Surrey and Borders Partnership NHS Foundation Trust

Rosewood

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

Overall summary

Rosewood provides accommodation, care and support for a maximum of eight adults with complex and profound learning disabilities. At the time of our inspection eight people were living in the home.

The inspection took place on 16 December 2015 and was unannounced.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Staff endeavoured to keep people safe because they understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. Risks to people's safety had been assessed and measures had been put in place to mitigate these risks. For example, if people were at a risk of choking they had been assessed by an appropriate

Summary of findings

professional and guidance was in place for staff. Accidents and incidents were recorded and the registered manager and provider monitored these for trends in order action could be taken to prevent reoccurrence.

There were enough staff on duty to meet people's needs, both within the home and when people wished to go out. People were cared for by staff who knew them well. Although agency staff was used to cover staff absence, the registered manager tried to ensure the same agency staff worked in the home.

Staff were enabled to meet with their line manager on a regular basis and they had access to relevant and ongoing training to help them to feel confident in their role. Staff worked both independently and together as a team. We saw this ensured the smooth running of the home.

The provider's recruitment procedures helped ensure that only suitable staff were employed to work in the home. People's medicines were managed safely. Medicines records were completed in full and the storage of medicines was carried out following best practice.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had been submitted where restrictions were imposed to keep people safe. People's best interests had been considered when they needed support to make decisions.

People's nutritional needs were assessed and any dietary needs were managed effectively. People were involved in the meals they ate. They were provided with a range of home cooked meals in order to help ensure they received a good balanced diet. People were supported to maintain good health and to obtain treatment when they needed it.

Staff were kind and caring. They treated people with respect and supported them in a way that maintained their privacy and dignity. Visitors were welcomed into the home and people had access to the community to help maintain any friendships they had outside of the home.

People's needs were assessed before they moved to the home and people's individual care plans reflected the most up to date care people required. Care plans were person-centred and focussed on the individual and their specific needs. People had access to a wide range of activities which were both individualised as well as meaningful for people.

The registered manager and provider had effective systems of quality monitoring, which helped ensure that all areas of the service were working well. There was a contingency plan in place should the home have to close in an emergency and staff carried out regular fire drills.

People were given access to information on how to make a complaint, however we were told no formal complaints had been received. People, relatives and staff were involved in the running of the home. We read regular meetings were held to discuss all aspects of the home and feedback was sought from relatives routinely to help ensure they were happy with the care being provided for their family member.

The registered manager had good management oversight of the home and it clear that she led by example and created a positive, hard-working but relaxed culture within the staff team.

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?

Good

The service was safe.

Staff understood their responsibilities if they suspected abuse was taking place and knew how to report any concerns they had.

Staff understood the risks people faced and how to manage these.

There were enough staff deployed to provide people's care and support safely.

The provider had appropriate recruitment procedures which helped ensure that only suitable staff were employed.

People's medicines were managed and stored safely.

A contingency plan was in place should the home have to close in an emergency.

Is the service effective?

Good

The service was effective.

Staff understood the Mental Capacity Act and applications for DoLS authorisations had been made where restrictions were imposed to keep people safe.

Staff received training and supervision in order for them to carry out their jobs in an effective way.

People's nutritional and dietary needs had been identified. People were supported to have a balanced diet and to choose what to eat.

People were supported to maintain good health and had access to health care professionals when they required it.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect.

Staff supported people in a way that maintained their privacy and dignity.

Staff supported people in a way that promoted their independence.

Visitors were welcomed into the home.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual care needs.

People had access to a wide range of activities.

People had been given information on how to make a complaint.

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was an effective system of quality checks to ensure that people received safe and appropriate care and support.

Everyone was involved in the running of the home and suggestions made by people were acted upon.

People felt supported by the registered manager and she had good management oversight of the home.

Rosewood

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 was 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 16 December 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the home. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We did not ask the provider to complete a Provider Information Return (PIR) on this occasion as this inspection was carried out sooner than we had planned. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four care staff as well as the registered manager. As most people living in Rosewood were unable to tell us directly about the care they received we observed the care, support and interactions between them and the staff. We looked at three people's care records, including their assessments, support plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records of staff recruitment, support and training and quality monitoring checks and audits.

