Rosewood & Brook House Ltd

Rosewood Lodge & Brook House

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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 12 July 2016.

Rosewood Lodge and Brook House is registered to provide accommodation and care to up to 20 people. The home specialises in the care of people who have mental health needs and/or a learning disability. At the time of this inspection there were 18 people using the service.

The last inspection of the home was carried out in May 2014. No concerns were found with the service provided at that inspection.

There is a registered manager 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 had managed the home for a number of years and had a good knowledge of the needs of the people who used the service. Everyone described the manager as extremely open and approachable. People and staff said they felt able to discuss any issues with them.

Some communal bathroom facilities did not promote people's dignity and independence. Bathrooms were not well decorated and maintained so did not provide a pleasant environment for people or encourage people to take pride in their appearance or hygiene. Shower facilities were not easily available to everyone and some people told us they had to go to another floor if they wished to have a shower. We have recommended that the provider reviews these facilities.

People were supported by kind and caring staff who had the skills and experience to monitor their health and provide appropriate support. Staff had good access to training to make sure they kept their knowledge up to date.

People were fully involved in planning their care and support. Each person had a care plan which was very personal to them. They provided clear guidance for staff to follow and indicated how to identify if a person was becoming unwell. This ensured people received prompt support and treatment.

There were safe systems in place for the administration of people's medicines. Where people choose to take responsibility for their own medicines risk assessments were carried out to enable them to do so.

People were able to make choices about all areas of their day to day lives and staff respected people's independence. One person said "I do my own thing." Another person told us "It's alright here. I can do what I like."

Snacks and drinks were available to people throughout the day. Meals were provided to people who wished to eat at the home. People's nutritional well-being was assessed and diets were provided in accordance with people's needs.

People felt safe at the home and staff knew how to recognise and report abuse. People said staff always had time to talk with them and they said they would be comfortable to make a complaint.

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.

There were sufficient numbers of staff to enable people to receive support in a relaxed manner.

People received medicines safely from staff who were competent to carry out the task.

Risk assessments had been completed to enable people to retain their independence and individuality with minimum risk to themselves and others.

Is the service effective?

Good

The service was effective

People were supported by staff who had the skills and experience to effectively meet their needs.

People had access to healthcare professionals to meet their mental and physical healthcare needs.

People received meals in line with their wishes and needs.

Is the service caring?

Requires Improvement

The service was not always caring.

Communal bathroom and toilet facilities did not always promote people's privacy, dignity and independence.

People were supported by kind and understanding staff.

People were fully involved in planning their support and treatment.

Is the service responsive?

Good

The service was responsive.

Staff responded to changes in people's needs to make sure they

received appropriate care.

People were able to make choices about all areas of their lives.

People told us they would be comfortable to make a complaint.

Is the service well-led?

Good

The service was well led.

People benefitted from a registered manager who ensured staff had access to up to date good practice guidelines.

There were ways for people to give feedback on the quality of the service and make suggestions.

People described the registered manager as approachable and supportive.

Rosewood Lodge & Brook House

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 inspection took place on 12 July 2016and was unannounced. It was carried out by an adult social care inspector and a specialist advisor who was a qualified mental health nurse.

Before the inspection, the provider 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in May 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with eight people who lived at the home, four members of staff and the registered manager. We looked at the premises and throughout the day we observed care practices in communal areas.

We looked at a number of records relating to individual care and the running of the home. These included four care and support plans, medication records, three staff personal files and records related to quality monitoring.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said "I generally feel safe. You can go to staff at any time if you have worries." Another person told us "I always feel very safe here." Throughout the inspection people were very relaxed and comfortable with staff.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff told us they felt there were always enough staff on duty to keep people safe and to meet their needs. People said there was staff available to them when they needed them. One person commented "Even at night there's someone you can talk to." During the inspection staff had time to talk with people and assist people who needed support to access community facilities.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed appropriate checks had been carried out.

Staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. There were posters on the notice board telling people how to report abuse if they felt unable to raise concerns within the home. Where incidents had occurred involving people who lived at the home the registered manager had worked with appropriate agencies to investigate and minimise further risks to people.

