

The Edmund Trust

Rosewood

Inspection report

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Date of inspection visit:
12 June 2018

Date of publication:
13 July 2018

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

Rosewood is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Rosewood is registered to accommodate up to six people with physical disabilities and learning disabilities who may also have an autistic spectrum disorder. The accommodation is on one floor and has six single bedrooms with en suite facilities.

At our last inspection on 15 January 2016 we rated the service 'Good'. However, we asked the provider to take action to make improvements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and this action has been completed.

At this comprehensive inspection we found that improvements had been made. Mental capacity assessments had been completed and DoLS applications made where appropriate. Information was recorded in people's support plans in relation to best interest decisions.

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 home has not changed since our last inspection.

This inspection was completed on 12 June 2018 and there were six people living in the home at the time of the inspection.

A registered manager was 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.

The registered manager was not available as they were on leave on the day of the inspection. The provider had ensured that there was another manager supporting the people living in the home and the staff. The manager in Rosewood understood their responsibilities in relation to notifying CQC of certain events that happened at the service.

The service was safe because potential risks to people had been recognised and information on how to minimise risks had been recorded. Staff were aware of how to reduce risks to people. Staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Medicines were managed safely. There were enough staff on duty to meet people's support needs.

People received an effective service because their needs were met by staff who were well trained and supported to do their job. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. People's nutritional needs were met by staff who knew each person's needs well. People's health and wellbeing was maintained and provided by a range of health and social care professionals.

People received good care because staff treated people with kindness, compassion, dignity and respect. People had choices in all aspects of their daily lives and were able to continue with interests and friendships outside the service. Staff ensured people remained as independent as possible.

People received a service that was responsive. People and their relatives (where appropriate) were involved in their personalised support plans and reviews. The information about them in relation to their care and support was up to date.

People were encouraged to take part in a range of activities that they enjoyed, some were planned and others were the choice of the person at that time. This helped prevent social isolation. Systems were in place to support people with end of life care should this ever be needed.

People had received a service that was well led. Quality assurance systems were used to check that the service provided quality care and made improvements where necessary. People were encouraged to share their views about the service being provided.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Improvements had been made and staff were acting in accordance with the Mental Capacity Act 2005, including Deprivation of Liberty Safeguards codes of practice.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 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 was a comprehensive inspection, which took place on 12 June 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the registered manager completed a Provider Information Return (PIR). This 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. We received the completed document prior to our visit and reviewed the contents to help focus on our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We requested information from the local authority commissioning teams, safeguarding team, health and social care professionals.

We spent time in the communal areas of the home and observed interactions between people and staff and observed the support offered to people. This was to help us understand the experiences of some people who lived in the home who were not always able to communicate verbally with us. We spoke with three people living in the home. We sat with one person to discuss their personal support files and looked at two other people's support files.

During the inspection we spoke with the manager, one team leader and two support workers. We also reviewed a range of relevant documents relating to how the service was run including training records, complaints, audits and quality assurance surveys.

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "I feel safe here."

Staff told us how they would recognise if people were at risk of harm and what they would do. There were posters in the home which explained what abuse was and telephone numbers to ring should anyone suspect any abuse was going on. Information was in easy read format for people living in the home. Staff told us, and records confirmed, that staff had completed regular updated training on the computer in relation to safeguarding people from harm.

We talked with one person about the risks detailed in their support plans. The person confirmed that staff had discussed any potential risks to themselves or others and had agreed the plans. Staff told us, and information recorded in people's files showed, that potential risks for each person was documented and staff were provided with the necessary guidance to keep people safe. Potential risks included behaviour that challenged people and others, falls, and self administration of some prescribed medicines. This meant staff were able to minimise the risks for people, but ensured people were enabled to take risks if they wanted to.

People told us, and we could see, that there were enough staff to support them and keep them safe. One person was provided with some one to one staff time. We saw on the day of inspection, that an extra member of staff was scheduled to provide this support. Staff confirmed that any staff sickness or holidays were covered by other staff being asked to come in or agency staff were requested when necessary. Staffing levels were assessed in relation to the needs of the people in the home.

