inspection on 14 and 16 October 2014 staff had not used accredited screening tools to determine the risk to people of malnutrition. The inspection also found that the service was task orientated and care was not personalised which was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we saw that care and support plans had been reviewed and that improvements had been made. Care plans were more individualised to reflect people's needs and wishes. For instance one care plan we looked at was written in the first person and had different sections such as 'What people like about me'; 'what is important to me' and 'How best to support me'. When reviews were held they were entitled "My meeting" and stated in the case of one person, "I would like to discuss (subject)" and "These are my rules" indicating that this person had set the agenda for their meeting giving them control.

There was detailed information about nutritional needs in place to ensure that people received the correct nutritional support. One person's plan clearly identified their condition and the requirement for a special diet. The Malnutrition Universal Screening Tool (MUST) was being used to determine the level of risk to people of becoming malnourished. Where one person had not been able to be weighed because of another medical condition the staff were using the mid upper arm circumference (MUAC) measurement to determine the risk to that person. These are both accredited tools to calculate whether or not people were at risk of malnutrition. In addition sitting scales had been purchased which made it easier for everyone to be weighed. Weights were recorded where appropriate and when people had lost weight referrals had been made through the GP to a dietician.

There were clear instructions in the care plans about how people's food should be served and where there was a risk of a person choking there were detailed instructions from the Speech and Language Therapist (SALT). In one person's care plan these instructions outlined what the consistency of a person's food should be and how to maintain that

consistency with fluids through the use of thickeners. There was also information relating to people's medical conditions in care plans to assist staff to support people in making food choices which would enhance their wellbeing.

When we spoke to the Speech and Language therapist they told us that the staff were proactive in identifying when there were issues and referring people to the SALT team. They told us that staff followed their instructions and where adaptive equipment was needed they had found the service to be willing to purchase that equipment. They gave us an example of good practice where they had suggested that one person would benefit from a food sensory box to encourage their appetite. The registered manager had responded quickly and had done it well catering specifically for the individual. They had no concerns about the service.

At the inspection in October 2014 staff had been observed to be using inappropriate manual handling techniques. At this inspection on 20 August 2015 we saw that where people had difficulties with mobility staff used appropriate moving and handling techniques. A transfer turntable was used to assist one person transferring from the chair to a wheelchair; this same person was then pushed up a removable ramp from the dining room. The staff carried out this transfer calmly and spoke to the person throughout the procedure explaining what was happening at each stage which reassured them. They were at ease throughout the process displaying their trust of staff.

We looked at people's daily diaries and saw that they were detailed and well laid out for effective communication. They had sections asking, "What have I done today?" and "What have I done this evening?" These sections were reviewed at the end of each week and summarised. We also saw that people had a section in their care plans entitled, "Goals and Plans." One person's goal was to go out into the community more often and another to participate in activities within the home. We saw that they had been out to the circus and on a visit to a local country house in the last ten days as part of that plan. They had also done some baking within the home of which there were photographs, used their iPad and played with their toys. The toys and soft toys were detailed in another section of the care plan as one of the things that were important to the person as was "trying new things" next to a picture of them with a snake.



## Is the service responsive?

We observed one person asking to use the karaoke and a care worker joining in to sing with them when it was set up. The service used to have a vehicle but had decided to use public transport or organise minibuses when planning activities outside the local area so that there was more one to one support by staff rather than someone having to drive. Some people who used the service were able to go out without support and one person told us, "I am going into town on the bus later."

People who used the service were encouraged to carry out some household tasks to maintain their daily living skills. We observed two people helping to dry the crockery without prompts and one person told us when asked if they kept their own room tidy, "I made my bed this morning." The same person showed us a cushion that they

had made and said that they liked sewing indicating independent skills. Each person had an activities plan which was focused on their wants and preferences. In addition group activities were organised such as the trip to the circus. We saw that people were engaged in meaningful activities throughout the day and observed that staff spent most of their time with people who used the service to support them.

The breach of Regulation 9 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was now met but we could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

# Is the service well-led?

## Our findings

At the inspection on 14 and 16 October 2014 the service had not demonstrated how audits informed improvements at the service. We also observed that staff did not promote person centred care and the registered manager had failed to identify these issues. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 20 August 2015 we saw that there had been improvements. One person who used the service told us that there had been improvements. A member of staff said, "To be honest changes were needed and I believe they have been made and it is much better here."

We spoke with the registered manager and regional manager who showed us a new tool that was being introduced across the company which was a self-assessment against the key lines of enquiry (KLOE). The new tool called the rating optimiser had been partially implemented but the company was still in the transition phase. Managers were being trained in its use and were attending workshops. Where there was evidence of improvement needed the system generated an action plan. This was demonstrated to us by the regional manager.

The service identified areas for improvement and made the necessary improvements. We saw audits that had been completed using the old system during the transition period. We saw that environmental, health and safety, medicine and infection control audits had been completed. The environmental audit identified that the service currently complies with the Disability Discrimination Act 1995 but no rooms above first floor were occupied on the day of the inspection. In addition there had been an audit by Network care who were employed to carry out quality audits. They had identified areas for improvement which were being actioned. Areas highlighted by the CQC inspection had also resulted in an action plan and improvements made.

The service learned from accidents and incidents. Accidents and incident reports were now sent to the company health and safety manager. They then analysed the reports and identified any trends in order that staff could learn from these events and personalise responses. This analysis had highlighted that there was a specific time when incidents relating to one person occurred. Their behaviour changed at a particular time and this had been recorded in care plans and risk assessments as well as a referral being made to the NHS learning disability service. This had resulted in fewer incidents for this person.

Staff were asked how they ensured that person centred care was delivered. They replied that they asked the residents what they liked or disliked and offered them choices which were respected. This was evidenced during our inspection when we saw people being asked what they would like to eat, drink, what activities they wished to take part in and saw how staff followed specific instructions and guidance when caring for a person. We also saw that care and support documentation was personalised and reflected people's wishes and preferences. Following the CQC inspection on 14 and 16 October 2014 the registered manager had identified that all the care plans required review. Some had been rewritten to ensure that people's care was up to date and reflected their needs accurately.

We were told by the regional manager that registered managers would now take part in the planning for the service and the development of their business plan. This would mean that individual registered managers would be able to more accurately reflect the needs of services and the people who use them and inform future planning to benefit them.

The breach of Regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was now met but we could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

This section is primarily information for the provider

## Enforcement actions

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