Ms Jennifer Jonas

Rosedale 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?	Good

Summary of findings

Overall summary

This inspection took place on 21 and 24 October 2016 and was announced.

Rosedale House provides accommodation and support to a maximum of two people with a learning disability or autistic spectrum disorder. It does not provide nursing care. At the time of our inspection there were two people living in the home.

There was a registered manager in post. 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 were safe living in the home. Risks to people were identified and well managed, this included risks associated with the environment and premises. Staff demonstrated an awareness of adult safeguarding and knew how to report concerns. Incidents and accidents were reported and the service worked to ensure the likelihood of reoccurrences was reduced.

There was enough staff to meet people's needs. People were supported by a stable and consistent staff group, who knew them well. New staff received an induction that supported them to carry out their role. Staff worked together to ensure they could meet people's needs effectively.

Medicines were managed and stored safely. There was guidance in place so staff knew how to administer medicines. Regular audits were taken on medicines to check and ensure they were managed safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the management team understood the MCA DoLS and its impact on the support they provided. The service was following the legal requirements.

People were supported to maintain their health, this included supporting people to eat healthily and address nutritional risks. Staff ensured people received the health care they required.

People were supported by staff that cared for them, knew them as individuals, and treated them respectfully. People living in the home had complex communication needs. The service had in place communication systems to help people express their wishes and feelings. There were opportunities for people to discuss their support and relatives felt involved in decisions.

The care provided was responsive and timely, it met people's individual needs and preferences. Relatives told us they knew how to complain and felt comfortable and able to do so. Where issues had been raised action had been taken to respond to them.

People were supported to maintain important relationships and participate in activities. Although some relatives felt at times more opportunities could be sought out.

There was an open culture in the home. Relatives felt the registered manager was transparent and honest. Staff felt supported and issues were dealt with in a constructive and motivating manner. Relatives and staff were positive about the support and leadership of the registered manager. There were quality monitoring processes in place to help monitor and identity issues that might affect the quality of the service provided.

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.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns.

There were enough staff to meet people's needs and people were supported by a stable and consistent staff group.

Risks to people were identified and well managed, including risks from the environment and premises.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff received training and support from their colleagues which helped them to provide effective care.

The service was meeting the legal requirements set out under the MCA and DoLS.

People were supported to maintain their health and manage their nutritional needs. Staff supported people to access health care where required.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff that treated them respectfully.

People and relatives were able to express their wishes and feelings about the support provided.

Is the service responsive?

Good

The service was responsive.

People received care which was personalised and responsive to their needs.

People and relatives felt comfortable and able to raise concerns if needed.

Is the service well-led?

Good

The service was well led.

There was an open culture in the home. Issues were dealt with by transparency and honesty.

Staff felt supported and spoke positively of the registered manager's leadership.

The quality of the service was monitored. The registered manager and operations manager took action to make improvements where required.

Rosedale 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 and 24 October 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. This inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

People living in the home were unable to verbally give us their views about the service they received. We observed how care and support was provided. During our inspection visit we spoke with three support staff, the registered manager and the operations manager. After our inspection visit we spoke with four relatives.

We looked at two people's care records, two staff recruitment files and staff training records. We checked the medicines records for two people. We looked at quality monitoring documents and accident and incident records.

Good

Is the service safe?

Our findings

All the relatives we spoke with told us they felt people were safe living at the service. One relative told us, "As far as I'm concerned I've no worries that [name's] not safe." Another relative said, "First and foremost [name] seems to be happy there."

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. One staff member told us, "You have to be vigilant." The registered manager told us they ensured safeguarding was a standing item that they discussed with staff in their one to one meetings. This meant staff were provided with an regular opportunity to raise any concerns. We saw the service had appropriately dealt with a recent safeguarding concern. They had been open and honest with relevant people and had taken action to reduce the likelihood of any reoccurrence.

Risks to people were identified and well managed. Risk assessments were in place and were specific to each person. These covered areas such as eating and drinking, behaviour that may be challenging to the person and others, and accessing the community. These were reviewed on a monthly basis. We saw they provided clear guidance for staff on how to manage identified risks. For example, by providing information about specific triggers that might cause anxiety and behaviour that may be challenging. The staff we spoke with demonstrated they understood the individual risks to people and how to manage them.

Incidents and accidents were recorded and reported to the registered manager. Records showed appropriate actions were taken to manage these. We saw serious incidents were discussed in staff meetings. This meant the registered manager ensured staff were aware of any new or escalating risks and what action they needed to take to manage them.

Risks to people from the premises were also managed. Regular up to date checks and servicing had been carried out on areas such as the home environment and fire safety. This helped ensure that the home was a safe place for people to live and work in.

