

Rosna House Limited

# Rosna House

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 21 January 2016 and was unannounced. At the last inspection in February 2014 the provider was meeting the regulations that we checked them against.

The service provides accommodation and personal care for up to eight people who have mental health needs. At the time of the inspection, there were four people using the service.

The service had a registered manager. 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.

People who used the service felt safe and staff knew how to recognise potential signs of abuse and how to report their concerns. People's risk were assessed and managed in a way that did not compromise their freedom and independence.

There were enough staff, who had been safely recruited, to meet the needs of the people who used the service. People received their medicines as prescribed.

Staff knew how to support people effectively and supported people to make their own decisions in line with the Mental Capacity Act 2005. Staff respected people's choices. People were supported to have enough food and drink to maintain a healthy diet and were supported to access healthcare professional input when required.

Staff were kind and caring to people who used the service and respected their privacy and dignity. Staff knew people well and knew their preferences, likes and dislikes though these were not always recorded in their care plans.

People were supported to be as independent as they could be and we saw that they accessed the community and areas of the home freely as they chose. People were supported to pursue their hobbies and interests and did not feel restricted.

People knew how to complain if they needed to and said they would feel confident in approaching the registered manager and provider with any concerns.

The registered manager did not always complete quality checks to ensure information in people's care plans was accurate and up to date. They did not have effective systems in place to ensure that staff training and supervision was up to date, despite staff saying that they felt supported.

## 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.

People felt safe and staff knew how to recognise potential signs of abuse and how to report concerns. People's risks were assessed and monitored in a way that did not restrict their freedom. There were enough staff to meet people's needs and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff knew how to support people effectively and supported people to make their own decisions in line with current legislation and guidance. People had choices of food and drink and were supported to eat and drink enough to maintain a balanced diet. People were supported to access healthcare professionals when required and their professional guidance was followed by staff.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion in a homely environment. People were supported to be involved in making choices about their care. People's privacy was respected and their dignity and independence were promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care to meet their individual preferences and felt the service was flexible to meet their requirements. People were supported to follow their hobbies and interests and they spent their time as they chose to. People knew how to complain and there was a complaints procedure in place.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems in place to monitor the quality of the service were not always effective in driving continuous improvement. The registered manager was not completing regular quality checks. People told us the registered manager and provider were approachable and friendly.

# Rosna 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 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, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 January 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, 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 reviewed the information in the PIR and spoke with the commissioners of the service to help plan our inspection.

We spoke with three people who used the service and two relatives to gather information about their experiences. Not everyone could talk to us in detail about their experiences so we spent time observing how staff offered care and interacted with people who used the service. We looked at two people's care records to see if they were accurate and up to date.

We spoke with a member of care staff and the registered manager. We also looked at records relating to the management of the service. These included quality checks, four staff recruitment files and other documents to help us to see how care was being delivered, monitored and maintained.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I'm definitely safe here, there is always someone here that you can go to." Staff demonstrated that they understood how to recognise potential signs of abuse and how to report their concerns. One staff member said, "If you see anything amiss you report it. I'd definitely report it to the manager and I'd go to CQC if need be." The registered manager was aware of their responsibilities under local safeguarding adult's procedures and we saw that they had attended training delivered by the local authority to help them to recognise and report abuse.

People's risks were managed in a way that supported their freedom. One person told us, "Staff have been out with me before, I didn't like it and now I go on my own." We saw that this person had a risk assessment in place regarding going out into the community alone. Staff had been out with the person in order to assess their risks and deemed that it was safe for them to go out alone, which was something they were keen to do. Their risk assessment stated, "encourage [Person who used the service] to maintain this." We saw that the person went in and out of the home as they chose, in line with their risk assessment. This showed that people were involved in their risk assessment when they were able to be and that restrictions on their freedom were minimised.

People told us and we saw that there were enough staff to meet the needs of the people who used the service. One person said, "There's always someone there to help you." We observed that staff had time to spend with people to meet their support needs, to chat with them and to listen to their requests. One person needed the support of two people with some tasks and we saw that they did not have to wait long for support. We found that there were safe recruitment processes in place. Disclosure and Barring Service (DBS) checks had been carried out to make sure that staff were safe and suitable to work at the home. The DBS is a national agency that keeps records of criminal convictions. We also saw that the provider had requested and reviewed suitable references to help ensure that staff were of good character.

