

Welmede Housing Association Limited

Rosemere

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Care service description

Rosemere is a care home that provides care, support and accommodation for a maximum of six adults with learning disabilities, one of whom was living with dementia. The service is managed by Avenues, a 'not for profit' provider of housing and support for people with learning disabilities, autism and/or mental health needs. At the time of the inspection six people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good

People were safe with and staff and staff were aware of the safeguarding procedure. There were sufficient levels of staff on duty to ensure that people's needs were met. Recruitment was robust to ensure that only appropriate staff were employed.

Risks to people's care was managed well by staff and people received their medicines in a safe way. Regular health and safety checks of the premises and equipment were carried out. The provider had up-to date procedures to help ensure people remained safe in an emergency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported with their health needs. People were encouraged to eat and drink in a healthy way and people had choices of what they wanted to eat and drink.

People's needs had been assessed both before and after admission to the service. Care plans reflected people's needs and preferences. Care plans were evaluated regularly so they contained information about people's current needs. People chose how they spent their time and could take part in activities if they wanted to. Staff worked well together and communicated changes to people's needs to each other.

People told us that they would speak to staff if they had any concerns. There was a complaints procedure should anyone wish to complain. There had been no complaints received since we last inspected.

The provider carried out quality assurance checks to ensure people received a good standard of care. Staff consulted with outside professionals to ensure the best delivery of care. People and staff had provided feedback when they were consulted about the service. Notifications were sent to the CQC where appropriate.

Further information is in the detailed findings below

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Rosemere

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 site visit took place on 2 November 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we had about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the deputy manager, four people and one member of staff. There were people that were unable to verbally communicate with us; instead we observed care from the staff at the service. We looked at a sample of two care records of people who used the service, medicine administration records and training, supervision and four recruitment records for staff. We reviewed records that related to the management of the service that included minutes of staff meetings, surveys and audits of the service. After the inspection we spoke with the registered manager who was on leave at the time we visited.

Is the service safe?

Our findings

When we last inspected Rosemere we concluded the service was safe and rated it Good. Following this inspection, we found the service was still safe and our rating remains Good.

We could see from the interactions with people and the staff supporting them that people felt safe and comfortable. People told us that they would speak to staff if they were concerned about anything. Staff understood what constituted abuse and the actions to take if they had any concerns. One member of staff said, "I would speak to the manager. We sit down and talk to the clients and tell them that if there is anything wrong then they can come and talk to us." Staff demonstrated a commitment to maintaining people's safety and welfare.

Potential risks to people's safety had been highlighted and assessed. Standard assessments were completed covering risks such as moving and handling and nutrition. Additional risk assessments were in place depending on people's individual needs. These described the measures needed to help keep people safe. They had been reviewed regularly and updated as people's needs changed. One member of staff said, "We are aware of everyday risks for example when people are helping to unload the dishwasher we ensure that no sharp knives are placed in there."

Staffing levels continued to be appropriate to meet people's needs. People told us that staff were always there to help them. Staff also confirmed that staffing levels were appropriate. The registered manager told us, "Two staff on duty is sufficient to maintain safety and offering support. The additional third staff on the morning shifts allows us to offer the extras like going for a walk, or to the shops, or any other activities that fall outside the normal planned ones." Staffing levels consisted of two care workers plus the registered manager to care for the six people using the service. During our inspection we observed staff were always available.

The provider continued to operate effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

The service was clean and well maintained. Staff followed good infection control procedures and encouraged people to wash their hands when preparing food. The provider continued to manage medicines safely. Staff completed medicines management training and medicines were stored securely. Medicines administration records (MARs) accurately recorded the medicines people had been given. One member of staff was able to explain what medicines people were receiving and why.

Checks were completed to maintain a safe environment. Personal emergency evacuation plans (PEEPs) were written to help ensure people continued to receive the care they needed in an emergency. Staff kept accurate records of incidents and accidents, including details of action taken and lessons learned. One member of staff said, "One person slipped in the van. We ensured that he received medical treatment and

took steps to ensure that this didn't happen again. We gradually supported him to getting back in the van as he was anxious at first."

Is the service effective?

Our findings

When we last inspected Rosemere we concluded the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

People's needs had been assessed both before and after admission to the home to identify the care they needed and wanted. This was then used as a baseline for developing people's care plans. All people living at the service were of a similar age as this had been considered before new people moved in. Staff supported people to access health care services in line with their individual requirements. Records showed people had input from a range of health and social care professionals. This included GPs, social workers and a community psychiatric team. Where specific recommendations had been made, these were incorporated into people's care plans to guide staff about the most effective ways to care for people. One member of staff said, "We are concerned about [person's] memory and we are seeking advice about this." Each person had an appointments planner which helped staff keep track of the health appointments people had each month.

Staff were well supported and able to access the training they needed. One staff member said, "Training is important otherwise you become stagnant. You need to learn the new techniques." Staff had completed a range of training courses including autism, mental health awareness and nutrition and hydration." Records confirmed training, supervision and appraisals were up to date. One member of staff told us that supervisions were useful because, "I can talk about any problems." We saw that staff worked well together and provided support where needed.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We saw the service continued to work within these principles. There was evidence in people's care plans that consent was obtained appropriately.

People were supported with their nutritional needs. One person told us, "The food is very nice." Another said, "They do really lovely meals here." We saw that meals were varied and people had choices about what they wanted to eat and drink. One person went to the shop during the inspection as they wanted to buy some pickle to have with their ploughmans for lunch. People were independent with eating and drinking and had adapted plates and cutlery where needed.