Relatives told us there was a stable and consistent staff group. One relative said, "They have settled staff, which is great." Another said, "Present team, I think, have been there for a long while." Staff we spoke with also confirmed there was a stable staff group in place. One said, "All the [staff] we have here, have been here quite a while." The people living in the service required one to one support. A relative told us they felt there was, "Enough staff." Staff told us there was enough staff on each shift to meet this requirement. One staff member told us, "We always manage to get cover, even if [registered manager] steps in and does a shift."

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, to ensure the person was suitable to work in the home.

Medicines were managed safely. We looked at two medicine administration records. We saw these records were completed accurately. Staff recorded when medicines for external use were opened and when they

should no longer be used. This ensured staff were using medicines that were safe to use. We saw there was clear guidance in place for staff on how to administer 'as required' medicines.

Medicines were kept in a specific cabinet in the office. At the time of our inspection visit the lock for the cabinet had broken. The registered manager told us whilst they waited for this to be replaced they ensured that the door to the office was kept locked to ensure medicines were kept securely.

Records showed staff had received training in medicines administration. One staff member told us the registered manager carried out observations of staff administering medicines in order to check they were doing this correctly. Another staff member told us the registered manager did 'pop' quizzes to check and refresh staff knowledge on medicine management. We saw there were regular medicine audits in place to ensure they were being managed safely.

Good

Is the service effective?

Our findings

Three of the relatives we spoke with told us staff had the skills and knowledge to carry out their roles. One relative told us, "They understand [name's] problems." One relative told us they felt staff knowledge and use of one person's specific communication system could be improved. A member of staff told us they also thought this was an area that could be improved. The registered manager and a member of staff told us about the plans they and the team were working on to help make improvements in this area.

The staff we spoke with felt supported by their colleagues and the registered manager, to deliver effective care to people. Staff we spoke with confirmed they received regular supervisions and appraisals. Staff told us the registered manager and operations manager were accessible and supportive. One member of staff told us, "[Registered manager] is a wealth of knowledge." Another staff member said, "I can always go to [registered manager] if there's a problem." Staff told us a team approach was encouraged and staff worked together to ensure people's needs were met. For example, one member of staff told us staff shared ideas and information about the people they supported so they could ensure the care they provided was effective. They said, "I think you have to, to get a broader perspective."

Records showed staff received a range of training which included topics such as autism, epilepsy, diversity and equality, infection control, and behaviour that may challenge. Not all the training planned and provided was specific in relation to the needs of the people living in the service. For example, people living in the service required support with their nutritional needs, however, this topic was not included in staff's training. We discussed this with the registered manager who acknowledged this training may be useful to staff. They told us they would look in to securing additional training in this area. Staff spoke positively of the training provided. One member of staff told us, "Training is on par, always feel like I've come away with something new." We saw the registered manager had a clear training matrix which identified what training was required over the next year for each member of staff and when they needed their training updated. We saw in a few instances some staff training was out of date; the registered manager told us training had been booked to ensure this was updated.

Staff told us that new staff were supported by a formal induction which gave them the support they needed to undertake their role. This included shadowing other staff as well as learning people's routines and preferences. We saw new staff completed the Care Certificate which comprises of the minimum standards that should be covered as part of induction training for new staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are

called 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.

The staff we spoke with demonstrated an understanding of the MCA and how this impacted on the support they provided. For example, one member of staff told us it was important not to assume people living in the home couldn't make decisions. They said "[Capacity] it's got to be assessed day to day, you can't assume." Staff understood the importance of offering choice to people and how to support the people to make decisions. For example, another member of staff told us how they made sure they allowed people living in the home enough time to process information given to them. They said they would reoffer choices and check decisions with people.

The service had carried out assessments of people's capacity to make decisions in relation to day to day decisions. We identified some areas where formal records of capacity were not in place and were required. The operations manager told us they were working on changes to paperwork to ensure these were in place. We saw staff had referred people for assessments of capacity where there were concerns regarding people's ability to make decisions. For example, in relation to health treatment. This meant we could see the service was acting in accordance with the MCA.

The registered manager demonstrated they understood their responsibilities in relation to the MCA and DoLS. We saw where restrictions were in place regarding people's care this had been recognised and DoLS applications had been made.

People's nutritional needs were met and they were supported to eat balanced meals. One relative said, "[Name's] diet has improved no end." Another relative told us they felt staff encouraged healthy eating and as a result they thought their relative looked healthier. One relative told us, "They keep an eye on [name's] weight, because that was a concern at one point." Records showed people's weight was monitored and issues identified. For example, where it had been identified that one person's weight was a concern staff had moved from monthly weighing to weekly to ensure this could be closely monitored. We saw nutritional issues were discussed with relevant professionals when required.