We spoke with three relatives and one healthcare professional following the inspection to hear their views about the care and support people received.

The last full inspection of the service took place in June 2014 where we had no concerns.

Good

Is the service safe?

Our findings

Staff had received safeguarding training and were able to tell us of their responsibilities if they suspected abuse was taking place. They were knowledgeable in identifying the signs of abuse and how they could report any concerns. Staff had been given information about the provider's whistle-blowing policy and we read in a recent staff meeting the registered manager had discussed safeguarding with staff.

Risk assessments and support plans were in place to keep people safe while supporting their independence. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There was clear guidance for the staff to follow to minimise the risks and to prevent harm. The guidance was both in pictorial and written format for staff. For example, in relation to people being transferred from their bed into their wheelchair or in and out of the bath. Everyone had two staff members to support them for moving and handling. Other risk assessments were around the risk of people choking or epileptic seizures. For example, one person was at risk of having seizures when walking and guidance was there for staff on how to handle this should it happen. Relatives told us they felt their family member was safe. One said to us, "They notice everything."

People lived in a safe environment and their care would not be interrupted should the home have to close for a period of time. Accidents and incidents were recorded and analysed to minimise the likelihood of recurrence. For example, we read one person had suffered an injury to their skin and we read what action staff had taken and what the outcome was. Staff attended fire safety training and carried out regular fire drills. The registered manager told us staff had undertaken a mock fire evacuation during the night to ensure people could be safely taken out from the building should the need arise. People had individual evacuation guidance in their care plans as well as their bedrooms. There was a contingency plan in place which gave guidance to staff on where people could be relocated if the home had to close.

There were enough staff deployed to meet people's needs and keep them safe. Staff were on duty 24-hours a day and had access to on-call management support. Due to people's complex needs, staff provided one-to-one support when people left the home and the rota was planned to ensure there were sufficient staff to care for those people who had not gone out. We were told there would be four staff on duty each day and we looked at the rotas which supported what we had been told. We observed during our inspection that staff were available whenever people needed assistance, particularly during lunchtime when everyone needed support to eat. One member of staff told us, "I like it. We can manage to give people what they need. We have time here to support people."

People's medicines were managed and stored in a safe way. Medicines were stored securely and we saw arrangements in place for the ordering and disposal of medicines. Each person had their own individual medicines profile.. This contained their medical needs, allergies and any special instructions, such as taking medicines with their food. People also had a list of their medicines and what the purpose of the medicine was. Medicine administration record (MAR) charts showed people had received their medicines on time and as prescribed and the records were complete, without any gaps.

We read a 'good practice' reminder for staff on the medicines trolley. This reminded staff to ensure they only administered medicines to one person at a time, should always ensure the medicines trolley was locked when they were away from it and to always work from person's individual MAR chart. We watched staff administer medicines and saw this was done in an unobtrusive way and following the guidelines.

People were supported to have other medicines which may help them, such as when they were in pain. People who required PRN (as needed) medicines had guidance developed for them as an individual. This detailed how a person may indicate they required the medicines. There was also guidance for people, signed by the GP, who used homely remedies. These are medicines which can be obtained over the counter, without a prescription.

Good

Is the service effective?

Our findings

People were supported to have a balanced diet and were involved in making the foods they ate. We saw on the weekly chart that people were involved where possible in preparing meals. For example, on the day of our inspection one person was helping to make the soup. We observed staff offering people a range of options at lunchtime, particularly when people displayed a dislike to the food they were eating. All of the meals were home cooked and included a good range of foods, some of which were grown by people in the garden of the home. The cook told us no one had an allergy, but they were fully aware of people's dietary needs and who required a soft diet, for example. They told us they would monitor what came back on plates to help identify which meals people liked and which they did not.

