North East Autism Society

Rosehill

Inspection report

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Date of inspection visit: 6 January 2016
Date of publication: 10/03/2016

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

Overall summary

The inspection took place on 6 January 2016. The last inspection of this home was carried out on 4 February 2014. The service met the regulations we inspected against at that time.

Rosehill provides care and support for up to six people who have autism spectrum conditions. At the time of this visit six people were using the service. The accommodation is over three floors and consisted of six bedrooms and two bathrooms. People had access to a communal lounge, kitchen and dining room.

The service is managed by a registered manager who also managed another similar service nearby. They were present on the day of our visit.

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.

Summary of findings

The people who lived at the home had complex needs which limited their communication. Relatives made positive comments about the service. They described the service as safe. Relatives felt their family members were happy at Rosehill.

Medicines were managed in a safe way and records were up to date with no gaps or inaccuracies. The provider made sure only suitable staff were employed. Staff had a good understanding of safeguarding issues, and knew how to report concerns.

Staff knew people's needs well and how they liked to be supported. Staff received relevant training to support people in the right way. Staff received regular supervisions and appraisals, and told us they felt supported.

People were supported to maintain a healthy diet and active lifestyle. Staff supported people to express their views and make decisions where possible. Staff knew people's likes and dislikes well. People's independence was encouraged without unnecessary risk to their safety.

Each person participated in a range of vocational and social activities. Care plans were well written and specific to people's individual needs. Records were up to date and reviewed regularly.

Relatives and staff felt the service was well managed. Systems were in place to record and monitor accidents, incidents and complaints, which helped the provider monitor the quality of the service. There was an open and positive culture at the service.

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 safe?
The service was safe.

There was a clear system in place for the safe administration of medicines.

Staff knew how to recognise and report abuse.

Risks to people were managed in a safe way without restricting people's independence.

There were enough staff to make sure people had the care and support they needed.

Good

Is the service effective?
The service was effective.

People were supported to lead a healthy lifestyle.

People were involved in choosing their meals and supported to do household tasks.

Staff received appropriate training to ensure they had the skills and knowledge to support people effectively.

Staff felt supported and confident to care for the people who used the service.

Good

Is the service caring?
The service was caring.

Relatives said staff were caring and compassionate.

Staff treated people with respect and dignity.

Staff knew people well and how to support each person's individual needs.

Staff helped people communicate so they could make choices and decisions.

Good

Is the service responsive?
The service was responsive.

People took part in a range of activities and were supported to develop their life skills.

Staff supported people to pursue interests that were important to them.

Relatives knew how to make a complaint but those we spoke with said they had never needed to.

Care plans reflected the needs of individuals and were well written.

Good

Is the service well-led?
The service was well-led.

Relatives said the service was managed well and made positive comments about the management team.

Staff told us they felt supported and the registered manager was approachable.

Good

Summary of findings

Effective systems were in place to monitor the safety and quality of the service.

The provider analysed information about the service to identify trends and highlight best practice.

Rosehill

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.

The inspection took place on 6 January 2016 and was announced, which meant the provider and staff knew we were coming. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before our inspection we checked the information we held about the service and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had happened at the service. A notification is information about an event which the service is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations.

The six people who lived at this home had complex needs that limited their communication. This meant they could not tell us about the service, so we asked their relatives for their views.

During the visit we observed care and support and looked around the premises. We spoke with the registered manager, the assistant manager, and two support workers. We talked to two relatives. We viewed a range of records about people's care and how the home was managed. These included the care records of three people, medicine records for five people, the recruitment records of four staff, training records and quality monitoring records.

Good

Is the service safe?

Our findings

We asked relatives if people were safe. One relative told us, "Yes [family member] is safe. There's somebody there to keep an eye on him all the time and the accommodation is secure."

The registered manager said, "Yes people are safe here. I know the staff wouldn't let any harm come to the service users. They're like family. Staff can come to me or the assistant manager about anything." One staff member told us, "Yes people are definitely safe without a doubt." Another staff member said, "We make sure they're safe in the community as well as in the house."

Staff rotas for the previous week were as described by the registered manager and assistant manager. People who used the service had been assessed as needing high levels of staff support to keep them safe. Our observations were that when people were in the home there were four staff on duty. At night time there were two staff members, one waking night and one sleep-in. Where people who used the service needed 2:1 support to access the community, the rota reflected this. Relatives and staff we spoke with said there were enough staff on duty.

