CLBD Limited

Rose House

Inspection report

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03 September 2021
06 September 2021

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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

Summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people.

About the service
Rose House is a residential care home providing support to three young adults at the time of our inspection. The service can support up to four people in one adapted building.

People's experience of using this service and what we found
The service could show how they met the principles of Right support, right care, right culture.

People lead confident, inclusive and empowered lives because of the ethos, values, attitudes and behaviour of the management and staff.

The needs and quality of life of people formed the basis of the culture at the service. Staff understood their role in making sure that people were always put first. They provided care that was genuinely person centred.

The leadership of the service had worked hard to create a learning culture. Staff felt empowered to participate in their learning and suggest improvements. There was a transparent, open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and complaints.

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's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
• People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.
• People were supported to be independent and had control over their own lives. Their human rights were upheld.
• People received kind and compassionate care from staff who protected and respected their privacy and

dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that could be understood.
• People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.
• People who showed signs of distress had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.
• People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their aspirations and goals.
• People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
• People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.
• People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
• People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
• Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
• People were supported by staff who understood best practice in relation to learning disability and/or autism. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them, worked with leaders to develop and improve the service.

Why we inspected
The inspection was prompted in part due to concerns received about behaviour management. A decision was made for us to inspect and examine those risks.

During this inspection we sought assurance that the service was applying the principles of Right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Rose House

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
The inspection was carried out by three inspectors and a medicines inspector. An inspector and a medicines inspector visited on 01 September 2021, one inspector on 03 September 2021 and one inspector on 06 September 2021.

Service and service type
Rose House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since registration and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection
We spoke with seven members of staff including the registered manager, facilities director, care workers and the behaviour support trainer. We reviewed a range of records. This included all care and medicine 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.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this inspection, we used this communication tool with two people to tell us their experience.

After the inspection
We sought to speak to relatives about their experience of the care provided.

Good

Is the service safe?

Our findings

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

• People were kept safe from avoidable harm. The service had enough staff, who knew people and had received relevant training to keep them safe. The staff we spoke with knew about risks and how to support people to minimise them.
• People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. The environment met peoples sensory and physical needs. We observed people utilising the whole service for a variety of activities important to them.
• People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so.
• Staff had a high degree of understanding of people's needs. People's care and support was provided in line with care plans.
• People were involved in managing their own risks whenever possible, for example, one person chose to wear ear defenders to reduce noise sensory overload and another person requested a shower when feeling anxious.
• Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. For example, one person was initially anxious to go shopping, staff supported the person to the local shop to buy one item, and then went to the supermarket to buy just a couple of items. Now they push the trolley round the supermarket picking up items they like.
• Restrictive practices were only used where people were a risk to themselves or others, as a last resort, for the shortest time possible.
• Staff understand that restrictive interventions include restraint, segregation and seclusion.
• The service recorded all incidents where people's behaviours could challenge themselves or others including where restrictive interventions were used. Leaders reviewed these incidents and offered debriefs to both the person involved and their staff team. Learning from this was actively taken forward to reduce the likelihood of the incident reoccurring.
• Information contained within people's care plans was shared with people using photos and Makaton. This enabled people to make choices and be informed what staff were planning to do.
• People's care records were accessible to staff, and it was easy for them to maintain high quality clinical and care records. Staff updated care plans and records using a handheld tool and this was recorded on an on-line database. We reviewed this and saw that care plans were up-to date, and daily interactions were recorded in real time.
•People's medicines support needs were included in their care plans. People received the correct medicines at the right time. Staff followed systems and processes to safely administer, record and store medicines. People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Managers assessed staff to ensure they were competent to administer medicines safely.
• Leaders understood and implemented the principles of Stopping over-medication of people with a learning disability, autism or both (STOMP) and ensured that people's medicines were reviewed by prescribers in line with these principles.

• The service kept people and staff safe. The service had a good track record on safety and managed accidents and incidents well. Staff recognised incidents and reported them appropriately.
• Managers maintained people's safety and investigated incidents and shared lessons learned with the whole team and the wider service.
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was meeting shielding and social distancing rules.
•We were assured that the provider was admitting people safely to the service.
• We were assured that the provider was using PPE effectively and safely.
• We were assured that the provider was accessing testing for people using the service and staff.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
• We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
• We were assured that the provider's infection prevention and control policy was up to date.
• We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.

Good

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.