Staff told us that each weeks evening meals were planned in advance with people living in the home. The week's meal plans were presented in a format that people in the service could understand and were displayed in the kitchen. We observed the support provided at lunch time. We saw staff showed people what food options were available and supported them to make decisions regarding what they wanted to eat.

Relatives we spoke with told us the service was proactive in ensuring people's health care needs were supported. One relative told us, "[Staff] keep on top of [name's] medical side of things." Another relative said, "They've been very hot on [name's specific health needs]" A third relative told us staff was, "Well tuned in to [health care needs]." Records showed staff identified where there might be health concerns and ensured concerns were referred to the appropriate health care professional.

Good

Is the service caring?

Our findings

The relatives we spoke with talked positively about the relationships staff had with people living in the home. One relative told us, "Staff are very caring and down to earth." Another relative said, "Everybody has the best intentions, they do care, I really do feel that."

The staff we spoke with talked in a positive and caring way about the people they supported. For example, one member of staff talked with great enthusiasm about the strengths and abilities of people living in the home and the need to support that. We saw this was echoed in one person's care plan which told staff, 'Dare to expect more of [name]'.

Relatives told us they felt staff knew people living in the home well. One relative told us, "[Registered manager] has a good relationship with [name], they know [name] very well." Staff demonstrated to us through conversations that they knew people well including their personal histories, likes, and dislikes.

People living in the home had complex communication needs. We saw each person had a communication care plan. This provided staff with individual guidance about how to communicate with each person. We saw throughout the home there was visual material to assist people to understand what was happening in the home. For example, we saw there were photos of staff with the names to show who was working that day. Staff used communication tools that were individual to the person. For example, emotion boards, communication books and visual displays. These tools helped people to understand the care that was provided and assisted them to communicate their wishes and feelings.

Relatives we spoke with said they and their relatives were able to discuss support needs. Relatives told us they were involved in decisions, where appropriate. One relative told us, "I don't hesitate to get on the phone and chat to them; they do listen and take my opinion on board." Staff were able to tell us about systems that were in place to provide people living in the home with opportunities to discuss their support and make decisions. Records we looked at demonstrated people were provided with opportunities to discuss their care and support.

During our inspection we observed staff encouraged people living in the home to be as independent as they could. For example, we heard staff encouraging one person to undertake some house hold task themselves rather than letting staff do them. One member of staff told us, "We're not here to do everything, we're here to help." They gave us practical examples of how they encouraged people to be independent.

Relatives told us they observed, and felt, staff treated people in a respectful way. One relative told us they observed staff were, "Polite and kind" in their interactions with people living in the home. We observed staff knocked on people's doors before entering and spoke to people in a polite, respectful manner. One member of staff told us, "We don't intrude."

The relatives we spoke with told us they felt involved and welcome in the home. One said, "They allow us to visit any time." Another told us, "[Staff] certainly very good, accommodating of me as a [relative]."

Good

Is the service responsive?

Our findings

People received care that was responsive to, and that met, their individual needs and preferences. Relatives told us people received responsive and timely care. One relative told us, "I get the impression they seem to check on every need during all times of the day." Another relative said, "[Registered manager] will certainly do their best if there's anything [name] needs."

Several relatives gave us examples of how staff had identified potential issues and responded promptly to address these. One relative told us, "They have had some real successes." The examples provided, as well as the records we looked at, demonstrated that support was tailored to people's individual abilities, age, and specific health conditions.

Whilst we saw there were regular opportunities for people to discuss their care on an individual one to one basis with staff, feedback from relatives regarding this varied. Not all the relatives we spoke with felt they had formal prearranged opportunities to review and discuss the support provided. One relative told us formal reviews of people's care plans had not occurred for some time. They said, "One thing we haven't had fairly recently." Another relative told us they did have formal planned meetings but this had been at their instigation. However, it was clear from talking with relatives that they felt involved and consulted on significant issues relating to people's care and support.

The care records we looked at were individual and written in relation to people's individual needs and preferences. We saw they detailed people's background history and personal preferences. Care records were up to date and were reviewed regularly to help ensure they were still accurate. Through our observations and discussions with staff they demonstrated they knew the information recorded in people's care plans and how to deliver support accordingly.

Each person had a planned timetable of activities. We saw these consisted of activities such as, walks on the beach, the cinema, going out for dinner, or attending local car boots. On the day of one of our visits we saw people were supported to go for a walk in the morning. In the afternoon we observed staff supported people to engage in different activities which reflected their individual interests, such as watching a favourite film.

