

Spectrum (Devon and Cornwall Autistic Community Trust)

Rose House

Inspection report

Rose House
Wheal Rose, Scorrier
Redruth
TR16 5DF

Date of inspection visit:
30 July 2019

Date of publication:
09 September 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

Rose House is a residential care home providing personal care for up to two people with learning disabilities. At the time of our inspection two people were using the service.

The service is a detached two-story property with an enclosed garden area at the rear. It is located in a rural area near Redruth, Cornwall.

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

People were relaxed and comfortable in Rose House. There were enough staff available to meet people's needs on the day of our inspection. Records showed that, despite a number of staff vacancies, planned levels of support had routinely been provided. The service's recruitment practices were safe and interviews were planned for later in the week to resolve the staffing issues.

Staff had received safeguarding training and understood how to protect people from all forms of abuse or discrimination. Risks were well managed and systems in place to support people to manage their anxiety were appropriate. A number of incidents had been reported to the commission prior to our inspection. These were reviewed and we found procedures in place to prevent similar incidents from reoccurring were appropriate.

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.

Staff understood how to meet people's needs and care plans were accurate and informative. They provided staff with detailed guidance on people's care needs and communication preferences. These records had been regularly updated and included information about people's backgrounds, interest and hobbies.

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.

Staff were committed to providing person centred care and enabling people to be as independent as possible. People were supported to access the community when they wished and to engage with a variety of activities, tasks and chores within the service.

Staff were well motivated and had the skills necessary to meet people's needs.

The service was well led. There was a new manager in the post who intended to apply for registration. Staff told us they were well supported, and records showed supervision had been provided. Quality assurance systems were effective and designed to drive improvements in the service's performance.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Rating at the last inspection

This was the first inspection of the service since its registration in November 2018.

Why we inspected

The inspection was prompted in part due to a high number of notifications received about incidents within the services. A decision was made to inspect and examine the procedures in place to prevent similar incidents from reoccurring.

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.

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

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.

Rose 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

The inspection was completed by one inspector.

Service and service type

Rose 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 is required to have 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. At the time of our inspection the provider was in the process of making managerial changes within the service. The registered manager was based at another service full time and a new manager had been appointed for Rose House. The new manager intended to apply to become registered once additional training had been completed.

Notice of inspection

This inspection was announced. This was because the service is very small, and people often spend time away from the service during the day. We wanted to ensure the necessary checks could be completed without impacting on people's plans or routines. We gave 24 hours' notice of our intention to inspect the service.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback on its current performance from the local authority. We used all this information to plan our inspection.

During the inspection

We met and spoke with both people who used the service and observed how staff met their support needs. We also spoke with five members of care staff, the new manager and the registered manager.

We reviewed a range of records. This included both people's care and medication records. We also looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, staff rotas and the service's training matrix.

After the inspection

Following the inspection, we spoke with a relative and communicated with two health care professionals about the service's performance. We also requested additional information from the service's managers and reviewed the information provided.

Is the service safe?

Our findings

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

The service has not been previously inspected since its registration in November 2018. At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in the service and staff told us, "People are safe." Relatives said, "The staff do everything they possibly can to keep people safe."
- People were protected from potential abuse and avoidable harm by staff that had completed safeguarding training and knew about the different types of abuse.
- There were effective safeguarding systems in place and staff understood what to do to make sure people were protected from harm or abuse.
- The service supported people to manage some aspects of their finances. There were appropriate procedures and systems in place to protect people from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. Appropriate systems and procedures were in place to manage and mitigate known risk whilst enabling people to try new experiences and take part in pastimes that mattered to them.
- This inspection was brought forward in response to a high number of incident notifications the commission had received. Records of these incidents were reviewed as part of the inspection process and discussed with relatives, staff and managers. It was clear, appropriate measures were in place to reduce, as far as possible, the risk of similar incidents reoccurring.
- Care plans included useful guidance for staff on how to help and support people if they became upset or anxious. This guidance was informative and had been regularly updated to ensure it accurately reflected people's current needs. Staff told us, "We've had specific training for people's individual behaviours" and during our inspection staff successfully used described techniques to meet people's support needs. A professional told us, "The client I am working with there appears to be doing well and [their] complex behaviours have reportedly decreased considerably since moving there."
- Emergency plans and procedures were in place to ensure people's safety in the event of a fire.
- Utilities and equipment were regularly checked by appropriately skilled contractors to ensure they were safe to use. Maintenance issues were resolved promptly and, where necessary, alterations had been made to the service's facilities to manage specific risks.