Some people displayed verbal or physical aggression at times and there were risk assessments which showed how staff should respond in order to maintain people's safety. Risk assessments were personal to each individual and there was evidence that any control measures in place had been agreed with the individual. One person told us "I've got a temper. They did a risk assessment with me so I don't hurt anyone."

Some people administered their own medicines and other peoples were administered safely by staff who had received specific training and supervision to carry out the task. Staff training for the administration of medicines was comprehensive and involved observed practice and regular competency assessments. Where people administered their own medicines, risk assessments had been completed and they were provided with locked drawers to keep their medicines safe.

Some people were prescribed medicines, such as pain relief, on an 'as required' basis. One person had requested this medicine on numerous occasions. We asked if anything had been done for this person as clearly they were experiencing pain on a regular basis. We were shown a record in the care file that demonstrated the person had been supported to visit their GP for a medical assessment. This suggested a responsive service that took action when a person's health deteriorated or caused concern.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People felt staff were skilled at supporting them and had a good understanding of their needs.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. The registered manager told us in their Provider Information Return (PIR) they were planning to implement the nationally recognised care certificate for any new staff employed. No new staff had been employed for over two years so no staff had completed the care certificate at the time of the inspection.

Staff had undertaken training in a variety of subjects relating to health and safety and to the specific needs of people who lived at the home. Health and safety training completed had included fire safety, first aid and food hygiene. This helped to make sure staff were up to date with safe practice. To make sure staff were able to meet people's specific needs they had undertaken training in person centred care, mental health matters, managing challenging behaviour and coping with aggression. To help keep staff safe half the staff group had taken part in practical training in 'breakaway techniques.' The registered manager told us they would be arranging for the rest of the staff to complete this training.

A number of staff had worked at the home for several years and had a good knowledge of the people and their needs. Staff were able to monitor people's health needs and care plans gave clear information about how to recognise if someone was becoming mentally unwell. Daily records written about people showed staff liaised with other professionals to make sure people had the treatment and support they required to meet their healthcare needs. One person said "I see a psychiatrist when I need and staff arranged for me to have some therapy sessions."

The care records contained a clinical/ professional intervention log which detailed the involvement and subsequent recommendations from external professionals. We saw staff promptly requested referrals to a variety of external professionals in the event of psychological or physical concerns for a person. This suggested that staff closely monitored people's physical and psychological wellbeing. One person said "They look after your health. Always get the doctor if you need it." Another person told us staff had supported them to attend a hospital appointment when they had asked for support.

There was information around the home to encourage people to eat a healthy diet. People were able to choose whether to eat at the home or make their own arrangements for meals. There was a four week menu which provided a snack lunch and a cooked meal in the evening. Comments about food served at the home included: "Foods alright," "Food good. Lots of choices" and "Food's usually very good." During the inspection people helped them self to drinks and snacks and made sandwiches at lunch time.

The staff carried out assessments of people's nutritional needs and monitored people's weight where they agreed to this. One person's care plan showed they had been seen by a dietician and staff supported them to make healthy food choices. Another person told us they had lost weight and staff had made suggestions

about increasing their weight. They told us "They said I should have milk instead of juice and should eat a good breakfast." Another person who had lost weight had been prescribed food supplements and their weight was being monitored on a weekly basis. This demonstrated staff were pro-active in supporting people where there were changes to their weight which may indicate changes to their well-being.

Most people who lived in the home were able to make decisions about what care or treatment they received. The majority of people lived independently within the home and were able to ask staff if they needed assistance with anything. People's independence was respected and encouraged.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff knew how to support people if they were unable to make a decision and respected people's legal rights to make choices and lifestyle decisions for themselves.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). There were appropriate policies and procedures and the registered manager had a good knowledge of the law in respect of people who lacked the mental capacity to make choices.

Requires Improvement

Is the service caring?

Our findings

Everyone who lived at the home had a single room which they were able to lock to maintain their privacy. People had personalised their rooms in accordance with their interests and tastes. People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person said "They respect my privacy, always knock on the door." Another person told us "I like to spend time in my room. I like the peace and quiet."