Staff showed a good understanding of people's nutritional needs and described how they adapted the menu to ensure people did not miss out on their preferences. There were picture menus in the kitchen so that people were aware of what the next meal was. We saw that people were excited about having fish and chips for dinner that night.

Is the service caring?

Our findings

When we last inspected Rosemere we concluded the service was caring and rated it Good. Following this inspection, we found the service was still caring and our rating remains Good.

People told us that they liked the staff that worked there. One person said, "[Staff name] is a very nice woman." Another said, "Its lovely here. It's not bad at all."

Staff described kind and caring relationships having developed between them and people living there. This was due to the home having a stable staff team, who had known the people living at the home for years. You could see from interactions between people and staff that they had developed strong bonds. People called staff by fun nicknames and laughed and joked with them throughout the inspection.

Staff listened with interest when people spoke with them and showed that they cared. One member of staff said to a person, "You looking forward to going out?" Staff were chatting and showing interests in their responses. "What are you going to buy? Oh, that would be nice. Did you make sure you put some cream on your face?" The member of staff repeated back what one person was saying so that the person knew the member of staff understood what they were saying. Another person used sign language to explain to a member of staff that fireworks made them anxious. The member of staff signed back to them that it was fine and that they did not have to watch them. This put the person at ease.

People were supported to remain independent. We heard one member of staff encouraging a person to brush their teeth. When lunch was being prepared we saw people being supported to help out. One member of staff said, "Could you put that in the bin for me please. Thank you [person's name]." We saw staff supporting people to collect their clean laundry and take it their own bedrooms.

Bedrooms were personalised and individual to the people that lived there. Bedrooms were decorated with memorabilia of their favourite pop stars and hobbies and interests of people were obvious. People took pride in their bedrooms and often throughout the inspection they would go to their rooms to spend time in there. One member of staff said, "People like to spend time in their bedrooms and we respect this."

People were treated with dignity and respect. One member of staff discreetly told one person that they had a visit from a social care professional. We saw that staff respected people's choices and treated people in an age appropriate way. People's religious needs were also considered. One member of staff said, "[Persons name] goes to church every Sunday. It's important to her. We drop her off every Sunday." The person told us that they enjoyed going to church.

Care records were personalised and provided staff with information about people's life history. This is important so staff have a better understanding of the needs of the people they care for. As with our last inspection, confidentiality was respected in the home. Although nobody at the home had an independent advocate, information was provided so people were aware this was available to them.

Is the service responsive?

Our findings

When we last inspected Rosemere we concluded the service was responsive and rated it Good. Following this inspection, we found the service was still responsive and our rating remains Good.

People had personalised care plans which provided sufficient information about the care each person needed. Care plans covered a range of core needs including physical health, spiritual needs, nutrition and medicines. Care plans were evaluated monthly so that they remained relevant to people's current circumstances. There was detailed guidance in place where a need had been identified for example in relation to people's behaviours. One person had an anxiety when they moved into the service. There was guidance in place for staff on how to manage this anxiety which had now reduced. One member of staff told us, "Where [person's name] was and where he is now is amazing. It's such an achievement for him. He is just so happy now." We saw that this person was relaxed and at ease with our presence. The member of staff said, "We read the care plans. We as staff know what their needs are."

People had opportunities to participate in activities if they chose to and to pursue their interests. One person said, "They [staff] take you out. It's nice to go out rather than stay in as it can be boring." Another person said, "We go out to Bingo." There was a chicken coup in the garden and people were encouraged to assist with cleaning the coup out. One person approached us with an egg that had been hatched from the chickens and told us how much they enjoyed looking after them. We saw that people went to day centres, went to an art club, took part in music groups went bowling and to the cinema. One person had a holiday in Butlins with a member of staff and another was taken to see their favourite music shows. I saw one person playing their guitar in their bedroom. The person said, "It's my pride and joy."

All of the people at the service were middle aged and no one had life limiting conditions. As such end of life care planning had not been discussed with them.

We saw that there was a complaints policy in place and in picture format for people to understand. There had been no complaints received since the last inspection. People told us that if they unhappy with anything they would speak to staff.

Is the service well-led?

Our findings

There was a registered manager at the 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.

There was a friendly and homely atmosphere in the service. "One member of staff said, "It means a great deal for me to work here." Another told us, "I love it here. I love these guys. Everyone has their own personality." When we arrived at the inspection people were at ease and welcomed us in. People felt comfortable to come into the office and we were always welcomed in by staff. Staff told us that the registered manager led the service well. One member of staff said, "I get on well with him."

There were opportunities for people and staff to provide feedback about the home. For example, people and staff had been consulted to gather their views and regular meetings took place. Minutes of these meetings were available which showed a range of topics had been discussed. For example, people had discussed wanting chickens in the home and the garden to be updated and we saw that this had taken place. We saw that staff had discussed training, policies, people's changing needs and ideas for additional activities for people.

There had been a period of unsettlement for the staff since the last inspection as a new provider had taken over. The registered manager told us, "Avenues [the new provider] has spent a considerable amount of time and effort to ease the process with the numerous consultation meetings organised, inviting staff to attend. In some cases Avenues have extended their contributions to staff's NHS Pension for a further three to four years, again to ease hardship felt by staff."

The provider continued to operate a structured approach to quality assurance. This included regular checks of medicines management and health and safety. These had been effective in identifying and addressing issues in the service. The service also continued to work closely with other agencies outside of the organisation including the Local Authorities and the NHS Mental Health Trust.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.