Staffing and recruitment

- Staff had been recruited safely. All necessary pre-employment checks including disclosure and barring service checks had been completed to help ensure prospective staff were suitable for employment in care.

- The service was understaffed and there were three full time vacancies on the day of our inspection. The new manager was aware of this issue and had recruited two new staff with a further three staff interviews planned for the week of the inspection.
- Rotas showed, despite these issues, planned staffing levels had routinely been achieved. Staff told us, "We always have safe numbers [of staff]. If something goes wrong you call on-call and they always send someone", "It's not been [short staffed] when I have been here" and "We are short like everywhere, but all the shifts are getting covered." The new manager said, "Staffing levels have not been too bad, we have had a lot of support from other houses."

Using medicines safely

- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- People's medicines were administered safely. Staff had completed appropriate medicines training and Medicine Administration Records were well maintained.
- Where people were prescribed 'as required' medicines for pain relief or to help them manage anxiety there were procedures in place to ensure these medicines were used safely.
- Medicines auditing procedure were in place and the new manager was supporting staff to complete these processes accurately.

Preventing and controlling infection

- The premises were clean. There were appropriate cleaning arrangements in place and staff supported and encouraged people to participate in cleaning tasks. The service's infection control lead told us, "Everyone is involved in cleaning."
- Staff followed infection control policies and used personal protective equipment appropriately.

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.

The service has not previously been inspected since its registration in November 2018. At this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the service. As part of this process managers and staff had visited people in their previous placements and worked alongside existing staff. This gave staff time to get to know the person and their individual likes and interests before they became responsible for meeting the person's needs.
- Care plans were then developed by combining information gathered during the assessments process, with information provided by care commissioners and initial feedback from staff on people's specific needs and preferences.

Staff support: induction, training, skills and experience

- New staff completed two weeks of training before joining the service. This included learning about the organisation's values and current good practice in care. In addition, they received specific training and shadowed experienced staff to gain a detailed understanding of people's needs before working independently within the service. A recently appointed staff member told us, "The training was good. Quite in depth and good. It was two weeks long."
- There were systems in place to ensure staff had the required skills to meet people's needs. Records showed staff training had been regularly updated and staff told us, "I think the training is pretty good" and "We do get training."
- Staff told us they were well supported and supervision had been provided. Staff comments included, "I had supervision not long ago" and "I do get supervision."

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

- People were supported to access a healthy balanced diet and fresh fruit and vegetables were readily available.
- Staff told us, "In the dining room there are menu boards to let people choose what they want." People were involved in menu planning and meal preparation.

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

- The service was maintained to an acceptable standard and appropriate temporary adaptations had been made in response to people's specific needs.

- People had been involved in choosing the decoration in their own rooms which had been personalised.
- There was an enclosed garden area that people could access when they wished with outdoor seating and games equipment.