We received mixed feedback from relatives regarding the amount of activities people were supported to participate in. One relative told us staff encouraged their relative to, "Get out and about." Another relative told us they felt there was a good level of activity offered for their relative's individual needs. However, two relatives told us they felt staff could be more proactive in seeking out opportunities that would really be of benefit and interest. One relative told us they felt they often had to suggest new activities for their relative. However, they said, "If I suggest something they will always try their best."

People were supported to maintain important relationships. We saw staff liaised with people's family members and supported people to visit family if needed. Relatives we spoke with confirmed this. One relative told us how staff knew when family member's birthdays were and supported their relative to buy

presents and attend special family events.

The service had systems in place to encourage feedback about the home and the care provided. We saw people and relatives were asked to fill in a yearly survey to provide feedback on the service. Where concerns had been raised we saw the registered manager had taken action to respond and address the issues raised.

There was information on display in the home to show people how to make a complaint. We reviewed the compliments and complaints records. The service had not received any formal complaints in the last year. Relatives told us they felt comfortable and able to raise complaints if they needed to. The relatives we spoke to felt confident the registered manager would take action to respond. One relative told us, "I think if there was anything I was concerned about, I think they would listen and do something about it."

Good

Is the service well-led?

Our findings

Relatives and staff we spoke with talked positively of the home and the support provided. One relative said, "Out of all the placements this seems to have been the best placement for [name]" Another relative told us, "I can't fault them for what they've done for my [relative]." A staff member said, "I love coming in to my job in the mornings."

Staff and relatives told us there was an open culture in the home. One relative said, "I've never felt they're not telling me anything they should be." A second relative told us, "[Registered manager] is extremely open and honest." Whilst a third relative gave us an example where the registered manager had been open and honest with them regarding an incident. They said this, "Wasn't brushed under" and staff had ensured they were involved in discussions. A member of staff told us, "Everyone is so open here." The registered manager told us, "I try to drum in to [staff], don't feel bad about raising issues because it's to improve the service."

Staff we spoke with told us there was good team work in place and staff were involved in decisions about the service. A member of staff said, "It's a good group of people here." Another staff member told us, "Everyone makes an input; whenever anyone makes a comment or an idea it's listened to and taken on board." We reviewed staff meeting minutes. We saw these were held regularly and provided staff with an opportunity to discuss the service provided.

Relatives and staff were positive regarding the management of the home and the registered manager. One relative told us, "[Registered manager] is on the ball as far as I'm concerned." Another relative said, "I think [registered manager] is great." A member of staff told us, "[Registered manager] is efficient." A second member of staff said, "[Registered manager] is good, no faults with them."

Staff were also positive of the support given by the registered manager and provider. One member of staff told us, "I think [registered manager] wants the best for us as individuals and for the guys who live here." All the staff we spoke with told us the registered manager and provider was approachable and willing to listen. One staff member told us issues were picked up on and dealt with, "Quietly" and in a way that protected people's right to confidentiality. Records we reviewed demonstrated this. Several staff told us the registered manager dealt with issues in a constructive and motivating manner.

The registered manager also managed another one of the provider's services in a different location. Staff told us the registered manager and operations manager ensured they were visible at Rosedale House and knew what was going on in the service. A member of staff told us, "You see [registered manager] most days." They went on to say the registered manager would check in on staff and the home even on days off. Another staff member said, "[Registered manager] always rings here and checks if we need things."

Staff told us their responsibilities and role were clearly communicated, as well as the provider's vision and values. One staff member told us, "I feel I understand what [the provider] wants, which is person centred care." The registered manager and provider had recently introduced a system where staff were given key lead roles in certain areas such as infection control or menu planning. The registered manager told us they

aimed to use staff's strengths through this and felt it had given staff more confidence.

The registered manager was aware they were legally obliged to notify the CQC of certain incidents that occurred in the service. Records we looked at showed that the registered manager understood what incidents to notify us of and these were submitted to the CQC appropriately.

There were systems in place to monitor and improve the quality of the service. The registered manager undertook weekly management checks which covered areas such as incident reports, fire checks and the general environment. In addition to this we saw the operations manager undertook regular quality monitoring audits on areas such as health and safety, care plans, nutrition, medicines, and finances. This helped to ensure the service was running well and any issues were identified. We saw where issues had been identified we saw there was an action plan in place that identified who was responsible for taking the actions forward.

The registered manager told us they tried to keep up to date with good practice and changes in social care. They said they did this through actions such as signing up to regular relevant newsletters and attending forums and seminars. They provided us with an example of a recent seminar they had attended and told us how they planned to use this to help make improvements to the communication systems in the home.