

# The Rossendale Trust Limited

# Rossendale Hall

## 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

About the service: Rossendale Hall is registered to provide regulated activity [personal care] to people with learning disabilities in supported living accommodation. Apartments are based within the main office grounds and in community settings based in Macclesfield and Buxton. At the time of this inspection 68 people were receiving regulated activity.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

People and relatives were positive about the care and support provided.

People told us that they felt safe. Medicines were administered by trained and competent staff and staff were aware of procedures to follow to prevent and control the spread of infection. People were protected from abuse and avoidable harm.

People continued to receive a service that was effective. People's needs were fully assessed and regularly reviewed. Care and support were person-centred, people enjoyed good outcomes and quality of life. Staff were well trained and knowledgeable about the needs and wishes of the people they supported. Where people were unable to make decisions about their care, the service followed the principles of the Mental Capacity Act 2005. Supporting people to maintain their health and well-being was a key focus of the service.

Staff were kind and caring, treating people with respect and without discrimination. People were supported to live active lives, maintaining and improving their independence. Warm and friendly relationships had developed between staff and people using the service. Advocacy services were contacted if needed to ensure people's rights were protected. People were able to express their views in a variety of ways.

Each person had a well-developed care plan which was tailored to their individual needs and provided staff with the information needed to provide support which was responsive to people's needs and wishes. There was a procedure in place to handle concerns/complaints and people and relatives told us they knew who to speak with if they had any concerns and that they would be listened to.

The service was led by a management team with clear lines of authority. The registered manager led an open culture which focused on learning and continually improving the service provided. The registered provider's vision for the service was embedded in care and support delivery. There had been a misunderstanding regarding notifying the Care Quality Commission about events which happened within the service, however the manager took immediate action to rectify this.

Rating at last inspection: At the last inspection the service was rated Good [7 October 2016].

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue our on-going monitoring of the service and all information we receive. We will use this information to determine when we next inspect the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained Good.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained Good.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained Good.

Full details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained Good.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained Good.

Details are in our Well-led section below.

**Good** ●

# Rossendale Hall

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector, one specialist advisor and two experts-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse.

#### Service and service type:

Rossendale Hall is part of The Rossendale Trust. The service is registered to support people with learning disabilities in supported living accommodation. Apartments are based within the main office grounds and in community settings based in Macclesfield and Buxton.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service five days' notice of the inspection site visit because we needed to be sure that people using the service and their support staff would be in.

#### What we did:

Prior to the inspection we contacted Cheshire East Council to seek their views of the service. We also reviewed information we held about the service and checked whether we had received any notifications about events which the provider is required to tell us about by law. We looked at the information the provider had sent us about the service in the Provider Information Return (PIR). The PIR contains key information that providers are required to send about their service, what they do well and improvements they intend to make. We used all of this information to plan the inspection.

During the inspection we spoke with the Chief Executive Officer, the registered manager, an operations manager, a group leader, and seven support staff. We also spoke with ten people who used the service [either in person or by telephone] and nine relatives by telephone. We looked at the care records of four people, eight medicine administration records (MAR) and other records associated with the operation of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received training about safeguarding people from the risk of abuse and whistle-blowing [reporting to external agencies]. Staff spoken with were aware of their responsibilities in this regard.
- Staff told us that they would have no hesitation in reporting any concerns, that they felt able to do so and that they would be listened to.
- People told us they felt safe. Comments included "I am very safe, the staff are brilliant, really nice" and "I feel safe here, there are always enough staff around for my needs".
- A relative told us they had just returned from holiday and said "I can do that because my loved one is taken care of by people they know and trust. They [Staff] are marvellous".
- Policies and procedures were in place providing guidance for staff and staff knew where these were located should they need to refer to them. Although the policy provides clear and relevant information about the process to follow, it refers to information from 'No Secrets' documentation which was superseded by the requirements of the Care Act 2014 and therefore requires updating.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There was a process in place to record and monitor accidents and incidents. Managerial oversight and quality assurance procedures ensured that themes and trends were identified with learning captured to reduce the risk of recurrence.
- The service promoted an open culture where learning was the focus rather than blame.
- Risk assessments were carried out to protect people from avoidable harm. These identified specific risks with details of actions to be taken to mitigate the risks.

Staffing and recruitment

- People were cared for by a sufficient and consistent staff team.
- Staff had been recruited safely.
- Staffing was set individually in line with people's assessed needs and reviewed if people's needs changed.
- A family member told us "Yes, there are enough staff to look after my loved one and they have regular staff attending."
- The registered manager informed us that agency staff were sometimes used to cover sickness/absence. On such occasions, a personal profile was obtained, and agency staff received an induction.
- A person told us "They get cover in if they need to and the agency staff are always good, I have found".