Some bedrooms had showers and wash hand basins. Other rooms just had hand basins and they shared other bathroom facilities. Some communal washing facilities did not promote people's dignity and independence. The bathroom on one floor did not have a shower fitted so anyone wishing to have a shower had to go to the bathroom on the floor below which did not promote privacy and dignity. This also meant there was only one shower between ten people. Bathrooms were not well decorated and maintained so did not provide a pleasant environment for people or encourage people to take pride in their appearance or hygiene. One toilet, which was shared by five people, had a very unpleasant odour.

People said they were supported by kind and caring staff. A number of people complimented the staff on their attitude and kindness. One person said "Staff are kind and helpful." Another person said "Staff are very understanding especially when you don't feel good."

Throughout the inspection visit we saw kind and friendly interactions between people and staff. Staff demonstrated patience when asked the same question a number of times and offered reassurance to people when needed. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People were able to talk to staff about their health and any other issues. Everyone told us staff always made time to talk with them. One person said "You can discuss anything." Another person said "You can go to staff and talk about stuff."

The stable and long standing staff team had enabled people to build trusting relationships with the staff who supported them. Some people said they thought the home had a family type atmosphere. One person said "We are a happy family here. I absolutely get the help I need. It's comfortable here." A member of staff told us "It's like a little family. I would know what to do if I saw anything wrong."

Each person had a keyworker who they had built a special relationship with. One person said "I could talk to anyone but especially [keyworkers name.]" Another person commented "[keyworker's name] helps me with lots of things and she listens."

People were fully involved in planning their care and support. People told us they had ongoing opportunities to discuss how they wanted to be supported and the help they would like to receive. Care plans showed where people had agreed to their planned support and when they had declined the

recommended support. One person said "The care plan is all about what I do. Like having a shower each morning." Another person said "I like to go out on my own. We did the risk assessment together."

To enable people to have a say in the running of the home there were some meetings where people could share their views. People were asked their opinion about food and drinks in the home and their suggestions for trips out. When one lounge in the home had been rearranged everyone was asked for their opinion on the changes.

We recommend that the provider reviews the bathroom facilities in the home, and seeks people's opinions, to make sure they are sufficient and appropriate to promote people's independence, privacy and dignity.

Good

Is the service responsive?

Our findings

Anyone who wished to move to the home was able to visit and spend time there to make sure it met their needs and expectations. The senior staff carried out assessments to make sure the home was able to meet people's specific needs. People received written information about the service to help them to make a decision about moving in.

People received support that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People chose what time they got up, when they went to bed and how they spent their day. On the day of the inspection we saw people got up at different times and helped themselves to breakfast when they were ready. One person said "I do my own thing." Another person told us "It's alright here. I can do what I like."

Each person had a care plan which was very personal to them and their lifestyle choices and needs. Care plans were detailed and set out over three main areas. The three areas were; What are we trying to achieve? How are we going to achieve this? Who is going to do this? People had signed to say they had been fully involved in all decisions. Each care plan had also been signed by all staff members which ensured staff were familiar with the needs of everybody and not only the people they were a key worker for.

People had individual behaviour plans which outlined the signs that may indicate someone was unwell or unhappy and what action should be taken when these signs occurred. One person's support plan said certain behaviours meant they should talk with a member of staff or ask for medication which was prescribed for them on an as required basis. This person told us "I get angry. I have some ways to cope. I talk with staff or I can ask for my tablets." We saw good evidence of how the staff involved other professionals when changes in behaviour were observed which may indicate people were becoming unwell.

People were supported to make choices about all aspects of their lives and staff respected people's rights to make decisions which may not be in their best interests or socially acceptable. In some instances the staff worked with other authorities and professionals to minimise risks to people associated with their lifestyle choices.

Staff responded to changes in people's needs and well-being. Care plans had been up dated when needs and wishes changed. For example for one person who self-medicated, they had originally taken responsibility for one week's medicines. As their confidence and abilities had progressed the amount of medicines for them to take responsibility for had increased.

Staff encouraged people to be independent and maintain their skills. The majority of people liked to go into the local town for personal shopping and leisure without staff support and this was respected. One person said they attended regular appointments and staff reminded them when their appointments were due. They said "Staff remind me to go to the clinic. They don't hassle it's just in case you forget."