People's nutritional needs had been assessed and any dietary needs recorded in their care plans. Risk assessments had been carried out to identify any risks to people in eating and drinking. For example, in relation to the risk of people choking. We saw that each person had been assessed by the Speech and Language Therapy (SaLT) team and guidance for staff was in the form of a table mat. This meant information was easy accessible to staff; particularly staff who may not know people as well.

People were provided with support during lunchtime in line with their care records. For example, one person's care records stated they required a metal spoon when eating and we saw this happen during lunchtime. The registered manager told us that menus were developed by staff based on their knowledge of people, but the menu would be adapted if it was evident people did not like a particular food. New menus were approved by a dietician.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and were able to describe to us the principles of the legislation and how it applied to their work. One member of staff told us, "Some people communicate capacity in different ways. It's about ensuring consent."

There was evidence that people's best interests had been considered when decisions that affected them were made. For example, if someone required medical intervention such as a flu jab. The registered manager had involved people's families and health or social care professionals where possible to support them in making decisions. DoLS applications had been submitted to the local authority or authorisations were in place for people where there were restrictions in place. For example, such as being unable to leave the home independently because the front door was locked.

Staff had access to the training and support they needed to carry out their role. This included specific training for the needs of the people living in the home. For example, epilepsy training. Staff told us they had an induction when they started work, which included shadowing an experienced colleague. Staff had attended training which included emergency first aid, moving and handling, medicines management, infection control and food hygiene.

Staff told us they had regular one-to-one supervision and that they valued these opportunities for advice and support. We also read that staff had an annual appraisal. An appraisal is important because it gives staff the opportunity to meet with their line manager to discuss all aspects of their work, if they have any issues or any training requirements. It is also an opportunity to talk about how they may wish to progress professionally.

People received effective care from staff. A member of staff told us one person moved in and was very underweight, but they were now a healthy weight. Another person cried a lot when they moved in, but were now much more settled.

Good

Is the service effective?

A relative told us how their family member was very ill this year but they did not need to worry because the staff were, “Absolutely fantastic” and nursed them back to health. The relative said, “They (staff) just cover everything.”

People were supported to maintain good health and had access to external health care professionals when required. For example, one person went to the dentist on the day of the inspection. We saw people were weighed every three months to monitor whether or not they were maintaining a healthy weight. People’s care records demonstrated that their healthcare needs had been assessed and were kept under review. There was a health action plan in place for each person that recorded their health needs and any guidance or appointments relating to healthcare professionals. We saw people had received input from the GP, chiropody and physiotherapy as well as other professionals.

Good

Is the service caring?

Our findings

Relatives told us how happy they were with the home and the care the staff provided. One said, "The level of care she receives is excellent." Another told us, "Can't fault it (the home). They're (staff) are exceptional." And a further commented, "I couldn't wish for a better place." A healthcare professional told us it was the one place that made them happy and cheerful and the staff were loving and caring.

People had complex needs and we observed that staff understood these needs well and had the skills to communicate with people in different way. Staff used a range of techniques, such as visual prompts to support people to make choices. Because staff knew people's preferences, they were able to tailor the options they offered people based on their individual likes and dislikes. For example, we read in one person's care records they held their head up as an indication they liked something. We saw this happen during lunch time when staff asked this person if they wished a pudding. One member of staff told us how one person, "Talks with their eyes."

Support with personal care was provided in private and staff respected people's privacy at all times. For example, when we knocked on one door, staff opened it a small amount to inform us they were carrying out personal care and we could not enter. They told us, "I didn't want you walking in when I was providing personal care.

People were treated with dignity. One member of staff told us, "I would never discuss people in front of others." We saw staff sitting on different height stools in order to be at the same level as people to support them to eat during lunchtime. A relative told us they had never seen their family member being treated in any other way apart from with respect and dignity by staff. They told us, "You can turn up any time and it (the care) is always the same."

People received empathetic care from staff. We saw one person get upset during lunchtime and refuse to eat the remainder of their meal. Staff approached the person in a compassionate way and reassured them and offered them an alternative. We saw another person became a bit agitated and a member of staff took them out of the room and said, "I have a nice job for you."

