Mrs Beverley M Winchester

Roseleigh

Inspection report

39 Ringley Avenue
Horley
Surrey
RH6 7EZ

Tel: 01293824233
Website: www.cavendishcare.com

Date of inspection visit:
07 December 2017
08 December 2017

Date of publication:
09 January 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

Roseleigh is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Roseleigh does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports up to seven younger adults with learning disabilities and/ or autism. There were five people using the service at the time of our inspection.

When we last visited the home on 9 September 2015 the service was meeting the regulations we looked at and was rated Good overall. However, we rated the service Requires Improvement in the key question 'Is the service well-led?' because there was no registered manager in post.

At this inspection we found the service was Good overall and for each key question.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse and improper treatment as staff understood their responsibilities in relation to safeguarding well and received annual training in this. The provider had processes in place to share learning across the organisation and improve when things went wrong, such as when there were incidents and accidents and safeguarding allegations.

The provider managed risks relating to people's care and also the premises through well. People received care in premises which were safe, clean and well maintained. The premises met people's support needs and people had access to all communal areas.

The provider checked staff were suitable to support people and there were enough staff deployed to support people safely. The provider managed people's medicines safely.

People received care in line with the Mental Capacity Act 2005 and staff understood their responsibilities in relation to this Act as they received annual training. The provider applied for and followed authorisations to deprive people of their liberty (DoLS) as part of keeping them safe.

People's needs and choices were assessed by the provider and people and their relatives were involved in the process.

Staff understood people's needs, including their health needs, and supported people to maintain their health. People received their choice of food and drink.

People were supported by staff who felt well supported by the provider. Staff received suitable induction, training, supervision and annual appraisal to help them understand the best ways to support people. The provider worked well with other services in the organisation as well as with external organisations in providing joined-up care to people.

Staff were caring and supported people respectfully, maintaining their privacy and dignity. People were supported to be as independent as they wanted to be. People were supported to maintain relationships with those who were important to them.

People were involved in reviewing their care and the provider reviewed people's care regularly so information was reliable for staff to follow in caring for people. People were supported to participate in activities they enjoyed.

The provider encouraged people to feedback on the service and communicated openly with people, relatives and staff. The provider had a complaints procedure to investigate and respond to any complaints.

The registered manager and staff had a good understanding of their role and responsibilities and leadership was visible and capable at all levels.

The provider monitored and assessed the service well and promptly made improvements where any shortfalls were identified.

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 continued to be Good.

Good

Is the service effective?

The service continued to be Good.

Good

Is the service caring?

The service continued to be Good.

Good

Is the service responsive?

The service continued to be Good.

Good

Is the service well-led?

The service continued to be Good.

Good

Roseleigh

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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the home on 7 and 8 December 2017. Our inspection was unannounced and carried out by one inspector.

During our inspection we spoke three people using the service. We also spoke with the registered manager, the assistant manager and a care worker and an agency care worker. We looked at care records for three people, staff files for three staff members, medicines records for two people and other records relating to the running of the service.

After the inspection we spoke with two relatives.

Good

Is the service safe?

Our findings

People were safeguarded from abuse and neglect. One person told us, "I feel safe." The registered manager had appropriately reported allegations of abuse to the local authority safeguarding team and liaised with the team as part of keeping people safe. Our discussions with staff showed they understood their responsibilities in relation to safeguarding and records confirmed they received annual training to keep their knowledge current. The manager and deputy manager attended training in safeguarding for managers to deepen their understanding of their role.

Risks to people were reduced due to risk assessment processes. A relative told us the provider reduced the risks posed by a person using the service to their family member very well. The provider assessed risks relating to people's care and put management plans for staff to follow in reducing the risks. However, a person's care records identified they were at risk of choking. Although staff supervised the person while they ate the provider had not formally assessed the risks to the person and did not have a comprehensive management plan in place for staff to follow. In addition, the provider had not sought advice on their risk of choking and the best ways of supporting them from a Speech and Language Therapist (SALT). SALTs are trained in supporting people at risk of choking. We raised our concerns with the registered manager and when we returned the next day they confirmed they had referred the person to a SALT and would use any guidance from them in reviewing the risk assessment. In the meantime the registered manager told us staff would continued to closely supervise the person while eating.