People told us they did small tasks around the house such as laying tables and helping to tidy and clean the

drinks area. People said staff supported them to look after their own rooms if they asked for assistance. Some people told us they cooked simple meals or assisted staff to cook the main meal of the day.

Most people took care of their own finances. One person said "I go to the bank to collect my money. I come back and pay my rent and then the rest is mine to do what I want with." Another person said "I'm sure they would help me with money if I wanted but I like to sort it out myself."

People were able to take part in organised activities and one member of staff was responsible for arranging these. The majority of people chose not to participate but some people regularly attended music sessions and arts and craft classes outside the home. People were also offered activities within the home such as crafts, film afternoons and themed evenings incorporating different foods and entertainment. We discussed with the registered manager the possibility of providing additional support and training for staff to assist them to organise more varied activities. The registered manager told us they would try to facilitate this.

Each person received a copy of the complaints policy when they moved into the home. Where a complaint had been made there was evidence that a full investigation had been carried out and the registered manager had responded in writing to the complainant.

People told us they would be comfortable to make a complaint and felt these would be taken seriously and action would be taken to address any issues raised. One person said "I'd tell someone if I wasn't happy. [Registered manager's name] would listen and sort something out." Another person said "My key worker sorts things out."

Good

Is the service well-led?

Our findings

The registered manager had managed the home for a number of years and had a good knowledge of the needs of the people who used the service. Everyone described them as extremely open and approachable. People and staff said they felt able to discuss any issues with them. Throughout the inspection the manager was very visible in the home and people were relaxed and comfortable with them. One member of staff said "We have a supportive and accessible manager."

The registered manager had a clear vision for the home which was to provide a home where people were comfortable to follow their own lifestyles and felt safe. Their vision and values were communicated to staff through daily contact and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Although all staff felt well supported by regular supervisions and appraisals the registered manager did not receive any formal supervision to support them in their work or enable them to reflect on their practice. We discussed this with the registered manager who told us they were able to contact a representative of the provider at any time but there were no formal arrangements in place.

The registered manager kept their skills and knowledge up to date by training, reading and liaising with other mental health care professionals. The registered manager shared their knowledge and learning with all staff to make sure people were cared for in a way that reflected up to date good practice. There were policies and procedures which were regularly up dated to make sure staff were supported to provide consistent and effective care to people.

The registered manager had built relationships with local people and organisations, such as the police and local councillors, to increase understanding of mental health issues in the local community. They had also provided a work experience placement for two students. They had received positive feedback about the time the students spent with them and felt it had helped to challenge negative stereo types of mental health.

The staffing structure in the home provided clear lines of accountability and responsibility and ensured there were always senior staff available to respond to people's needs and requests. In addition to the registered manager there were two team leaders and a small team of senior carers who had the skills and experience needed to manage the day to day running of the home in the absence of the registered manager. Support workers said they always worked with a senior member of staff.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

There were quality assurance systems to monitor care and plan ongoing improvements. These included audits and health and safety checks. Where shortfalls in the service had been identified action had been taken to improve practice. For example a recent audit of medication records had found two occasions where medicines had been given but not signed for and we observed that this information had been communicated to the staff team to remind them of the importance of signing when medicines were given. This demonstrated effective communication to the staff team and the opportunity to learn from mistakes and prevent them happening again in the future.

There was a monthly audit of the building and recent audits had highlighted the need for some replacement carpets, refurbishment of a shower in one person's bedroom and some areas that required redecoration. From the audits the registered manager created a quarterly action plan to make sure identified work was carried out to improve the environment for people. Issues with the availability and quality of communal bathrooms highlighted at this inspection had not been identified by the internal audits.

In addition to checks and audits carried out by the registered manager the provider arranged for full audits of the service to be carried out by an independent agency. The last audit highlighted some areas that could be improved but no serious issues.

People and their representatives had opportunities to share their views and make suggestions because there was an annual satisfaction survey. This years' survey had not been sent out at the time of the inspection but the results of the previous years showed people were satisfied with the service offered.

All accidents and incidents which occurred in the home were recorded and analysed. There was only a small number of incidents and where these had occurred suitable action had been taken to minimise the risks of reoccurrence.