The service had a low turnover of care staff and there were no vacant posts at the time of the inspection. The registered manager told us they had access to bank staff if needed, but rarely used them. The registered manager also said, "Most staff have worked here for several years. It's a stable team which helps people who live here settle." Contingency arrangements were in place in case of accidents or staff emergencies, and on-call management arrangements were in place.

Systems were in place to reduce the risks of harm and potential abuse. Staff told us, and records confirmed, they had completed safeguarding vulnerable adults training and this was regularly updated by computer based training. Staff were also required to complete safeguarding worksheets every three months to keep up to date. The registered manager said they did this to ensure "staff don't become complacent". This was good practice and meant safeguarding issues were discussed regularly.

Staff had a good understanding of what to do if they witnessed abuse or if abuse was reported to them. Staff told us they had never had to report a safeguarding concern, but if they did they would go straight to senior care staff or the registered manager. This meant staff understood their duty to report any concerns. Staff also told us they had confidence concerns would be investigated properly.

A thorough recruitment and selection process was in place. This ensured staff had the right skills and experience to support people who used the service. Staff files contained relevant information such as evidence of qualifications and photographic proof of identity, and background checks. These included references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

The accommodation was comfortable, clean and spacious. One bathroom was due to be refurbished in the near future as it needed modernising. The provider had carried out regular checks on all aspects of health and safety, and all required certificates were up to date. Specialist equipment, such as sensor mats for people with epilepsy, were checked daily. This meant the premises and equipment were safe for people, staff and visitors.

The arrangements for managing people's medicines were safe. Medicines were stored securely in a locked cabinet in a room which was only accessible to staff. There were clear policies in place for supporting people with their medicines. Each person had a medicines file and a one page medical summary which recorded details of people's specific medical needs. For example, allergies, possible side effects of medicines and if there was a history of seizures.

All staff members who administered medicines were trained in the safe handling of medicines. Staff were also required to complete medicines worksheets every three months to keep up to date. We observed staff supported people to take their medicines safely and appropriately.

We looked at five medicine administration records (MARs) for the previous month and these had been completed correctly. Two staff made sure medicines were administered in the right way. This meant every time it was given, it was checked and witnessed by another staff member. Staff also kept a record of the running total of medicines left, which were checked daily to ensure no medicines were missed. This meant the risk of medicines errors was reduced.

Good

Is the service safe?

Where 'homely' medicines were listed in care plans, for example to relieve cold or flu symptoms, these had been approved by people's relatives. The provider had good guidance on 'as required' medicines such as paracetamol. This meant staff could tell when a person was in pain and what could be done to support them. The temperature of the room where medicines were kept was checked regularly, and was within recommended limits for safe storage. Unused medicines were logged and returned to the local pharmacy regularly.

Risks to people's health and safety were assessed and managed, without comprising people's independence. Risk management plans were in place for daily activities such as washing, dressing, using kitchen equipment and managing money. Plans were well written and clearly showed how each person could participate in daily activities with the right support.

Each person had a personal emergency evacuation plan (PEEP). These contained details about the specific needs each individual had, which meant people could be evacuated safely in the event of a fire.

Accident and incident forms were completed accurately and logged straight on to the provider's computer system. There was evidence of follow up action for staff and people who used the service. Where restraints had been used by appropriately trained staff, such incidents were recorded and a thorough report was completed.

Good

Is the service effective?

Our findings

We asked staff if they had received enough training. Staff told us they received relevant training to meet the needs of people who used the service. One staff member told us, "I feel confident to do my job."

New staff completed a comprehensive training programme as part of their induction. This included training on health and safety, safeguarding vulnerable adults and 'principles in practice' which is autism specific training. The organisation used a computer-based training management system which identified when each staff member was due further training. Training records showed that staff had completed 95% of the provider's mandatory training which included safe handling of medicines, first aid and food hygiene.

The registered manager and assistant manager had access to the system so they could check at supervision sessions which staff were up to date with training. Staff told us they had regular supervision sessions and an annual appraisal with senior staff. Records confirmed staff had individual supervision around six times a year, where they could discuss their professional development and any issues relating to the care of the people who lived there. Records also confirmed people had annual appraisals with the registered manager. Supervisions and appraisals were up to date at the time of our inspection.