The provider continued to follow their recruitment process to ensure staff were only employed after appropriate checks had been completed.

One person proudly told us they administered some of their prescribed medicines themselves. Staff confirmed that they supported the person and did administer other medicines prescribed from the GP. We checked and found that people were kept as safe as possible because staff managed, administered and recorded medication appropriately. Staff explained to us the process to be followed should any errors in recording were made. There were checks twice a day so that we could ensure that the number of tablets administered reconciled with those available in the home.

We saw that the home looked very clean. Staff had completed training in relation to infection control and were aware of the personal protection equipment such as gloves and aprons to be used when necessary. People were kept safe as far as possible from infection because staff understood the importance of following procedures to prevent the spread of infection such as methods of hand washing.

Staff told us that any incidents and accidents were recorded and investigated. They also told us that lessons learned from the incidents or accidents were discussed at team meetings and this meant risks were reduced for the future.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the previous comprehensive inspection of Rosewood, on 15 January 2016, we found that people had not been protected against the risks associated with a lack of consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. An action plan was received on 12 March 2016 which showed MCA assessments would be completed urgently and at least by 23 April 2016.

At this comprehensive inspection we found that the provider had made improvements. We saw that people living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA. The provider had made DoLS applications to the local authority. Staff understood the MCA and we saw that people were continually offered choices in all areas of their care and wellbeing through verbal, non-verbal cues and actions. Information in people's care plans showed how the MCA impacted them and how staff provided care that was in their best interest and as least restrictive as possible. We saw that support from staff was delivered in line with the expectations of the MCA as well as specific guidance in relation to specific health conditions.

We talked with one person about their support needs. They told us they had been part of the assessment and reviews and had signed them to say the things recorded were correct. We saw in other support plans that people's needs had been assessed. There were details that described how staff could provide people with choices in their health and social care support.

Staff used technology in the service. There were call bells in each bedroom and bathroom. There were also alarms available so that staff could respond to a person who was very mobile but fell regularly. Staff used the equipment to enhance the care and support that was provided in the service.

Staff said they continued to be supported through on-going training so that they were able to provide effective support for people living in the home. Staff confirmed they had regular supervision and yearly appraisals. One staff member said, "I find it [supervision] helpful. We discuss the same subjects as in the staff meeting but more in depth because it's individual [to the staff member]."

We saw that people were always given choices of food or drink. We saw that some people in the home made their own chosen drinks, whilst other people were given a choice and then staff provided it. One person told us that they were aware of their specific food requirements and shopping in relation to diabetes and were supported by staff when necessary.

People continued to have access to the necessary health and social care professionals. There were details of GP, optician, dentist and physiotherapists visits. We noted that people were supported by staff to attend any

hospital and other appointments that were made. People had hospital passports in place. These were used when people attended hospital and provided important information about the person.

People had safe access to all areas of the home and gardens. Staff told us that people were involved in the decoration of the home, and people agreed.

Is the service caring?

Our findings

People told us, "[Staff] are not a bad lot," and, "I like it here. [Staff] always look after me." We heard how staff interacted with people and there was a lot of laughter, banter and positive responses from people. This showed us that people were looked after and cared for in a kind and considerate manner.

Staff demonstrated in their actions and conversation that they knew each person well, including their likes and dislikes. They made each person feel that they mattered. Staff communicated well with each person, in the way each person preferred and could understand. We observed good staff interaction and saw that staff ensured people had understood what had been discussed and were able to use suitable ways to communicate with people. For example one staff member said, "[Name] has a hearing problem. They lip read and we use pictures with them. They like to visit [relative]. We show them the picture of [relative and the person] and they then decide if they want to visit then or not."

People continued to be supported, if necessary, with personal care in the privacy of their rooms. People we spoke with said they managed independently with their personal care. One person said, "I get up at 6[am] and have a shower every day."

Staff told us that most people had a relative who advocated on their behalf. If people required an independent advocate then that would be requested where necessary. One staff member said, "People can have an advocate if they want. There is information available in folders [in the office]. We have had training about it too." Independent advocates help support people or speak on their behalf to express individual's needs and wishes to get the care and support they need.

