

North East Autism Society

Rosehill

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 12 March 2018 and was announced. We gave the provider short notice of our inspection due to the nature of the service. This was so the registered manager could be available to assist us with our inspection. We contacted family members and healthcare professionals by telephone on 20 and 22 March 2018.

Rosehill 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.

Rosehill accommodates up to six people with a learning disability and/or autistic spectrum disorder. 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. At the time of our inspection there were six people living at the service.

A registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected this service on 3 September 2015 when it was rated 'Good' overall. Without exception previous CQC inspections have found the service to be compliant with our regulations. During this inspection we found the service remained good and met all the fundamental standards we inspected against.

People were cared for by staff who knew them well and understood how to support them and maximise their potential. The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. This was reflected in the care and support that people received. Staff understood people's different ways of communicating and how to make people feel valued. They supported people to make decisions for themselves and spoke with people about their wishes and preferences. People were listened to and their voice was heard.

We found staff were committed to delivering a service which improved the lives of the people who use the service in fulfilling and creative ways. We found that the manager had encouraged staff to constantly think about improvements. We found that the management style had led to people who use the service and staff feeling that they were an integral and essential partner in the operation and enhancement of the service.

Staff were devoted to ensuring each individual found their lives were enriched. We found staff empowered people to voice their wants and aspirations for their lives and then supported them to achieve these goals.

Relatives described the care at Rosehill as 'a brilliant home.' Relatives told us how the service had made a huge impact on their family members by enabling them to lead full and rewarding lives. Staff did not view the complex needs of the people who used the service as a barrier to them participating in similar activities to those of their peers. People had been supported to explore and engage in an extensive range of activities.

People had made use of the SMART (specific, measurable, achievable, realistic and timely) target system. These targets were a way of setting goals for people to work towards in areas that really mattered to them and which improved their quality of life. Staff also used a wide range of communications techniques such as pictures or the PECs system, Makaton and signs to enable people to discuss their ideas and as indicators that people were not enjoying themselves. The strong focus on person-centred care had an extremely positive impact on people. Staff were innovative at responding to changes in people's needs and identifying new support strategies for people.

Care records showed that people's needs were assessed before they started using the service and comprehensive support plans were written, which ensured the support provided met people's needs. Risk assessments about people's individual care needs were in place, for example in relation to epilepsy and emotional distress. Measures were identified that would minimise the risks identified and these were set out in people's care plans.

Staff had adopted a positive approach to risk management and did not unduly restrict people in the activities they engaged in. This had clearly led to people being able to tolerate transitions and change to the point whereby they enjoyed a fulfilling and fun-filled life.

Staff received regular supervision and they had annual appraisals. Staff were respected within the organisation and were provided with comprehensive training including specialist training. Staff were attended specialist accredited training around working with people who live with a learning disability or Autism Spectrum disorders. There were enough staff on duty to meet people's needs.

People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

We found staff had an understanding of safeguarding and how to whistle blow. The manager was aware of risks within the service and was undertaking an analysis of risks.

The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. People who used the service were able to share their opinion on potential recruits and this had led to effective selection of appropriate employees.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were appropriate systems in place to record and respond to complaints. Relatives we spoke with said they had not needed to complain and felt any concerns would be dealt with correctly.

Relatives felt the service was well managed. Staff described the registered manager as approachable and the service as well-led. The provider had an effective quality assurance process in place. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remained good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Rosehill

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.

An adult social care inspector completed this inspection on 12 March 2018. The provider was given notice because the service is for younger adults who are sometimes out during the day, we needed to be sure someone would be in. We contacted family members and healthcare professionals by telephone on 20 and 22 March 2018.

Before the inspection we looked at the Provider Information Return (PIR), which we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales. We used the feedback we received to inform the planning of our inspection.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

Over the course of the inspection we met all the people who used the service and called four relatives. Some people who used the service had limited verbal communication skills but could show us what they liked and express their views about the care at the service. We spoke with the registered manager, the deputy manager, four support workers, an optician who regularly visits the service, a social worker and a community nurse. We looked at three care records and medicine administration records (MARs). We also looked at two staff files, which included recruitment records, as well as records relating to the management of the service.