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. The application procedures for this in care homes are 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 were being met. DoLS applications had been made and authorised for all six people by the relevant local authorities. DoLS applications contained details of people's individual needs and were person-centred. All staff were up to date with MCA and DoLS training.

Best interest meetings had been carried out when needed, for example when a person did not have capacity to make a decision about taking their medicines. This meant staff were working collaboratively with local authorities to ensure people's best interests were protected. A Department of Health guide on DoLS was available in easy read format, which was good practice.

Records showed people were supported to maintain their physical and mental health needs whenever this was required. For example people attended appointments with their GP, optician, podiatrist and dentist. Records of these appointments were kept in a medical record file.

People were also encouraged to maintain an active and healthy lifestyle through activities and a healthy diet. People's food and fluid intake was recorded daily and their weight was recorded monthly. Further action was taken where appropriate after discussion with relatives.

People were supported to maintain a balanced diet and to have enough to eat and drink. Staff used a four week menu planner which was based on people's preferences. People were involved in decisions about menus at residents' meetings. The main meal of the day was eaten during the evening when people had returned from their daily activities. Most meals were prepared from scratch using fresh produce. A good range of healthy foods were available, as well as drinks, snacks and fresh fruit. People were encouraged to help with the weekly shopping and to prepare meals with support from staff.

A communication diary was used to ensure details relating to people's needs were passed to the next shift. One staff member told us, "I always look at the communication diary when I start my shift." Verbal handovers were also done at the start of each shift. This meant staff were kept up to date.

Good

Is the service caring?

Our findings

Relatives told us staff were caring. One relative said, “The staff are friendly, obliging and compassionate. They do a grand job.” Relatives said they felt involved in their relatives’ care and were kept up to date by staff.

One staff member told us, “We regard the lads as our children. I look after them to the best of my ability. We’re like a big family”. Another staff member said, “You need a good heart to work here, but it’s rewarding. I go home feeling as though I’ve achieved something.”

Staff told us how they made sure people’s privacy and dignity was maintained. For example, closing bathroom doors when people were receiving personal care, or closing bedroom doors when people were getting changed.

Staff knew people well and exactly what support people needed in various situations. For example, one person needed precise guidance to wash and shave. Staff had a good understanding of what was important to people who lived there, such as how important it was for one person’s faith to be upheld through different practices.

On the day of our visit staff communicated with people in an appropriate manner according to their understanding and ability. This meant staff knew how to support people in the way they needed. People were comfortable with staff which meant the service had a relaxed, homely atmosphere. One staff member said, “I love my job. It’s a pleasure coming to work. The lads who live here are brilliant.”

The registered manager told us, “All the men here have got lovely characters. I feel like their family. We’re lucky because we’ve got an amazing staff team here. It takes a certain person to work in care”.

One staff member told us how staff get on well with people’s family members. Staff suggested meeting a person’s family at a convenient location to save the family having such a long journey, which the family said was greatly appreciated.

Staff told us how important it was to encourage people’s independence. For example, staff told us it isn’t safe for one person who used the service to be in the kitchen alone, so staff support them to do basic tasks so they can be involved.

One person who used the service had a good rapport with his keyworker who later retired. The keyworker asked the person’s family if they could remain in contact with the person. The family were happy with this arrangement, and the person continued to see their keyworker which made them very happy.

The service had received written compliments from relatives. One relative wrote, ‘I can’t describe in words how happy we were to see you all [on a video call]. You have gone to so much effort. [My relative] is so fortunate to have you.’ Another relative wrote, ‘We would like to thank the staff at Rosehill for your good wishes and for helping [relative] organise their Christmas gifts which was greatly appreciated by us all.’

Good

Is the service responsive?

Our findings

People had limited involvement in their care planning because of their complex needs. Staff knew people well and how people communicated, and this was included in care plans. Relatives told us they felt involved in their family member's care planning.

We looked at care records for three people. The care plans were detailed and showed what care and support was needed to ensure individualised care was provided to people. For example, there was information on 'my medical needs', 'what I understand', 'what you can do to help me', 'how I communicate' and 'my other support needs'. In one person's care plan staff had compiled a list of words a person used and what they meant. People also had 'health action plans' which contained guidance on how to support a person to maintain good health. Some areas included sleeping, support with nutrition, and medical procedures such as blood tests, or injections. This meant staff had access to information about how to support people in the right way.

