

Adelphi Care Services Ltd

Roseville House

Inspection report

New Street
Wem
Shrewsbury
Shropshire
SY4 5AB

Tel: 01939235163
Website: www.adelphicare services.co.uk/residential-housing/roseville-house-wem

Date of inspection visit:
24 July 2019

Date of publication:
28 August 2019

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

Roseville House is a residential care home providing personal care to six people aged under 65 at the time of the inspection. The service can support up to six people with learning disabilities or autistic spectrum disorder.

The home has six individual bedrooms, with one on the ground floor. Some bedrooms have en-suite bathroom facilities. There are communal areas, including two lounges, a 'games' room, dining room and access onto a large garden. Staff did not wear anything that suggested they were care staff when coming and going with people.

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.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting 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 felt safe and able to talk about anything that worried them. People were protected from the risk of abuse. Staff knew how to identify potential signs of abuse and knew how to report concerns. Risks associated with people's care and the environment had been identified and measures in place to help reduce the risk.

People received their medicines when they needed them and they were managed safely. People contributed to keeping the home clean and tidy.

Staff provided people with support that met their assessed needs. Staff knew about people's health needs and supported them to access health care services when they required. People were encouraged to maintain a good diet.

People's right to privacy was respected, their dignity was maintained, and people were encouraged to be

independent. Staff knew people well and understood what and who was important to them. Staff supported and made sure people were involved in and able to make decisions about their own day to day care and support.

People received personalised support from staff who knew them well. People were supported to take part in a range of social activities they enjoyed. People had the information and knowledge they needed to make complaints about their care, if they wanted to.

People felt included in what happened at the home and were happy living there. They were comfortable around staff and given opportunities to give feedback and suggestions on what they wanted to happen at the home. The provider and registered manager monitored the service to ensure they continued to provide a good quality service that kept people safe and met their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Roseville House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including support workers, team leaders, locality manager, deputy manager and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and training and records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- People were supported and encouraged by staff to help maintain cleanliness in their own personal space. Communal areas of the home were cleaned regularly and staff wore protective equipment, such as gloves, to help prevent any spread of infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and living at the home. One person told us if they were worried about anything they would speak with staff. We saw people were comfortable and relaxed around the staff members who supported them.
- The provider had effective safeguarding systems in place, which staff understood.
- The provider had systems in place to respond to and report concerns about people's safety. The registered manager understood their responsibilities for liaising with the local authority if they had concerns about people's safety.

Assessing risk, safety monitoring and management

- Staff were aware of the risks associated with people's care and knew how to support people safely. These included environmental and individual risk assessments and provided staff guidance on actions to take to reduce the risk.
- Plans were in place to ensure people were supported safely in the event of an emergency at the home.
- The registered manager oversaw a programme of safety checks at the home to help keep people safe. This included checks on areas such as fire safety, ensuring equipment was in good working order and ensuring all utilities were serviced and safe.

Staffing and recruitment

- There were enough staff to safely meet people's needs. People enjoyed their independence because there were enough staff available to help them safely access the community.
- The provider had safe recruitment practices which helped to ensure only suitable staff worked at the home.

Using medicines safely

- People received their prescribed medicines when they needed them. One person told us they got their medicine every day and had recently had a pain relieving cream applied, with staff support.
- Medicine protocols and preferences were individual to each person and gave clear information for staff to follow.

- Medicine records were completed accurately by staff who were trained and competent in the safe management of medicines.

Learning lessons when things go wrong

- The provider and registered manager analysed all incidents which affected the safety of people. The registered manager told us they looked for any trends which could indicate, for example a deterioration in a person's health or poor staff practice. This helped to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The bathroom facilities at the home were not in good repair. We saw areas of mold in the shower room due to poor ventilation. The bathroom had missing grout around the bath and sink. Although these areas were cleaned regularly, the poor ventilation and missing grout around sinks and baths did not provide a nice environment for bathing. The registered manager had already identified this as an area for improvement but was waiting for the provider's approval. At the end of our inspection visit, we were informed by the registered manager the provider had agreed to upgrade these areas as a priority.
- People told us they chose how they wanted their own rooms decorated and were involved in decisions about the décor of the communal areas of the home.

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

- People's holistic needs were assessed and kept under review and staff used these assessments to create care and support plans. These plans reflected and took account of people's diverse needs, including their religion, ethnicity, disabilities and aspects of their life that were important to them. The registered manager told us they always ensured people were compatible with all others living at the home.
- Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to support them effectively. Their training was monitored and kept up to date to help ensure staff had the skills and knowledge to support people and any specific health needs.
- Staff were supported in their roles. They told us they received regular support and meetings with their line managers. This gave them opportunities to review and get feedback on their practice and any areas for development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to maintain a healthy diet and chose what they had to eat and drink. Meals were freshly cooked, with the occasional take away and people got involved in the cooking and baking at the home.
- Where staff had concerns about people's eating, drinking or their weight, these were discussed with health professionals in a timely manner and monitoring systems were put in place.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff used efficient communication systems to share information with other healthcare professionals when it was appropriate.
- People were supported to maintain good health. One person told us they had recently had blood taken and this was part of their regular checks ups for a health condition.
- People had regular health and wellbeing check-ups in line with national guidance for people who have a learning disability. We saw people were supported to attend appointments with other relevant healthcare professionals, including their GP, optician, dentist or consultants.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the 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 had the appropriate legal authority and were being met.