We looked around the service and three people invited us to see their bedrooms.

Is the service safe?

Our findings

The people who lived at Rosehill had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people we saw they appeared comfortable in staff's presence. People told us that they liked the staff and felt safe at the service. One person said, "It is great here."

Relatives told us they were very satisfied with the service and felt their family members were safe and happy at Rosehill. One relative said, "Most certainly. The staff are very good and we are confident that they make sure [person's name] is safe." Another relative told us, "The staff understand [person's name] doesn't have a sense of danger and they make sure they are kept safe." A third relative said, "There's always an appropriate level of supervision that's not restrictive but we always felt it was safe."

We found that risk management systems were in place. Risk assessments were developed to support staff meet people's individual care needs such as nutrition, and epilepsy and activities people liked to do inside and outside the service. Control measures to minimise the risks identified were clearly set out in people's care plans and monitored to confirm they were effective. Staff told there was a positive approach to risk taking and we saw this in practice.

Some people who used the service had been assessed as having behaviours which might challenge themselves or others. Positive proactive support (PPS) plans were in place which gave staff clear guidance about the triggers they should look out for. These plans also gave staff strategies to follow to reduce the risk of such behaviours occurring or escalating. Staff told us they understood how to follow this guidance and we observed it in practice. For example, one person can become distressed if planned activities don't occur at the scheduled time. We saw that staff were fully aware of this so made sure the person was told what was happening and they went out to the mini bus at the right time.

We spoke with members of staff who had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us, "We have lots of things in place to make sure people are kept safe and it is our duty to make sure no one comes to harm." Staff told us they would report any concerns, including those in relation to actions that might be found to be discriminatory to the registered manager. The registered manager had robust processes in place to monitor safeguarding events, accidents and incidents and to check for any trends and staff told us how they would report any accidents and incidents promptly.

There were enough staff deployed to keep people safe. There was always a minimum of four care staff on duty when people came home from day services and overnight a care staff slept at the service. In addition to this, the registered manager and deputy manager, worked at the service.. Relatives told us they felt there were enough staff on duty whenever they visited.

No new staff had been recruited since the last inspection. However we found the provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and

Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and reduce the risk of unsuitable people from working with vulnerable children and adults.

Risk relating to the environment and other hazards were appropriately managed. External professionals completed the gas and electrical checks and the registered manager ensure the equipment and building was maintained. Recent works had been completed to improve areas of the service. We were told that the fascia had been damaged in the recent bad weather and this was due to be repaired.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed in line with the fire safety regulations.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the service and storing them. We looked through the medication administration records (MARs) and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available to inform staff about any protocols for people's 'as required' medicine. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle medicines.

Is the service effective?

Our findings

People told us they found the staff knew them well and were good at supporting them achieve their goals. We observed that staff were very skilled and clearly understood how to support people living with Autism Spectrum disorders. We found that the staff had supported people to flourish and widen the range of contact they with others and activities within the local community.

Relatives we spoke with said people who used the service were supported by staff who were trained and knowledgeable. A relative told us, "We find that staff are very knowledgeable and understand how to work with [person's name]."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 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) authorisations.

We found that the staff clearly understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment. When people had been assessed as being unable to make complex decisions discussions had taken place with the person's family, external professionals and senior members of staff to make 'best interests' decisions. Best interest decisions were clearly recorded and covered, for example, finance and administering medicines.

At the time of the inspection, we found that, where appropriate, DoLS authorisations had been sought. Staff we spoke with had a very good understanding of DoLS authorisation and why they were needed. The registered manager kept a record of when the DoLS authorisations expired and ensured a new DoLS application was submitted. Staff were aware of the person's right to contest the DoLS authorisation and apply to the Court of Protection for a review of this order.

People's needs were thoroughly assessed and very detailed assessments as well as care and support plans were created. We found that staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted. Individual choices and decisions were documented in the care plans and they were reviewed monthly.

The registered manager told us that healthcare professionals visited and supported people who used the service regularly. We saw detailed records of such visits to confirm that this was the case. Each person had a Hospital Passport, an easy read document all about them using photographs and symbols and which told other services how people needed to be communicated with and any allergies or sensory needs. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. One staff member told us, "The [registered] manager is really interested in you as a person and supports us to develop."