Care plans were written from the perspective of the person and contained individual support plans to help people achieve their goals. Individual support plans contained good descriptions of what people's goals were, what steps needed to be taken and a target date for completion. These were reviewed every three months and any progress measured. Care plans also contained family backgrounds and life stories so staff could understand what was important to that person. Records showed care plans were continuously reviewed by staff, and annual reviews were held with relatives and care professionals.

Each person had a timetable of daily activities which was planned in advance of the week ahead. Daily activities through the week largely consisted of educational and vocational sessions at a local day facility. People engaged in a variety of activities on an evening such as going for a walk, going to the pub, having a massage, or household tasks such as clearing the dinner table or doing the laundry. People also went on trips to local places they liked such as the beach, as the service had its own minibus. This meant the people who used the service had their social needs met and engaged in activities of their choice.

Staff were responsive to people's needs. For example, they told us how they noticed a person's continence was affected when they had a certain drink. When staff offered the person an alternative drink they accepted this and the problem stopped. This meant the person's sleep was no longer disturbed and the person was less anxious. Staff also told us how one person preferred to eat little and often, so staff didn't give them big portions of food. This meant the person enjoyed his meals as he preferred them.

One staff member told us, "People at Rosehill each have differing and diverse needs." Another staff member said, "Whatever they ask for we try and sort out."

People's rooms were decorated to a high standard and were personalised. Staff told us how people and relatives had been involved in choosing the décor of their rooms through the use of colour charts, pictures and communication aids. Residents' meetings were held monthly. People were supported to express their views using communication aids and pictures at such meetings. For example, people decided where they wanted to go on holiday. This meant that people were actively encouraged and supported to express their views and opinions on the service.

The provider had a complaints procedure which was available to people, relatives and stakeholders. A service users' guide which contained details of how to make a complaint, was usually given to families, although an easy read version was available for people who used the service. No complaints had been received in the last 12 months.

Relatives we spoke with said they had never needed to complain. One relative said, "If I had any concerns at all I would go straight to the manager."

Good

Is the service well-led?

Our findings

Relatives told us the service was well-led. One relative told us, "[Registered manager] is lovely. She sorts [family member] out better than I can and manages the team very well."

The registered manager had worked at the home for many years, and was supported by an assistant manager. The registered manager also managed a similar small service nearby. The registered manager worked occasional shifts alongside staff so they could check the quality of the care provided. The registered manager told us, "I enjoy being hands on."

One staff member told us, "We've got a good management team here." Another staff member described the management team as "fabulous" and said, "If we've got any problems [manager] and [assistant manager] are always there. They're both very fair and it gives you confidence. The manager really looks after the lads here."

The registered manager told us, "We've got a brilliant staff team here".

One staff member told us, "There's a nice relaxed atmosphere here. We get to know the lads well." Another staff member said, "The culture here is fine, management are honest and approachable." The assistant manager told us, "This is the most compatible house I've worked in, both the people who live here and staff."

People were given opportunities to give their views at monthly residents' meetings. Staff used communication aids and pictures to help people make decisions on activities and food choices.

The provider sought feedback about the quality of the service through annual family questionnaires. These were last sent out in May 2015, but the response rate was less than 20% for this service. A copy of a policy was sent to the family as their feedback indicated they didn't have one. This meant the provider responded to relatives' feedback.

The registered manager and assistant manager told us they welcomed feedback from families at any time. One relative told us, "I can't think of anything that needs to be improved."

Staff meetings were held monthly where they reviewed each person's care in detail. Other issues such as best practice, staff training needs and audits were discussed. Staff told us they felt able to voice their opinions and raise any concerns at these meetings. They also said there was an open culture and the management team encouraged staff to question practice. Minutes of staff meetings were taken so staff not on duty could read them later.

The registered manager carried out a number of audits to ensure the safety of the service. For example daily medication audits and monthly health and safety audits. Also, the registered manager submitted a monthly report to senior managers which included details about any safeguarding concerns, accidents, incidents or staffing issues. This system also identified when staff training, supervisions or appraisals were due and when DBS checks needed to be renewed. The provider also carried out audits of these areas, which meant the provider could monitor the service for any trends and identify best practice. The registered manager said, "This helps us identify trends and triggers, and we can learn from this."