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

- People's care records showed appropriate and timely referrals had been made to external health professionals including GPs and specialist nurses.
- Staff supported people to access healthcare services when necessary and hospital passports had been developed detailing the specific support people would require in the event of a hospital admission.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's mental capacity had been appropriately assessed. Where decisions were made on behalf of people who lacked capacity these had been made in the person's best interest. The service's records in relation to best interest decisions were disorganised. This was discussed with managers who agreed to make sure clear, decision specific records were maintained in future.
- Some people were not able to leave the service without staff support because this would put them at risk of harm. These people lacked capacity to agree to these restrictions. Necessary and appropriate DoLS applications had been made to the local authority for the authorisation of these restrictions.
- Where restrictions on people's liberty were in place they were regularly reviewed and where possible reduced to ensure the support provided was the least restrictive possible.
- People were involved in, and routinely made decisions, about their care and staff respected people's choices.

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.

The service has not been previously inspected since its registration in November 2018. At this inspection this key question was rated as good. 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 comfortable and relaxed in the service. They approached staff for reassurance, encouragement and support without hesitation. Relatives told us "The staff are wonderful, I think they are all brilliant."
- Staff enjoyed the company of the people they supported and told us, "I really enjoy it here" and "I love working with [People's names]." During our inspection staff responded appropriately to people's needs and provided support with good humour and a sense of fun.
- It was clear staff were passionate and focused on supporting people to be as independent as possible and professionals told us, "I felt the staff were a warm and compassionate team and are clearly placing the client first in their care."
- Records showed staff had completed additional shifts when necessary to ensure staffing levels did not impact on people's ability to access the community and engage with activities they enjoyed.
- Staff treated people as equals and diversity was valued and respected. Staff took pleasure in describing people's individual skills, talents and achievements.

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

- People were able to decline aspects of planned care and decide how and when support was provided. Staff told us, "We really promote autonomy here. It is all about letting people make choices". We observed that staff adjusted plans and varied how support was offered in response to people's choices.
- When staff offered support, they explained their intentions and sought people's consent before providing help.
- People were empowered and able to make decisions about how they spent their time and what activities they engaged with. When travelling in vehicles people controlled what music was played.
- Each person's routines were respected and meal times were varied in accordance with their preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and acted to ensure their privacy was protected.
- People were supported to be as independent as possible. Staff encouraged people to complete various domestic tasks and chores within the service. This helped people maintain and develop their life skills.

Is the service responsive?

Our findings

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

The service has not been previously inspected since its registration in November 2018. At this inspection this key question was found to be good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of people's individual needs and provided personalised care.
- People's care plans were detailed and informative. They provided staff with sufficient guidance to enable them to meet people's support needs. Staff told us, "The care plans are fine", "I am quite happy that [the care plans] are up to date and tell you what you need to know" and "The care plans give you a good understanding of each [persons needs] once you have read them."
- Brief summary guides had been developed to help new staff quickly gain an understanding of people's specific needs. These included specific information about people's normal routines. Staff told us, "We have little quick guides to help new staff and people who are supporting the house" and "The routines are written out separately, it's helpful when you are new."
- Each person's care plan included a life history information and details of their individual likes, hobbies and interests. This was provided to help staff get to know people, identify activities they were likely to enjoy and understand how people experiences could impact on their current needs.
- People's relatives had been appropriately involved in the process of reviewing and updating people's care plans to ensure they accurately reflected people's current support needs.
- Daily records were kept documenting the care and support people had received and information about their physical and emotional well-being.

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's individual communication needs had been assessed and recorded. Staff were able to communicate effectively with people using techniques described within people's care records. This included information on the meanings of specific words and phrases that people used regularly.
- Social stories and other tools were used appropriately to support people to understand and process complex information and facilitate decision making.
- Details of people's specific communication needs were shared with other healthcare providers, when necessary, to help ensure people's needs were met.