Staff were able to tell us about the person and knew how to provide the care they needed. Where applicable individual routines in relation to day centre attendance for people were detailed in their support plans. Information was also detailed in the staff diary so that they knew the people who were to attend day centres each day.

Staff told us how they ensured people's privacy and dignity in a way that they did not take away their independence. One person said, "[Staff] let you get on with what you want to do. [Staff] are good at caring." We saw that staff supported and treated people with respect. Confidential information was only discussed in private and people's personal records were stored securely.

Is the service responsive?

Our findings

The registered provider stated in the information they sent prior to the inspection that they responded to the people they supported appropriately as their needs changed. This was done through ensuring people had their wishes in relation to their needs and their choices respected. We found that to be the case.

We saw comprehensive and individualised care plans which detailed, for example, the methods of communication for each person so that their choices were promoted and respected. The records contained detailed information about the person, including their life story, likes, dislikes and preferences.

People continue to be supported by staff to access the community and follow their interests. For example one person had gone out to visit an animal sanctuary and another had walked to the local shops. Staff said that people attended day centres, went to the local cafes, went to the theatre and arranged holidays and day trips. We saw that people had individual time with staff on duty and were able to communicate what they needed.

Information from the registered provider showed that there had been four complaints. One person told us, "If I need to complain I would go and see [one of the managers], or staff here. Yes I've made [a complaint] and it was sorted [to their satisfaction]." There was an easy read complaints policy in the hallway and staff knew how to raise any concerns for people.

Staff told us that any end of life care for people living in the home was discussed with people where possible. There was some information in people's individual files about end of life care, together with details of the relatives who needed to be involved. The manager said that end of life support plans were currently being updated to provide more comprehensive information for staff. Staff had completed some training in end of life care.

Is the service well-led?

Our findings

There was a registered manager in post but they were not at Rosewood at the time of the inspection. This was because they were on leave. The provider had ensured that there was another manager supporting the people living in the home and the staff. 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.

The service had been developed and designed in line with the values that underpin the CQC guidance, Registering the Right Support, and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism who used the service could live as ordinary a life as any citizen.

The manager promoted an open and transparent culture within the service. We saw that people had completed the 2017 quality assurance information that included positive comments and 'do better' comments. However, the provider had incorporated information from several services and it was therefore difficult to know which comments related to which service. The provider confirmed that if there had been negative responses about Rosewood an action plan would have been completed if it had been necessary.

People told us that there were regular 'house' meetings that they could attend if they wanted. We saw the minutes of the most recent meeting, held in April 2018. It showed people were asked about the house, the staff, for suggestions, complaints and future plans both for the house as well as for individual people in the home. The manager said that new flooring had been agreed by the provider for the entrance and lounge in Rosewood. One staff member told us they were arranging a trip to the seaside as requested by people in the home.

Staff said they attended regular staff meetings and were able to discuss anything about the home or people living there. They commented that the meetings were also used to inform staff about any improvements needed after any incident or accident had occurred. One staff member said, "We discuss every service user, any concerns [about individuals or the home] and any changes in staff or the home."

The registered manager was aware of their legal responsibilities and had submitted the required information to the CQC. This included notifications of events that had taken place in the service, which they were required by law to notify us about.

The registered manager stated in the information they sent prior to the inspection that, 'the registered manager and senior management team have a good relationship with the staff, people they support and families. They are approachable, supportive and honest but not afraid to question or be assertive when required'. It was evident there was a good rapport between staff and people staying at the service. People felt able to raise issues. One issue was that staff had used their personal (staff) phones whilst working. As a result staff had been reminded that they must adhere to the provider's policies and procedures in relation to

the use of private mobile phones whilst on duty.

Staff understood their roles and responsibilities and received support and training to do so. This was in line with the provider's values and expected standards of care.

There was an audit process to check the records in relation to areas within the service such as medicines, concerns and complaints, care and welfare and support plans. A medication audit had shown areas that needed to be improved and the registered manager had put actions in place. As a result improvements had been made. This meant that the audits were robust and issues that had been actioned to improve the service had been followed through by staff.

Evidence showed that health and social care professionals were involved with people who used the service and that they worked in partnership with the registered manager.