Using medicines safely

- Medicines were managed and administered safely.
- Stocks checked were found to be correct. Stocks were well managed and re-ordering systems ensured

sufficient supplies were maintained.

- Medicines were administered by trained and competent staff who were knowledgeable about the procedures they should follow.
- Medication errors/omissions were clearly recorded and discussed to identify the cause and actions required. The registered manager informed us that this was an area under current review to identify if systems could be improved. The emphasis of the review was ensuring that optimum learning was captured, whilst ensuring the open and transparent culture, enabling staff to come forward when things went wrong, was maintained.
- Protocols were in place for the use of medicines to be taken as and when needed.

Preventing and controlling infection

- Staff had received training and were aware of procedures to follow to control and prevent the spread of infection.
- People using the service were supported to gain knowledge of measures to take regarding personal hygiene, hand washing, housekeeping etc.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us that they had received the training and support they needed to carry out their roles.
- There was a robust induction programme for new staff. A staff member told us it covered everything they needed to know, including shadowing experienced staff until they felt able to work independently.
- People were supported by staff who received ongoing training. The training programme included a range of mandatory health and social care topics in addition to specialist subjects. We were told "The staff are well trained, yes. They look after me and I'm supported to do the things I enjoy".
- Relatives were unanimously complimentary about the skills of the staff team. Comments included "Exceptionally well trained"; "No issues with their expertise" and "100%, they know our loved one and know his needs and wants, they have the right training".
- Staff had opportunities to discuss their work and development needs. A staff member said, "I like getting feedback to make sure I'm doing things right and also if I have questions".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A thorough assessment of people's needs took place before they received a service or were offered a tenancy. This ensured that the service could provide effective care and support to meet the person's needs.
- People's needs, associated risks and choices including characteristics protected under the Equalities Act 2010 such as culture and religion, were reflected in care plans.
- Care plans were regularly reviewed to ensure that care provision continued to meet people's needs.
- Staff were knowledgeable about people's needs and how to support them. Staff applied their skills and knowledge effectively leading to good outcomes and quality of life for people using the service. A relative told us "We are over the moon with the care our loved one receives".
- Consideration was given to compatibility of staff and apartment households. A relative told us their family member "Gets three regular people [staff] that they know. That's the choice they made, who they felt comfortable with. If they don't bond they don't send that person out to them".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked with other agencies such as GP, district nurses, and other health care services to maintain people's health and well-being. We were told "If I need to see doctors or go to the clinic the staff will make my appointments and support me to go".
- Patient passports were developed for people to take with them to appointments and the registered manager worked with the local hospital board to ensure that people received the right support when attending.

- People were supported to maintain a balanced diet in line with their personal preferences.
- Staff supported people to be involved in shopping and meal preparation to promote and develop their independence.
- Health and well-being, with the promotion of healthy lifestyle, are an important focus of the registered provider. The service hosts 'Make a difference' days with participation from community services as part of their health and well-being programme which has included diet and weight management.

#### Ensuring consent to care and treatment in line with law and guidance

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. When people live in their own homes this procedure is completed through the Court of Protection. We checked whether the service was working within the principles of the MCA.

- People's capacity to make certain decisions was assessed and decisions made on people's behalf were made with involvement of the relevant people and in their best interests.
- Some people received their medicines covertly [hidden]. The registered provider had followed the correct procedures when this was required. Records contained clear instructions from the prescriber as to how medicines should be administered covertly and in what circumstances. Decisions had been made in people's best interests.
- The service liaised with the local authority and Court of Protection when required.

#### Adapting service, design, decoration to meet people's needs

- Apartments were well decorated and personalised with adaptations made to meet people's individual needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were kind and caring.
- Relatives we spoke with told us "I think they are a kind and caring bunch and I've never heard them talk to him anything less than very respectfully"; "The staff do a wonderful job, always uplifting, such a hard job to do but they do it with dignity and respect always. Well done to all" and "They are respectful to both our loved one and ourselves, they are caring and kind - wonderful".
- People using the service said "The staff are all kind and caring to me. They treat me with respect and they always knock on my door before coming into my room" and "They are a caring and well-trained team".
- During the inspection we saw that people were at ease in staff's company and that warm, friendly and meaningful relationships had developed.
- Staff spoke with passion about their roles and of wanting to do their very best for the people they supported.
- Promoting people's independence enabling them to lead a full and meaningful life was a key focus of the service.
- Relative's comments included "They help them live as independently as practical. Sometimes staff have to slow them down, it's heart-warming" and "Our family member tries to do a lot of things but staff do a better job than me to harness their enthusiasm. They are always doing something, from gardening to cooking, staff are marvellous".
- People were treated fairly, as an individual and without discrimination.
- Without exception, relatives we spoke with felt their family members were treated without discrimination. Comments included "I have witnessed this, the organisation is person-centred, it's fabulous, staff are treasures."