The provider learnt when things went wrong. All accidents and incidents, safeguarding allegations and allegations of misconduct were recorded and reviewed by the registered manager to ensure people received the right support. The registered manager then shared the details with the relevant lead in the organisation who provided further advice. The provider investigated any incidents and reviewed reports across services to identify any patterns and areas for improvements. The registered managers across the organisation met each month where they discussed significant events within their service and shared best practice in reducing the risk of the event happening again.

People were supported to manage behaviour which may challenge the service. The provider employed a behavioural specialist who supported the service to understand and reduce behaviours through monitoring and analysing behaviours and training staff. Staff received regular training, approved by the British Institute of Learning Disabilities (BILD), in positive behaviour support. Our discussions with staff showed they had a good understanding of the reasons why people behaved in certain ways, as well as how to support people in relation to their behaviours. The provider ensured staff had detailed information to refer to regarding people's behaviours which challenged the service which also set out how staff should support them.

People were supported by staff who the provider checked were suitable to work with them. The provider carried out a range of pre-employment checks for all applicants before offering them employment. These included reviewing an application form, a criminal records check, checking identification, any health conditions, the right to work in the UK, qualifications, training and employment history with references from former employers. The provider closely monitored staff's suitability during their probationary period,

carryied out observations of their practice and met weekly to review their progress. The HR lead audited the recruitment files of the agencies who supplied staff to the service once a year to ensure the necessary checks had been carried out.

People were supported by sufficient numbers of staff. People, staff and relatives told us there were enough staff deployed to meet people's needs. The registered manager told us there had been issues with staffing over the last year but they had recently completed recruiting of a full team. However, the registered manager told us the provider continued to use a lot of agency staff at present to cover staff who were on annual leave. The registered manager confirmed they used the same agency staff where possible for consistency. Rotas showed the staff numbers each day were in line with the numbers of staff the registered manager told us were necessary, including individual support for those people who required this each day. The numbers of staff on shift were varied each day according to planned activities to ensure people received enough support. During our inspection we observed there were sufficient staff to support people on activities both inside and outside the home.

People's medicines were managed safely by staff. A relative told us, "[Staff] are very good when [my family member] needs any medicines." Medicines were stored, administered and disposed of safely and staff made clear records of medicines administered to people. Our checks of stocks and records showed people received their medicines as prescribed and the provider had good stock control processes. The provider ensured clear guidance was available for staff on when to administer 'as required' medicines to people, and also 'homely remedies' which was agreed by the GP. Homely remedies are over the counter medicines. Staff received training in medicines administration each year to help them understand their responsibilities and only staff assessed as competent each year were permitted to administer medicines to people.

People received care in premises that were safe. Our checks of the premises and equipment showed they were well maintained. The provider regularly checked the environment, fire safety, gas safety, electrical installation, electrical equipment and hot water temperatures using specialist contractors as necessary. We identified the provider did not have a suitable water hygiene risk assessment in place. However, records confirmed the health and safety lead had already identified this and on the second day of our inspection we received confirmation a suitable risk assessment was scheduled. Maintenance workers were available to carry out repairs when necessary to ensure the premises remained safe.

Risks to people relating to infection control were well managed. The provider had an infection control lead who received specialist training in infection control which they shared with staff during team meetings. All staff received annual training in infection control to keep their knowledge current. The infection control lead carried out audits every two weeks to check good practice remained in place and the service remained clean. We found the premises were clean during our inspection. In addition, the provider ensured food was hygienically handled and stored, in accordance with best practice.

Good

Is the service effective?

Our findings

People's needs and choices were assessed by the provider and the provider involved people and their relatives in reviewing their care. One person told us, "I have a care plan and I've read it." Relatives told us care met people's needs. Before people began receiving care the provider met with them and considered any relevant professional reports as part of assessing their needs. The provider continued to assess whether people's care continued to meet their needs by reviewing their care regularly. The provider also facilitated annual meetings at the service led by social services to review people's care.

People were supported to maintain their health. A relative told us, "Staff make sure [my family member] sees a dentist regularly." Staff monitored people's health and understood the signs people may display when they were in pain. Information about people's healthcare needs was included in their care plans for staff to be aware of with 'health action plans', detailed documents which set out how staff should support people to stay healthy. The provider supported people to access the healthcare professionals they needed, including their GP, psychiatrists and psychologists. The provider ensured each person had regular health reviews for people with learning disabilities at the GP.