People could make their own decisions and they received care in a patient way from staff. We saw one staff member hold someone's hand and patiently try to work out what the person was trying to say to them. A relative told us, "He can always make his own decisions – staff ensure that he does." During the morning we saw staff reading to three people from a Christmas book. They read with expression and it was clear one person in particular was really enjoying the story.

People were encouraged to be independent and staff praised and encouraged people. We had seen one person assist the cook to make the soup earlier in the day and during lunch time we saw this person was provided with appropriate cutlery in order they could eat the soup themselves. Staff regularly commented on how good the soup was and how well this person had done to help make it.

Staff engaged with people. We saw one person had been out with staff to get a goldfish with a member of staff and we heard staff talk through with this person when they returned what needed to be done to ensure the fish was transferred into the goldfish bowl in a safe way. We heard staff singing to Christmas songs during lunchtime whilst putting decorations up. Once finished, they asked people if they liked them.

People received attention from staff. During lunch time we heard staff describe to people the food they were about to eat. They constantly chatted to people encouraging them to eat more and checking they liked the food. People were supported to eat at a pace which suited them and we heard staff checked when people were ready for the next mouthful. One person was drowsy and we saw a member of staff take them for some fresh air before resuming their meal. Later on this person was dozing in their chair and we saw a member of staff adjust the headrest to allow their head to rest more comfortably whilst they were asleep.

People were living in a home, not a care home. People's rooms were individualised and personalised and the décor of each room was tastefully done. Communal areas were bright and homely and we saw warm colours had been used throughout the home. Staff told us they had been particularly clear on wishing Rosewood to reflect that it was people's home and had taken time to ensure they had created such an atmosphere.

People were encouraged and included. For example, a member of staff asked one person if they would like to show us their specially adapted coat. They said to them,

Good

Is the service caring?

“Would you like to show the ladies your coat?” The member of staff involved the person whilst showing us how they could put this person’s coat on and take it off in the least disruptive way for the person. They told us about the coat ‘through’ the person, using their name throughout.

People were encouraged to maintain links with their friends and relatives. Relative’s told us they were very involved in the home, they visited regularly and there were often parties they would attend. One relative said, “There was a party the other week and we and our friends went.” Another told us how a party had been held for their family member to celebrate a milestone birthday.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the home and were kept under review. Each person had an individual care plan based on their assessment. The registered manager told us this would be routinely updated every six months and sooner if the person's needs changed.

People's care plans were person-centred and reflected individual needs. For example, how they liked to receive care at different times of the day and how they preferred staff to give that care. They was other detailed information for staff to enable them to provide appropriate care and to check people were receiving care which was responsive to their needs. For example, we read information on people's skin integrity, positioning guidelines, mobility and continence. Care plans reflected peoples past histories, their likes and dislikes and we saw each person had a communication diary which listed the different ways in which they may communicate something.

Relatives were involved in their family member's care plans. We saw in one care plan relatives had provided staff with comprehensive information about their family member in order to help staff get to know this person. A relative told us, "Definitely involved in her care plan. We worked hard with the (registered) manager to set up an activities programme."

Handovers took place between shifts to ensure that staff were up to date with any changes in people's needs. One member of staff told us, "We always have handover where we talk about all the service users, how they are doing, and any problems they have. And we have a communication book for anything we need to tell staff." Staff said they were expected to read the communication book at the beginning of each shift to make themselves aware of any updates or changes to people's care.

People had access to a wide range of individualised, meaningful activities. We saw in each person's room they had a board which detailed what people would be doing each day. In addition to this there was information in the registered manager's office which reflected outings that had taken place or were planned. We saw this included trips to the seaside, theatre and farm as well as in-house parties or events. We analysed the information and found everyone who lived at Rosewood had been involved in several of the activities.

The registered manager told us activities were decided based on their knowledge of people and feedback and involvement from relatives. We saw in people's care records relatives had written down information for staff to help them understand a person's preferences in relation to activities. In-house activities included music therapy, Us in A Bus (interactive therapy) and aromatherapy. One person went out to day services during the morning of the inspection. One relative told us, "He goes out more than I do!"