Medicines were managed safely so that people received them when they needed them. One person said, "Staff give me my tablets, I take some in the morning and some at night. They give me something if I've got a cold too or a headache or anything." Records showed that one person requested pain relief and was given this by staff. We observed staff give people their medication and saw that people were given explanations to help them understand what they were taking. Staff waited until people had swallowed their medication before signing to say they had, to ensure they got their medicines as prescribed and an accurate record was kept. Systems were in place to ensure that medication was stored, managed and administered safely and we saw that these were effective.

# Is the service effective?

## Our findings

People and relatives felt that staff had the knowledge and skills to support people effectively. One person said, "Definitely they know how to support me." A relative said, "They're excellent, they understand my relative who is not always easy to care for. Since they moved there, I could not ask for a better service." We observed that staff knew how to support people effectively and staff told us they had completed National Vocational Qualifications in health and social care which helped them better support the people who used the service. Staff told us they were supported by the registered manager to carry out their roles and responsibilities. One staff member said, "I can have supervision when I need it, the manager works closely alongside us, I have the support I need and they give me feedback."

People were encouraged and supported to make their own decisions which were respected by the staff. One staff member said, "People can make their own choices here." 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. We checked whether the service was working within the principles of the MCA. Staff described how one person who had the mental capacity to make their own decisions, was advised to follow a specific diet. The staff member told us, "You try to encourage [Person who used the service] but they understand the risks and make their own decisions. They can choose what they have." This showed that people's decisions were supported, which follows the principles of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We discussed this with the registered manager who demonstrated that they understood the requirements and their responsibilities under DoLS but that it did not apply to anyone who was using the service at the time of the inspection.

People were supported to eat and drink enough and had choices about their food and drink. One person said, "I think the food is very good. You can say what you prefer and they try and do it for you. They will do you a bit of bacon or something if you don't like what's on offer." We saw that people were offered choices for their lunch. One person struggled to choose between two sandwich fillings and we saw that staff gave them both options so that could choose to eat which one they liked. People who required specialist diets were supported to have food and drink that were suitable for their needs. One person said, "They know I'm diabetic so they bought me a special sweetener instead to have on my cornflakes. There's a bottle especially for me and they get me yogurts and things."

People's health was monitored and they were supported to access healthcare professionals when required. Records showed that people had access to a range of healthcare professionals including GPs, physiotherapists, occupational therapists and speech and language therapists. We saw that one person's GP had given advice about a specific health condition. Records showed that staff had met with the person to

discuss their health condition using information leaflets provided by the GP to help the person understand. A specific care plan had been developed and the condition was monitored by staff, as advised by the GP to ensure the person received the correct healthcare support.



## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day to day care. One person said, "I like it here. It's just like a home, very homely". We observed that staff showed concern for people's wellbeing. For example, one person was snoozing in their chair after their lunch and we saw staff placed a blanket over them and made sure they were in a comfortable position. A staff member said, "It's a nice place to be. We make them feel at home. It's not an institution, people are always happy."

People were involved in making decisions and planning their own care. We saw that one person, who enjoyed drawing, was offered the opportunity to attend an art class. Staff had recognised this was something they enjoyed and offered to support them to attend. However, the person declined the offer and their decision was respected by staff. People felt they were listened to and that their views were acted upon. One person said, "If there's something on your mind, there is always someone to talk to. You talk and if they can help, they will. I'm very happy here."

People's privacy and dignity was respected. Staff described how they supported people to maintain their dignity. One staff member said, "When we support with personal care we make sure we cover [Person who uses the service] with a towel to protect her dignity." People told us and we saw that they could have privacy when they chose to. Each person had their own bedroom which was personalised to their tastes and we saw that some people chose to spend time in their bedrooms and some chose to spend time in communal areas. One person said, "Staff knock on my door before they come in."