People benefited from the ways the provider worked with other services in supporting them. The provider had a designated staff member to take the lead role in supporting people when they were admitted to, and discharged from, hospital. They supported hospital staff to understand people and how they liked to receive their care, and facilitated referrals for assessments by any health professionals as necessary. As another example, before people moved in to the service the provider arranged workshops with staff from the previous placement, staff from Roseleigh, relatives and professionals involved in their care. During these workshops those present shared information about the person including the best ways to support them.

People were cared for by staff who received the necessary induction, training and support to understand their roles. The induction for staff followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received monthly supervision during which they reviewed many issues relating to the people they cared for, as well as service developments and their training requirements. Staff also received annual appraisal during which they received feedback on their performance and set goals for the coming year. Staff received annual training in many topics relevant to their role including learning disabilities and autism, effective communication and positive behavioural support. The provider supported staff to complete diplomas in health and social care and the registered manager was in the process of completing a managerial diploma.

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 were cared for in line with the MCA and staff understood their responsibilities in relation to this act well as they received training each year. The provider carried out mental capacity assessments when they had reason to believe people lacked capacity to consent to particular areas of their care, such as managing their finances or medicines. The provider made decisions in people's best interests in line with the act, gathering the views of their relatives and others involved in their care when they found people lacked capacity.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff knew which people had DoLS authorisations in place and the reasons why. Staff understood DoLS as they received training in this. The provider submitted applications to the local authority to deprive people of their liberty when necessary, as part of keeping them safe and kept authorisations under review.

People received their choice of food and drink. A person told us, "The food is good. I like quiche and I [receive it]." A relative told us, "The food is always balanced." The registered manager told us each week they held a menu planning meeting with people and records confirmed this. During this meeting people were supported to plan the menu for the following week and choose options using pictures. In this way the menu was based on people's preferences.

The premises met people's needs in relation to their learning disabilities, autism and associated behaviours. The provider had adapted the premises so all people could access communal areas freely. For example the provider installed locks on food cupboards due to a person's condition which meant they would overeat unless food was restricted. The provider had gained legal authorisation to deprive the person of their liberty from eating unlimited amounts of food and had systems in place to ensure other people were not deprived.

Good

Is the service caring?

Our findings

People were supported by staff who were caring. People and relatives told us staff were caring. One person told us, "The staff are good." A relative said, "Staff are very attentive." A second relative said, "[My family member] has always been happy there….the staff are very caring" We observed staff interacting with people in a way which was kind, listening carefully to what they had to say and responding appropriately and respectfully. In addition, the registered manager ensured there were enough staff on each shift so staff had ample time to interact meaningfully with people.

People were supported by staff who understood and knew them. However, relatives confirmed the changes in staffing in the past year meant the registered manager was building a relatively new staff team, but they were learning about the needs of their family member. A relative said, "Staff know what [my family member] wants." Our discussions with staff and observations confirmed they knew people well, including their backgrounds, people who were important to them, their routines, likes and dislikes and any health conditions. Staff had built good relationships with people. We observed staff supported people to make decisions regarding their care, including how they spent their day and staff respected people's preferences as to where they spent their time. The provider celebrated special events such as birthdays in ways people enjoyed.

People were supported to express themselves by staff who facilitated communication. We observed staff understood how people communicated their needs and preferences. A staff member described how a person used certain words and phrases to communicate feelings such as hunger and pain and staff responded consistently to these messages to meet the person's needs. Staff received annual training in communication skills to help deepen their understanding of the importance of good communication. Each person's care plan contained detailed information about the best ways to communicate with them for staff to follow when caring for them.

People were treated with respect by staff who maintained their privacy and dignity. The service had a dignity champion who encouraged the staff team to work with people in dignified ways and shared best practice with the staff team. Staff told us they ensured doors and curtains were closed when providing personal care. We observed staff supported people to maintain their appearance with clean, matching clothes which were age appropriate and suitable for the weather. Staff also supported people to visit the hairdresser and arranged home visits for people who responded better to this.

People were supported to be as independent as they wanted to be. A person told us, "I like cooking and cleaning." A different person told us they did not enjoy cooking but sometimes enjoyed cleaning their room and they were responsible for this. Staff encouraged people to be involved in household chores such as laundry, cooking and cleaning their rooms, as much as possible.

Good

Is the service responsive?

