

# Holistic Care Service Nationwide Limited

## Rosebery

### Inspection report

17 Rosebery Street  
Southport  
PR9 7RW

Tel: 07546420662  
Website: [www.holisticsupport.co.uk](http://www.holisticsupport.co.uk)

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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

### About the service

Rosebery is a residential care home registered to provide personal care to adults aged over 18. The home is registered to provide care for one person. The home can support people that have a learning disability and people that have autism. The building is a terraced house on a residential street, with a good-sized garden and space to park cars.

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

People were kept safe as staff had good knowledge about risk and were experienced in how to meet people's needs. A person supported told us, "I feel secure and well supported here." People chose to have support for taking their medication and this was managed safely.

People benefited from a stable and consistent staff team who received good inductions and training. People were fully included in decisions about how to decorate their rooms and were involved in shopping and cooking meals.

A person told us, "The staff treat me with respect and talk to me like I'm an adult." Staff were caring and respectful. People were involved in decisions about their care and care plans were person centred. Staff were committed to supporting people to be independent and move on to more independent living situations.

Staff encouraged people to maintain relationships and supported them to take part in activities in the local area. People told us staff knew their likes and dislikes and care was planned around this.

People benefitted from effective governance of the service. The appointment of a new manager resulted in better support for staff, and the home had a positive and enthusiastic culture. Staff told us managers had an open-door policy and they could talk to them anytime for advice and informal support.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service had a homely and comfortable atmosphere and people were involved in

the design and environment.

Care was person centred and people told us their dignity and privacy were respected. Staff had good knowledge about how to support people and gave them time and space when needed.

Staff supported people to lead confident and empowered lives. People were supported to reach their goals, for example going shopping and meeting friends independently.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 17 July 2020 and this was the first inspection.

Why we inspected

This was the first inspection for the home. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

## 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.

# Rosebery

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Rosebery is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosebery is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it was a small service and we needed to make sure that people and staff would be in the home at the time of the inspection.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke to all the people that used the service. We spoke to five members of staff including care staff, the registered manager and the deputy manager. We looked at a range of records including care plans and risk assessments, medicine records and two staff recruitment files.

#### After the inspection

We continued to look at records remotely after the inspection.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse.
- Staff had good knowledge about what to do if they had safeguarding concerns and were up to date with their training.
- The registered manager made sure information and processes were available for staff and there was an up to date, detailed safeguarding policy.
- People supported told us they felt safe and secure at the home.
- The registered manager made safeguarding notifications to the right organisations.

Assessing risk, safety monitoring and management

- Risk was assessed and there were effective safety monitoring and management processes.
- Appropriate risk assessments were in place regarding people that lived at the home, meaning staff had good knowledge of risks and how to reduce these. Risk assessments and care plans were regularly reviewed and updated. For example, the registered manager completed risk assessments about people going out without staff support.
- Health and safety and maintenance checks were in place and the registered manager completed regular building audits.
- Gas, electric and water safety checks were completed, and we saw an up to date and detailed fire risk assessment. Staff carried out regular fire evacuation practises.

Staffing and recruitment

- Staffing and recruitment process were safe and well managed.
- We looked at staff recruitment files and all necessary safety checks were made, including references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was a stable and consistent staff team and the service did not use agency staff.
- A person told us, "There is a good staff team and they know me well."
- The managers made sure that staff received relevant training and checked staff competencies around administering medicines.

Using medicines safely

- The registered manager made sure that medicines were managed safely.
- There was an up to date and detailed medicines policy, which included the use of 'as required' medicine

and safe storage and disposal.

- We looked at medicine record sheets and these were completed correctly, they included information about allergies and appropriate recording of 'as required' medicines.
- Medicines were kept in a locked cupboard in the office, and staff checked temperatures daily.
- There were no controlled drugs kept at the home.
- People were encouraged to be in control of their own medicines where appropriate. A person told us they knew what to take and when, but preferred and consented to staff supporting them.

#### Preventing and controlling infection

- Infection prevention and control was managed effectively.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service made sure that visiting arrangements were in line with current guidance.

#### Learning lessons when things go wrong

- The service had an effective incident recording and monitoring process. This helped ensure the service learned lessons if things went wrong and managers shared feedback with staff.
- Staff completed incident recording forms and knew where to report these so concerns were shared with the right people.
- The service completed debriefs for people and staff following incidents and captured any learning this way.
- The registered manager acted following discussion and analysis of incidents. For example, implementing new training and guidance for staff to increase their knowledge about how to support people during times of emotional difficulty.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered manager arranged staff inductions and training.
- We checked records and saw staff were up to date with relevant training including safeguarding, mental capacity and health and safety.
- There was ongoing training in place to make sure staff had good knowledge around mental health and wellbeing, to be able to support people effectively.
- We saw evidence of inductions, and staff said they had the right level of induction and training to be effective in their roles.
- People and external professionals said they thought staff had the right knowledge and skills to do their job.