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 able to choose each day how to spend their time were supported and encouraged to participate in a wide and varied range of activities. Staff told us, "There are a lot of choices around what people would like to do."
- Individual transport was available and enabled each person to participate in community activities when they wished. Records showed people had recently gone roller blading, hiking, swimming and to visit various local sites of interest. A relative told us, "They are very prepared to try new things with [Person's name] that I would not be able to do myself."
- Wifi internet access was available and people were supported to safely access online gaming.
- Visitors were welcomed and there were systems in place to enable people to contact friends and relatives when they wished. Professionals told us, "The house is open for the family to visit at any time and stay as long as they like" and "The staff team have developed good relationships with the family."
- People were encouraged to identify goals they would like to achieve, and staff supported people to gain the skills necessary for success. Staff told us, "[The new manager] is good at making an action plan to support people to achieve their goals and sticking to it."
- Each month the service produced a newsletter for each person's relatives detailing their individual achievements and activities they had engaged with.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was also available in an accessible format. Although people were unable to raise complaints independently there were systems in place to support people to report any issues to managers. 'Worry books' were used to record details of people's concerns and what action had been taken by staff to address any issues raised.
- Relatives knew how to complain and were confident any issues they raised would be addressed.

End of life care and support

- There were systems available to enable people to make decisions and choices in relation to how support should be provided at the end of their lives.

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

The service has not previously been inspected since its registration in November 2018. At this inspection this key question was found to be good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also registered at another service where they now spent the majority of their time. A new manager had been appointed at Rose House and intended to apply to become registered once they had completed additional training. The new manager told us they were well supported by the registered manager who they spoke with daily. Their comments included, "I have enough support, I can phone up and ask about anything."
- The new manager was responsible for the service's day to day leadership and their role was well defined and understood by the staff team. They regularly worked alongside staff providing support and had a detailed understanding of people's individual needs. The manager was allocated some administrative time each week to focus on their leadership responsibilities. However, in recent weeks this had been limited as the new manager had been focused on providing support to ensure low staffing levels did not impact on people.
- Staff told us they were well supported and said both managers were approachable and helpful. Their comments included, "Managers are very supportive, always there if you need to speak to them about anything", "The manager is lovely" and "I love working with [the new manager] he is great. There is not that, 'them and us' feel".
- The new manager recognised and valued the staff team's commitment to the people the service supported and told us "I like to think we are good and that is down to the staff."
- There were appropriate quality assurance and auditing systems in place designed to drive improvements in the service's performance.

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

- The new manager led by example and had high expectations for the people the service supported. Records showed people were supported to live full lives and engage with and overcome a variety of challenges.
- People had named key workers who were responsible for overseeing their care and keeping relatives updated on any changes in people's needs. In addition, there was a dedicated behaviour lead who was regularly allocated administrative time for the investigation and review of incidents that had occurred. This staff member worked collaboratively with peers and health professionals to ensure restrictions were

minimised and people were supported to be as independent as possible.

- Professionals were complimentary of the service's culture and told us, "All of the management team have been approachable and proactive with problem solving".

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 new manager understood their responsibilities under the duty of candour and ensured information about changes in people's needs and any incidents that occurred were shared with people's relatives appropriately.
- Relatives and professionals told us the service was open and transparent and communicated with them honestly. Relatives comments included, "They are very good at involving us as a family and keeping us up to date" and "They are very open, if something happens they let me know straight away."

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

- People and their relatives were regularly asked for feedback on the service's performance. Staff used accessible questionnaires to support people to provide feedback and any issues reported were promptly resolved.
- Staff meetings were held regularly in the service. They provided opportunities for learning to be shared and for any changes in people's needs to be discussed and resolved.
- The staff team had a good understanding of equality issues and valued people's individual skills and talents. The provider had systems in place to ensure people and staff were protected from all forms of discrimination.

Continuous learning and improving care

- The provider had appropriate systems in place to monitor the service's performance and learn from any incidents that occurred. The operations manager had completed a quality assurance audit in July 2019 and action had been taken to ensure the minor issues identified were addressed and resolved.

Working in partnership with others

- Staff told us they frequently communicated with other healthcare professionals to help ensure good outcomes for people.
- Where changes in people's needs or conditions were identified prompt and appropriate referrals for professional support were made.