Our findings

The care planning and review process ensured people's needs were responded to well. People's care plans contained sufficient clear information for staff to follow in supporting people. They included details of people's backgrounds, individual preferences, interests and aspirations and details of their learning disability and/ or autism and any health conditions. The information in people's care plans remained current and reliable for staff to follow in supporting people because the registered manager ensured they were regularly updated.

People were enabled to participate in activities they were interested in. One person said, "We're going to the market, they've got a Santa there." They also told us, "I go bowling, horse riding and to college." A different person told us they enjoyed bowling and going to the park, and on the second day of our inspection they were supported to attend a local park. A relative said, "[My family member] needs to go out and about and they do that." The provider developed an activity programme for each person based on their preferences and people were supported to do activities they enjoyed. On the first day of our inspection most people went on a trip to a Christmas market in Brighton. The provider also supported people to go on holiday and we viewed photos of a recent holiday to Disneyland Paris for two people who wanted to go on holiday together with staff. Some people attended college to learn life skills.

People were supported to keep in contact with people who were important to them. The registered manager told us people could visit at any time and relatives confirmed this. Relatives also told us the staff were very supportive in facilitating home visits by their family member.

The complaints process continued to be suitable. The registered manager confirmed the complaints procedure had not changed since our last inspection and any complaints would be handled in the same way we found to be suitable at our previous inspection. The registered manager told us no complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

A relative told us the registered manager had, "made great progress in staffing and the care provided since becoming manager." The registered manager had managed the service for several months and was registered with CQC. Our discussions with the registered manager, and our inspection findings, showed they had a good understanding of their role and responsibilities, as did staff.

Leadership was visible and capable at all levels. The registered manager was supported by an assistant manager who was new to their role and taking part in an apprenticeship to equip them with the skills and knowledge they needed. The assistant manager told they were gaining responsibilities at a comfortable pace, having recently attended training in supervising staff they would soon begin supervising staff themselves. The service was supported by an area manager who visited most weeks to provide guidance and direction to the team. Shifts were well organised with a written shift plan for staff to refer to showing what was expected of them each day. Each shift had a designated 'shift leader' who facilitated staff in carrying out all their allocated tasks. Staff told us they worked well as a team which helped them enjoy their role.

The provider had systems to monitor, assess and improve the service. Each month a manager from a service within the organisation visited to inspect the service in line with CQC requirements. The provider set an action plan in place from each visit. The following month the registered manager assigned a staff member to audit the home again and check the service had followed its action plan in making the necessary improvements. The provider also carried out regular audits of infection control, medicines management, and a range of health and safety checks as part of managing risks. Records relating to all aspects of the service were clear, accurate and readily available when we requested these. The registered manager ensured documentation was in place, accurate and regularly reviewed where necessary including people's care plans, risk assessments and other documents relating to the management of the home.

People, relatives and staff were encouraged to feedback on the service and the provider encouraged open communication. A relative told us, "I can turn up at any time and speak with the [registered] manager." The provider held monthly meetings for people using the service where they gathered their feedback on aspects including meals, activities and plans for holidays. The provider also gathered feedback from people as part of the monthly audits of the service.

Relatives confirmed the provider often asked for their views on their family member's care both informally and formally at regular 'parent forums'. In addition, relatives told us about 'communication books' the provider put in place. Staff recorded how their family member spent each day as well as any issues they wanted their relatives to be aware of in the communication books and relatives told us this was very useful system. Relatives confirmed the provider responded appropriately if they made any suggestions for improving the service. The provider also sent annual surveys to people and their relatives to gather their views. Staff told us the registered manager was approachable and acted if they raised any issues with them. In addition, the provider held monthly team meetings during which staff were encouraged to discuss any issues relating to their role. The provider produced a monthly newsletter through which they shared good

news stories, achievements of people using the service and staff including the 'carer worker of the month' and provided updates on developments within the organisation.

People were involved in the recruitment of staff. The provider requested candidates spend time with people using the service and assessed the quality of their interactions in considering whether to appoint. In addition, the registered manager recently included one person on the interview panel for care workers to consider their views on the best candidates.

The provider worked openly in partnership with key organisations. For example, the registered manager consulted with the local authority to confirm an incident between two people did not fall under safeguarding procedures and kept CQC up to date. The registered manager also worked closely with other professionals involved in people's care such as social workers and healthcare professionals to provide joined-up care.