People were provided with accommodation which was appropriate to their needs. We saw a sensory room which had a wide range of equipment. We saw people using this during the inspection. Pictures hanging on the walls were hung at an appropriate height for people using a wheelchair. We found the corridors in the home were wide in order to accommodate people's wheelchairs and that bathrooms and bedrooms contained suitable equipment in order that people would receive care in the most appropriate way. Guidance for staff was displayed discreetly in people's rooms in a way that did not detract from the personalised feel. The registered manager showed us the garden boxes and explained that during the summer month's people were supported to grow vegetables which would be used for their meals. We saw the planters were at an appropriate height for people. The garden had wide, level pathways there was a water feature with lights which was visually attractive to people when it was dark.

The provider had a written complaints procedure, which detailed how complaints would be managed and who people could speak to if they were not happy with the response they received. We checked the complaints record and found that no complaints had been received in the last 12 months. Relatives told us they had never felt the need to complain, but had been given information on who they should speak to should the need arise.

Good

Is the service well-led?

Our findings

Everyone was extremely happy with the registered manager and other staff. One told us, "She has the resident's interest at heart and is very much committed to them (people)." Another said, "She is brilliant! I can't fault any of them (staff)." A healthcare professional told us the (registered) manager was always smiling, she was well organised and the best.

Staff felt supported by the registered manager. One member of staff told us, "The (registered) manager is very approachable. It's one of the best places I've worked in." A second staff member said, "I feel supported by (the registered manager). Anything you are concerned about she is there. She values me."

The provider sought the views of relatives about the quality of the service. This was done routinely throughout the year. We were told by the registered manager the last survey was sent to seven relatives of which two were returned. The ones returned had identified no concerns. Relatives were involved in other ways in the running of the home as they were in constant contact with the registered manager as well as attending Christmas and summer parties.

The provider had a quality assurance system which ensured that aspects of the service were monitored. We checked a sample of records relating to the quality and safety of the service, including fire safety and found them to be up to date. We looked at the audits routinely carried out and found staff regularly checked water temperatures, the vehicle, the cleanliness of the home, the safety of furniture and emergency lighting.

Other audits included a monthly 'CQC' audit which looked at care plans, the environment, training of staff, medicines and the food. We saw an infection control audit had been completed and actions identified had been completed. For example, areas that required additional cleaning or staff spoken with who had been wearing jewellery. A recent medicines audit carried out by the local pharmacy had not identified any areas for improvement.

Staff were involved in the running of the home. We read there were regular staff meetings. These included care staff meetings, nurse meetings and home manager's meetings. These were attended by a good number of the staff. We read discussions were held about all aspects of the home, including food, activities, staffing levels and safeguarding. The registered manager took the opportunity during these meetings to cascade important provider information to staff. A member of staff told us, "We have staff meetings and we get an opportunity to say what we want. I feel my opinion is listened to."

People were involved in the running of the home. We saw meetings were held with people to inform them on what was happening within the home. For example, at the most recent meeting we saw staff had told people about the Christmas party and how they may not be able to go out in the garden as often as they could because of the cold weather.

The registered manager had good management oversight of the home. It was clear she led by example and had created a good ethos within the staff team. We saw staff working seamlessly as a team and they were easy in each other's company. Staff always ensured when they chatted they included the people they were caring for at the time, or they spoke discreetly in a way that was respectful to people. We heard staff humming and singing on and off during the day and there was good banter between them and the people living at Rosewood. One member of staff said, "I love it. It's a friendly, warm place. Staff are welcoming and willing to share information to help and support people." Another member of staff told us, "Rosewood is very good. It's always been that way – one of the best places." A further said, "I would have my relative living here."

There was a well-organised shift planner in place which meant staff knew who was responsible for particular tasks each day. For example, we read each day there were staff allocated a medicines lead, health and safety officer, fire marshal and the driver for the day.