- Staff confirmed people's choices and sought their permission and agreement whilst supporting them. This helped to ensure their rights and decisions were promoted and respected.
- Staff understood their responsibilities regarding MCA and best interest decisions. Records showed people's capacity was assessed for specific decisions about their care, which needed to be made on their behalf.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were treated with warmth, compassion and kindness. One relative said, "[Person's name] is very happy, as are all the others. They all come and talk when we visit. You can see they're all happy there."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease with staff and managers. One staff member said, "We are like a family here."
- Staff told us they loved their job and being with the people who lived at the home. Every person was supported, during the day, on a one to one basis. One staff member said, "Being one to one means we get quality time to build relationships with them and help them develop."

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

- People were supported to retain their own individual identities, make their own decisions as much as they were able to and to have a say in their own lives. Staff reinforced positive behaviour and people were supported to understand how their behaviour and decisions they made affected them and others. One person told us about a recent incident and that, with the support of staff, they understood what their behaviour had meant at that time.
- People told us they were involved in their own care. Each person had their own key worker, which is a staff member who worked closely with them. They told us the staff listened to them, understood how they communicated their decisions and valued their opinions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to retain and improve their independence. One person was being supported to improve their living skills so a more independent environment could be considered in the future.
- People were supported and encouraged to make their own drinks and meals. One person told us they liked to help with the cooking and especially liked baking cakes.
- People's privacy and personal space was respected by staff. One person told us staff always knocked before they came in and another told us staff left them alone when they wanted to be in their bedroom.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was delivered in a way which met their changing needs and took account of their individuality.
- People's care and support needs were reviewed individually with the person and also with family and other health professionals. People and their keyworkers met to review goals and record their thoughts and feelings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had access to information in the way that best met their needs. Staff told us everyone had internet enabled personal computers. If a person did not understand or needed more information about something, staff encouraged them to look for it on-line. They told us this worked well as it was a technology they were all familiar with. Information was also available in easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they chose and enjoyed. During our visit people told us about trips, holidays and clubs they enjoyed. These included a Makaton choir, swimming, cinema and even a tattoo transfer for one person, which was booked at the local tattooist. One person completed walks for local charities and had the support of staff members who also joined in with these.
- People were supported to maintain the relationships which were important to them. This was through telephone calls, coffee with friends, visits home and going out with their families in the local area. This helped people to avoid social isolation in their lives.

Improving care quality in response to complaints or concerns

- People had the complaints process in an accessible format. Everyone we spoke with told us if they had a worry they would speak with a member of staff.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Staff had explored people's preferences in relation to their end of life care, which included cultural and spiritual beliefs. Families had been involved when people could not make these decisions for themselves.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff supported people in a way which improved their quality of life. Emphasis was on positive behaviour, independence and enabling people to have the support they wanted.
- People told us they had positive relationships with staff and the management team at Roseville House. One person told us they felt able to say what they wanted and that staff listened to them.
- Staff told us they felt they were supported by colleagues and the management team. One staff member told us they had a good team at Roseville House, which worked well together.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their regulatory responsibilities. Incidents and concerns were recorded and relevant professionals informed as required, such as the local safeguarding team, health professionals and us.
- The registered manager was keen to promote honesty amongst the team and learn from any mistakes together. People's families were informed where incidents happened. One relative said, "We feel fully involved in [person's name] life."

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

- The provider had effective governance in place to ensure the service was monitored. The management team and staff completed quality and monitoring audits which covered areas such as health and safety, the environment, medicines, care records and people's experiences of living at the home. The provider's audits were completed in line with our key lines of enquiry to help ensure all regulatory requirements were being met.
- All audits were supported by action plans and evidence of positive outcomes. The registered manager had identified the issues we found with bathrooms at the home. However, the provider had not taken action to address this. This has now been resolved.
- Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had access to policies and procedures to help them to consistently provide people with the right support and care. They also understood the regulatory framework for standards of good care.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- People were supported give feedback about their care, the staff and the environment they lived in. Their responses showed people were happy living in their home and found it a "happy place to live".
- People were fully involved and engaged in where they lived. This included identifying improvements for their home, choosing and helping with decorating and choosing menus. People felt staff listened to them.
- People who lived at the home had strong links within the local community. Most people had lived there a number of years and were familiar faces around the local area. People accessed the local facilities, cafes and shops and some people had relatives who lived locally too. This would help people to have a sense of community and belonging.
- Staff worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and lived their lives how they wanted to.