People were supported to be as independent as they could be. One person said, "They will make you a drink but it's perfectly OK to make one yourself." People told us and we saw that they could access the community freely and people showed us what they had bought from their shopping trips on the day of the inspection. We saw that people were encouraged to be involved in domestic tasks such as sorting their own laundry and keeping their bedrooms clean. This made people feel involved in the service and promoted good relationships with people and staff. One person said, "I get a home cooked meal so I help set the table."

## Is the service responsive?

### Our findings

People told us they were involved in the planning of their care and that they knew about their care plans and what was in them. One person said, "I wrote my care plan with the manager in the office, when it was first done." People told us and we observed that staff knew people well and knew their preferences, likes and dislikes. Care plans were individual to each person and though they did not always include their personal history, preferences and goals, people told us that staff knew this information about them. A staff member said, "We know people well because we read the care plans and I always ask people about themselves, we have the time to sit and listen." Care plans were specific so that staff knew how to support people. One person who used the service could occasionally be verbally challenging towards staff. Staff we spoke with explained how they would support this person during this time and their account matched what was recorded in the person's care plan.

People were supported to follow their interests and take part in activities and learning opportunities when they chose to. One person said, "I've been to college this morning and then done some shopping." Another person said, "I used to like walking but as I'm older I prefer reading and crosswords. I can do whatever I like, I never get bored." People were able to access the community freely and we saw that some people went out shopping or to other activities they chose to do.

We saw that people received personalised care that was responsive to their needs. One person said, "They would do anything for me. They know I struggle with my arms so they do my ironing for me." People told us they could go to bed and get up when they chose and that the staff were flexible to accommodate their preferences. One person said, "There are no restrictions on me. I come and go as I please."

People knew how to complain if they needed to. One person said, "I would go to [The Provider] and explain the problem, or the manager. I could speak to either of them and definitely they would listen." Another person said, "I don't want to complain about anything but if I did I'd tell the staff." We saw that a complaints procedure was in place and each resident was given a copy in their residents welcome pack. Staff knew how to deal with complaints and we saw that a log on complaints was kept by the registered manager though no complaint had been recently received.

## Is the service well-led?

### Our findings

The systems in place to monitor the quality of service were not always effective in driving continuous improvement. The registered manager told us that they have auditing systems in place which should be completed annually, however we saw that these had not been completed. We looked at some people's records which needed to be updated to ensure their accuracy. Because the registered manager had not completed an audit of the care plans, this issue had not been identified and action had not been taken to make the required improvements.

The staff and registered manager told us that medication audits were completed annually but we saw that the last one was completed in 2014. The registered manager told us and records showed that they often administered medication themselves and this gave them the opportunity to check records to ensure their accuracy. However, they had not identified that people did not have plans in place for their 'as required' medication to ensure that it was given to people when they needed it. We checked records that showed that 'as required' medication had been given to people when they needed it and staff told us they knew when to give it but there was not a clear process in place to ensure that all staff were consistent in their approach.

The registered manager had not kept complete and accurate records of staff training and supervision which meant that it was difficult to identify staffs training and development needs. We looked at individual staff records which showed that training had been completed and we observed that staff knew how to support people; however staff told us they had not completed any recent training to ensure their knowledge and skills were up to date. The staff member we spoke with had not heard of the Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005 and although the DoLS were not currently applicable to people who used the service, awareness is required to ensure that staff are acting within the law when supporting people to ensure their safety.

People, relatives and staff told us that the registered manager and provider were approachable. One person said, "They're always happy and pleasant." A relative said, "I feel able to approach both the manager and provider, they are very happy to talk to me." We saw that the registered manager and provider were involved in the service on a daily basis and we saw them providing support to people, spending time in communal areas and chatting to people and visiting relatives. Staff were aware of whistleblowing procedures and said they would feel confident to report any concerns and felt sure that the registered manager and provider would take action.

There was a friendly and homely atmosphere. A relative said, "It's family run and it's like home from home. That's why we chose this home, I can visit any time and I get on with everyone." Staff told us and we saw they were happy in their work and understood their role in supporting people. One staff member said, "I love working here. It's homely and the people who live here are always pleased to see you."