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

- Staff supported people to eat and drink enough to maintain a balanced diet.
- Staff encouraged people to make choices around meals and supported people to prepare and cook meals independently.
- A person told us, "I do my own shopping and cooking, this will help me when I move in the future."

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

- Staff worked with other agencies to provide effective care and made sure people had access to healthcare services.
- People received consistent and person-centred care and support. Staff made referrals to other services for example advocacy and worked with external agencies when planning and reviewing people's care.
- People accessed healthcare services and support, for example mental health nurses, GP, social workers and other health appointments.

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

- People were involved in the design and decoration of the home.
- People showed us their personal items in the communal areas, which made the building feel comfortable and homely.
- People's bedrooms were personalised and decorated according to preferences.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We checked paperwork where people had a DoLS and found that conditions were being met.
- Staff made sure conditions were reviewed regularly and worked with others to assess whether a DoLS could be removed if no longer needed.
- Staff worked within the principles of the MCA and understood how to support people in the least restrictive way.
- Staff requested verbal consent to support people with decisions about medicines and managing money. We did not see any written consent forms in records however this was immediately put in place when we raised during the inspection.

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

- People's needs were assessed in line with standards, guidance and the law. Staff completed holistic assessments of people's needs, that took account of people's preferences and promoted their independence.
- Managers made sure staff had good knowledge around mental health to be able to support people well.
- Staff made sure that people were involved in planning their care and included relatives and other professionals where appropriate, for example mental health teams.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us staff treated them well and had good knowledge about their needs and preferences.
- We observed positive and respectful interactions between staff and people throughout the inspection.
- The service provided equality and diversity training and staff said they would find out what was important to each person that lived at the home to make sure their needs were respected.

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

- A person told us, "I am involved in planning my care and I make decisions for myself."
- Care plans showed that people's views were included, for example through 'this is me' papers.
- Each day, staff spent time talking to people about how their day was going to fully understand any issues people were experiencing. This was documented and handed over during shift changes.

Respecting and promoting people's privacy, dignity and independence

- A person told us, "Staff treat me with respect, and I am now more independent."
- People were encouraged to be independent and we saw the benefits of this in people's mental wellbeing. A person told us they were happier than when they first moved in, and went out with friends regularly, without staff support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care was planned in a personalised way and people told us they were supported to have choice and control.
- Staff supported people to maintain relationships. We saw positive changes, for example, a person going from having limited activities to seeing friends daily.
- Staff encouraged people to maintain relationships with relatives in different ways, for example overnight visits and telephone calls.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People that lived at the care home did not have any needs in relation to communication because of a disability or sensory loss.
- The registered manager gave examples of how the service would meet people's communication needs if required. For example, the registered manager was trained in Makaton and British Sign Language and could provide training and resources to people and staff.
- All information at the home was designed with the people they supported in mind, to make sure they understood and could access easily. For example, care plans and complaints processes.

### Improving care quality in response to complaints or concerns

- There was an up to date and detailed complaints policy, which was easily accessible for people and their relatives.
- There had been no formal complaints in the previous year.
- People were encouraged to raise concerns and told us they felt comfortable in doing so.
- For example, a person raised concerns about how they were being supported, and this was looked at and changed quickly. The person said they were now happy with their support.

### End of life care and support

- There was a thorough advanced care planning policy in place although the service was not supporting anyone who was at the end of their life at the time of the inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Senior managers had an open and empowering ethos which helped to develop and maintain a positive culture.
- Staff were happy in their roles and enjoyed their work. One person described staff morale as, "great."
- The culture meant that people were supported by motivated and committed staff, resulting in good outcomes for people. People told us the staff team was stable and had a positive impact on their wellbeing.

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; Continuous learning and improving care

- The provider understood their duty of candour and demonstrated openness and honesty in their interactions.
- The service was registered with an external agency which provided seminars about adult social care.
- Managers followed relevant organisations on social media to make sure they received important updates about social care and guidance.
- Managers recently arranged for staff to have regular ongoing training regarding mental health and wellbeing, with space for staff to discuss as a team afterwards.

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

- The registered manager made the relevant notifications to different statutory bodies, for example incidents and safeguarding issues.
- Staff told us they were made aware of changes in practice.
- Senior leaders dealt with disciplinary issues appropriately and were supported by human resource departments to make sure that processes were followed.
- There was a system for auditing documents and health and safety. The registered manager had been in post for two months at the time of inspection and was planning a range of further audits.

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

- The registered manager engaged well with people and staff.
- A staff member said, "Everyone's input is always valid, and we are asked to give feedback for

improvements."

- We saw evidence of regular staff meetings and the service operated an employee assist programme.
- People were asked for their feedback about the service and encouraged to raise any concerns. Managers had positive working relationships with people which meant they felt comfortable to raise things.

Working in partnership with others

- The registered manager worked well with others, for example different local authorities, community mental health teams, commissioners and the police.