Staff told us they met together on a regular basis. We saw minutes from regular staff meetings, which showed that items such as day to day running of the service, training, medicines, and any health and safety issues were discussed. Staff told us, "We always talk about the home and ways we could improve what we are doing."

We viewed the staff training records and saw that nearly all staff were up to date with their training. One staff member told us, "We do lots of training and the [registered] manager will support us to go on courses." Staff we spoke with discussed the autism spectrum disorder courses they had completed and how they found this to be very informative. We were also told that the registered provider had developed additional accredited training around working with people living with Autism Spectrum disorders and how staff were about to commence completing these new courses.

The service had a domestic kitchen and dining area. Menus were planned with people who used the service. People, if they were able to, helped with the cooking and food shopping. People's nutritional needs and preferences were assessed and recorded in their care plans. We saw that staff ensured people were actively involved in managing their own diet. People were very complimentary about the meals on offer at Rosehill. One person said, "The food is good and the staff are good cooks." The staff told us they played to each other's strengths so would organise their cooking around what meals they were good at preparing.

The physical environment met people's needs. People's bedrooms were personalised and decorated to people's individual tastes. Three people showed us their room and staff told us that the people had picked the colour scheme and décor. The people were clearly very proud of their bedrooms. The service had outdoor space for people to sit and enjoy. The provider employed maintenance staff and when repairs were identified, these were acted upon.

Is the service caring?

Our findings

People told us that staff were very kind and we observed staff encourage and support people in a sensitive manner. A relative told us, "Rosehill is the best care home my relative has used and the staff are lovely. You are always made to feel welcome and nothing is a problem." Another relative commented, "I couldn't praise the staff enough. [Person's name] really likes living there and always looks happy." Another relative said, "The staff go out of their way to help and not just the people at the home but us as well. [Person's name] regularly comes home at weekends and the staff pull out all the stops to make sure this goes smoothly."

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views and join in conversations. There were very lively and multi-layer conversations going on with people using verbal and non-verbal communication. One person discussed with us their experiences of the service and how the staff made them feel truly cared about.

We found great emphasis was placed on the service's visions and values, which aimed to promote people's rights to make choices, receive compassionate care and live a dignified and fulfilled life. This was reflected in every aspect of the care and support that people received. The registered manager and staff showed genuine concern for people's wellbeing. One staff member said, "It is our job to make sure people get the very best out of life." Another staff member said, "We aim to make sure that everyone feels very much the centre of our thoughts and that they feel truly valued."

Staff were committed to delivering a high quality service for people and had created an environment that people thrived in. Staff told us how they worked in a way that protected people's privacy and dignity. They told us about the importance of encouraging the people to be independent and also the need to make sure people's privacy was maintained. A staff member said, "I am confident that we all make sure people get the best possible care and everyone is respected."

The culture embedded in the service was an absolute commitment to deliver a personalised and responsive service, which relatives described as extremely good. We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. We saw that where people requested support, it was provided promptly and discreetly by staff. Everyone we spoke with was complimentary of the staff who supported them.

The people we spoke with told us that staff took a real interest in them. Staff had wanted to make the service provided to this person the best it could be and so sought the person's views about what else they could put in place to support them. One person said, "I get to do all the things I want and we have a great time here." Over the years staff had worked hard with people and set achievable goals for them to aim towards. This had led to a real widening of the scope of integration within the community and skills people were able to develop. Staff were devoted to ensuring each person found their lives were enriched by their experience of life within their local community. We found the staff empowered people to voice their wants and aspirations for their lives and then supported them to achieve these goals.

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the manager and staff had actively ensured people were enabled to voice their views and express their desires about how the care should be delivered.

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint, and was available in picture format. Information about safeguarding and health and safety was also available in picture format which was more accessible for people who used the service.

Is the service responsive?

Our findings

Rosehill provided personalised care for people by providing a rich service that enabled the five people using it to access a wide range of meaningful activities. We found that the staff had embraced the diversity of people's interests and views. They ensured each person was made to feel valued and encouraged to take an active role in orchestrating the care they received.