Supporting people to express their views and be involved in making decisions about their care

- The service linked with advocacy services to support people who were unable to make decisions about their care. An advocate is a person who supports people who do not have family or friends to help them to ensure their rights are protected.
- People and relatives were involved in decisions about the care provided.
- People's communication needs were assessed, considered and detailed within their care plans.
- Information was communicated in a variety of ways, including email, telephone, face to face and within records.
- A relative told us "We are so lucky with the service, communication is outstanding" whilst another told us "If there was an emergency I know that the management would be prompt in dealing with any issue and

they would contact us to let us know. I have great confidence and trust in the organisation to do so."

- Meetings were held, such as the 'Tenant Forum' providing opportunities to express their views and to be involved in decisions about the service.
- People were supported to maintain relationships with people who were important to them and also to build relationships with others.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew people's care and support needs, likes, dislikes and interests well.
- Each person had an informative and well-developed care plan which provided staff with the information needed to provide support which was responsive to people's needs and wishes.
- A daily handover took place so that incoming staff were made aware of important information.
- People, and where appropriate relatives, had been involved in developing care plans. A person told us "I have a care plan, [Name] and the team keep it up to date".
- Staff supported people to live active lives pursuing their individual interests. This included holidays which a person we met told us about enthusiastically. A relative told us "He does things four or five days a week. He goes to discos; concerts and they've been on a London trip recently. The main thing is that he's really happy and I can rest easier knowing this".
- Meetings were held providing opportunities to express their views and to be involved in decisions about the service.

Improving care quality in response to complaints or concerns

- There was a policy and procedure to record and respond to complaints.
- People and relatives we spoke with were aware of who to contact if they were not happy, they said "I know the chain of command, I and my family member who is cared for would speak directly to the manager if there was an issue".
- We saw that complaints received had been recorded and responded to appropriately.

End of life care and support

- At the time of the inspection, there were no people receiving a service who required this level of support.
- The registered manager informed us that end of life care was discussed as part of the dementia training programme, although a specific course was not available. Support would be provided by the district nursing team and additional training would be sourced should the need arise.
- The service had recently delivered bereavement training to enable staff to support people using the service, or staff members, to deal with loss. The registered manager advised that this had been warmly received and had proved extremely beneficial to both staff and people they support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was led by a manager who had registered with the Care Quality Commission (CQC).
- There was a well-developed management structure in place with clear lines of authority. There were four operations managers with responsibility for the day to day operation of the supported living apartments.
- The provider and registered manager had acted to continuously improve the service. There was an open culture that encouraged learning when things went wrong or where improvements could be made. The registered manager informed us that they were currently considering analysis of medication omissions/errors to identify where further improvements could be made.
- Quality assurance processes were in place to assess, monitor and improve the quality of the service which were overseen by the quality assurance manager.
- The rating from the last CQC inspection was displayed in the main office entrance and on the provider's website as required.
- The registered provider is required by law to notify the CQC about specific incidents which occur within the service. A misunderstanding had resulted in some notifications not being received as required. The registered manager took immediate action to rectify the situation and was able to demonstrate a clear and accurate understanding of regulatory requirements.
- Staff were clear of their roles and responsibilities. They were well supported by the management team through effective training, staff meetings, one-to-one meetings with their line manager and annual appraisals.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider's vision was 'To create an environment in which our people can develop and grow, enabling them to have ownership of their own lives and futures'. During the inspection we found that this vision was firmly embedded in care and support delivery.
- The registered provider understood and acted on their duty of candour when things went wrong.
- There was a well-developed person-centred assessment, care planning and review process in place leading to good outcomes and quality of life for people receiving a service.
- People and relatives we spoke with were complimentary about the care and support provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had developed effective working relationships with external health and social care agencies who were supporting the service.
- Strong links had been built within the local community and businesses which offered work-related opportunities to people receiving a service and took part in fund-raising activities.
- Relatives told us that social events created a sense of inclusion and that being involved with the success of the organisation and their knowledge of the day to day running was empowering.
- People were enabled to be part of the local community.
- There was regular contact between people, their relatives and the management team. This enabled them to provide regular and ongoing feedback. A relative told us, "We know everyone connected with our loved one's care, they are exceptional" and another said "They meet us anytime we ask".
- Some of the people using the service were supported to take part in tasks related to the operation of the service such as answering the telephone and liaising with suppliers.