• People's human rights were upheld by staff who supported them to be independent and have control over their own lives.
• Care and support plans were holistic and reflected people's needs and aspirations. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments.
• People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly.
• People were able to input into choosing their food and planning their meals. Staff supported them to be involved in choosing, preparing and cooking their meals. People could access drinks and snacks at any time. One person had specific dietary requirements which were catered for.
• Staff took the time to understand people's behaviours and what may be causing them. They completed functional assessments for people who needed them and referred to other professionals for support where necessary.
• Preadmission 'getting to know you' training was provided to staff by people important to the person being admitted and facilitated by the service. This enabled staff to know people before they moved in and ensure appropriate support was in place. One relative told us that their relative "Got to know staff well", before moving to the service.
• Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans.
• People had access to a range of meaningful activities in line with their personal preferences. Support with self-care and everyday living skills was available to people who needed it, this was provided in a person centred way. One person we spoke with using the symbol-based communication tool indicated they were happy with the activities available. A relative told us, "The staff really try hard to engage and find activities to do".
• People were referred to other professionals such as psychological therapies where appropriate.
• People had good access to physical healthcare and were supported to live healthier lives.
• People chose the activities they took part in. These were part of their care plan and supported people to achieve their goals and aspirations. One person was supported to visit the pub and go shopping. We observed people being asked what they would like to do and being supported to do it. During our inspection people went out for walks and one person went out on a train journey.
• People received support from staff who had received relevant training, including learning disability, autism, mental health needs, human rights and all restrictive interventions.
• All restrictive interventions were regularly monitored and reviewed. The practice lead told us, "I pick up trends from the incidents but also the questions staff ask." - Plans were updated to reduce future restrictive

interventions.
• Staff had regular supervision. Managers provided an induction programme for any new or temporary staff.
• Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
• People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Good

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.

• People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their treatment and support and utilised verbal and non verbal techniques to communicate this. We observed staff offering people different activities. The pace of change between activities was led by the person, staff were calm and clear in their communication and the atmosphere was relaxed.
• People or their families told us that they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. People spoke highly of staff and the care they received. One person we spoke with using the symbol-based communication tool indicated they were happy with the support they received from staff.
• People, and those important to them, took part in making decisions and planning of their care. Care plans were shared with people using communication methods appropriate to their needs, such as pictures. Family members had also taken an active role in people's care and people's care plans and records had taken account of their input.
• People regularly met with people important to them, went on outings and were supported to have breaks away from the service. Staff supported people to maintain these links.
• We observed one person having their medicines administered. The person received kind and compassionate care. Staff protected the person's privacy and dignity and understood their needs.
• Staff maintained contact and shared information with those involved in supporting people, as appropriate. One relative told us, "The whole process has been positive from first meeting to now. I would be hard pressed to find another service that could meet [my relatives] needs more than Rose House".

Good

Is the service responsive?

Our findings

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

• People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom with an en-suite bathroom. People could personalise their room and keep their personal belongings safe. People had access to quiet areas for privacy. The service's design, layout and furnishings supported people and met their individual needs.
• The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support. People's sensory and communication needs were always met. People's care plans were person-centred and contained information about people's communication preferences and sensory needs. The actions contained within matched our observations of staff interaction with people. For example, we observed one person being asked what they would like to do. The person indicated they would like to use the TV. Staff acknowledged this request and turned the TV on. They then provided the person with a menu of picture icons of bespoke youtube clips. The person chose what they wanted to view.
• People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously investigated them and learnt lessons from the results. They shared the learning with the whole team and the wider service.
• The service worked in a person-centred way to meet the needs of people with a learning disability and autistic people. For example one person was attending hydrotherapy and their care plan considered an appropriate location, taking their sensory needs into account. They were aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out. When speaking to staff they demonstrated knowledge of the individual and the support they required. We spoke with one member of staff, they demonstrated pride and passion about the people they supported and knew their personalities and preferences. They said, "We go for walks, read books, sing or go out for a drive, this works well".
• Staff made appropriate arrangements for people to take their medicines with them when staying away from their home.

Good

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.

• Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. Leaders spoke about adapting their approach to meet people's aspirations and needs as they changed. They were visible and approachable for people and staff.
• Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One member of staff told us, "The company invests a lot in training and is very supportive".
• Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution. We spoke to one member of staff about the registered manager, they told us, "I love her, I think she is amazing so approachable and supportive, always greeting everyone I can go to her with anything.".
• Our findings from the other key questions showed that governance processes helped to keep people safe, protect their human rights and provide good quality care and support.
• Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally.
• People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. The service had developed a method to record people's views in daily records and in monthly key worker reports, they also maintained regular contact with those important to them and involved them in training. One relative told us, "The staff have listened to them [their relative] and the information they provided and have followed it through, they are always looking to improve things on behalf of my relative.".
• The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
•There were systems of monthly quality assurance checks and audits. These were effective in ensuring that processes designed to protect people were being adhered to and risks minimised.
• The registered manager and provider understood their responsibility in relation to duty of candour. Duty of candour requires providers to be open about any incidents in which people were harmed or at risk of harm. The registered manager had notified the Care Quality Commission (CQC) about events and incidents and contacted relatives when these involved their relative.