People and their relatives told us the service provided them with the opportunity to have experiences many people took for granted such as holidays, day trips, learning crafts and learning skills such as baking. We heard how people had been pleasantly surprised to find that their relatives had become more confident in themselves and had developed a wide range of skills. A relative said, "[Person's name] has really come out of their shell. They do so much more and it is brilliant that staff have helped them cope with changes because before they found the smallest of change difficult."

We found the care records contained all the information staff needed to provide appropriate care and support for people who used the service. Each person had very detailed support plans and the staff supported people to identify SMART targets or goals to work towards. SMART (specific, measurable, achievable, realistic and timely) targets are a way of setting goals for people to work towards. Care records contained good descriptions of what people's needs were, what steps needed to be taken and these were reviewed frequently. This meant staff could support people to develop to their full potential.

Staff did not view the complex needs of the people they supported as a barrier to them participating in similar activities to those of their peers. Staff were passionate and determined to assist people to achieve their goals and celebrated every achievement people made towards reaching a goal or a success they had. Throughout the inspection we found there was a culture of striving for excellence including supporting people to reach their maximum potential. We found that staff did not have pre-conceived ideas about what people could or could not do, which meant that everything was explored. This had led to people routinely going on trips and always trying something new. We saw people joining in a wide range of activities such as bowling, going to London, had used tube trains and varied their plans on a whim.

People received care which was extremely person-centred and responsive to their needs. Staff demonstrated a good understanding of the needs of people who used the service and were effective at responding to changes in their needs. For example, we saw that staff skilfully and effectively supported each person engage in meaningful occupation. Staff kept everyone involved in any discussions and readily acted as interpreters for people who used non-verbal communication methods by providing a running commentary on what was being said. We observed staff encouraging people to join in as much as they wanted in the hustle and bustle of the main communal areas. Staff also worked adeptly with other people who were quieter. The staff worked closely with people to consider their feelings and when appropriate to look for quiet time. One person preferred quiet at times and although they came and spent time with us, staff readily spotted when they were finding the noise too much and asked them whether they wanted to move to a quieter area of the service.

An external healthcare professional told us, "The staff are consistent, very caring and responsive to the needs of their clients."

There were systems in place to respond to compliments and concerns. No complaints had been received but we saw there was a policy in place for this. Relatives told us the management team were approachable and they felt able to raise any issue no matter how minor. Relatives told us they were extremely confident that the registered manager would address any issues.

One relative told us that the staff were excellent at communicating with them about any of the slightest changes and all ways kept them up to date. They thought that the only improvement that could be made was for staff to also share copies of photographs from trips and activities. They thought it would be nice for them to hear about the positive experiences their relative had, as they knew their relative did a lot but would like to know exactly what.

Is the service well-led?

Our findings

People, relatives and visiting professionals were complimentary about the management of the service. One relative told us, "[Manager's name] is excellent and we never have any worries about how the home is run."

People thought the service was well run and completely met their needs. We found staff recognised any changes in people's needs and took action straight away to look at what could be done differently. We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the support delivered was completely person centred.

The registered manager had worked at the service for over eight years, and was assisted by a deputy manager. People and staff spoke positively about their management style and reported that the registered manager supported them and included them in the running of the service. We found the registered manager was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their leadership, the service had developed and been able to support people with complex needs, lead ordinary lives.

Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. A member of staff said, "We are involved in making sure the support we provide is working for each person and I think that works well."

Feedback was sought from people on a daily basis. Feedback from staff was sought in the same way and as well via surveys. Relatives were routinely asked to comment about their satisfaction with the service. Staff told us the registered manager was approachable and supportive. One staff member said, "You can go to them any time, about anything and they will always listen." Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. Staff told us they had enough opportunities to provide feedback about the service.

The provider had systems in place for monitoring the service, which the registered manager fully implemented. They completed monthly audits of all aspects of the service, such as medicine management, building management and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The registered manager produced action plans, which clearly detailed when action had been taken. The provider also completed monthly reviews of the service. All of this combined to ensure good governance arrangements were in place.

The registration requirements of this service were met. The provider understood the legal requirements of meeting relevant regulations. We found that the previous CQC rating was being displayed. All incidents and other matters that needed to be notified to the Commission in line with Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009, had been.