

# National Neurological Services Ltd

# Rosglen

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Rosglen is a residential care home providing care to adults over the age of 18 with an acquired brain injury, physical disability or sensory impairment. The service can support up to six people.

At the time of inspection there was one person living at Rosglen. Since the service had begun operating in February 2019 they provided a service to three people in total and in that time two people had moved to alternative placements before we came to inspect. In this report we primarily focus on the experience of the person who was present at inspection; on occasion we refer to 'people', where we are confident our judgements reflect the experience of the entire service and not just the individual present at inspection.

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

The person who used the service was extremely complimentary about Rosglen, "It's great here, I've been at a few care services (listing care services), this is the best." They said staff and the management team were very caring and approachable. Throughout the inspection we observed a friendly atmosphere at Rosglen, and we saw the person who used the service was well cared for.

The person's care files showed their care needs had been thoroughly assessed, and they received a good care from staff who understood the type of support they needed. When the service had more occupants, we saw periods where the dynamic of the home was not always positive, which highlighted minor improvements to the assessment process were required to ensure the compatibility of people living at the service had been fully considered before they were admitted. This is of increased importance in small care settings.

Care plans were highly personalised and gave clear information on how to support the person beyond just their physical needs to ensure their entire person-hood was upheld. Goals and aspirations were clearly identified in their care records and we saw many examples where the service had helped them to fulfil these. Professionals associated with the person's care were extremely complimentary about the support Rosglen had provided to their 'client' and said the management team collaborated effectively on their package of care.

Staff knew the person's needs well, and we saw caring interventions and conversations throughout our inspection. The person who used the service said they enjoyed their meals and their dietary needs and preferences were met. A range of meaningful activities were on offer to keep people occupied, according to their individual interests. Complaints and concerns were well managed, and the manager took prompt action to address people's concerns.

Staff were recruited safely and they received appropriate training which was relevant to their role and people's needs. Although people received care from skilled and caring staff, we saw the lack of diversity in the workforce sometimes did not lead to positive outcomes for people. The management team assured us

steps were being taken to address this in their next recruitment drive. Staff were supported by the management team through regular formal supervisions where they could discuss their on-going development needs. Systems were in place to ensure people were protected against the risk of abuse and ensure their medicines were received in line with the prescriber's instructions.

The management team conducted audits and checks to further ensure the quality and safety of services provided to people. People, their relatives and staff were able to share their ideas and views about the service and support provided.

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.

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 20/12/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Rosglen

## 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 team comprised of one inspector.

#### Service and service type

Rosglen is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from the commissioner of the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the person who used the service about their experience of the care provided. We spoke with four staff members, including the registered manager, operations manager and two support workers. We spoke to one social worker and the person's case manager, who responsible for coordinating their package of care. We spent time observing daily life at the home.

We reviewed a range of records, including medication administration records (MAR's), care records, staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 for 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

- Staff understood what adult safeguarding meant and what action to take if they became aware of an incident of abuse. A staff member said, "People are definitely safe here. It is a good service".
- The service had a safeguarding policy and staff confirmed they had read it.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff and the management team had a very good understanding of the individual who used the service and how to support them safely. The registered manager assessed the risks involved in the delivery of care to people when they started using the service.
- The provider's system to analyse incidents and assess future risk at the service were effective. Accidents, incidents and untoward events were monitored both within the service and at provider level. We saw one incident which did not lead to a review of the person's care plan and risk assessment by the management team, which was a requirement of the provider's policies and procedures. This was feedback to the registered manager.
- On the whole, incidents were well managed and people's care records reflected known risks and gave staff clear information on how to reduce them.
- Staff were involved in discussions and meetings with the management team when things went wrong. A collaborative approach helped embed lessons learned and we saw in some cases the provider held training workshops to improve the quality and safety of practices at the service.
- Regular checks of the building and the equipment were carried out, to help ensure people remained safe.

Staffing and recruitment

- There were enough staff employed to ensure people's needs were met. Support was provided by the same core group of staff, which promoted good continuity of care.
- Staff were recruited safely and all the appropriate checks were carried out to help protect people from the employment of unsuitable staff.
- We saw there were periods where the lack of diversity in the staff team did not always lead to positive outcomes. This was of increased importance as Rosglen had supported male service users only since they registered. The operations manager told us they were recruiting more staff members to improve the diversity of their workforce.

Using medicines safely

- Medicines were managed in a safe way and staff completed records to confirm what medicine people had received and when. Staff were trained in medicines management and their competency to administer

medicines safely had been checked.

- We observed staff administering medicines to be patient and respectful when providing support. The person who used the service confirmed they were happy with the medicine support provided by staff.

Preventing and controlling infection

- The service was very clean and well-maintained.
- There were systems in place to reduce the risk of the spread of infections. We saw personal protective equipment (PPE), such as plastic gloves and aprons were readily available to staff and worn appropriately throughout the inspection.

# 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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Comprehensive and detailed assessments of need had been completed. Due to the nature of the service provided by Rosglen, a range of professionals were usually involved in people's care and support planning. For example, one person had an external case manager to assist with financial decisions and coordinating their package of care. The case manager told us, "What I found at Rosglen is they went over and above to get the service ready for my client's admission. [Registered manager] is always responsive, you can have very open discussion with her. She has been very open to ideas and a collaborative approach to managing my client's care."
- We found minor improvements were required to the assessment process to ensure it was a holistic approach which fully considered the compatibility of people living at the service before they were admitted. We saw periods where relationship dynamics in the home did not always lead to positive outcomes. The management team recognised this was an area for improvement and said they were committed to matching the right people to their service.
- When people needed to move to an alternative placement the service worked collaboratively with external services and professionals to ensure this transition was well managed.
- Care planning was undertaken in line with best practice guidance and research.

Staff support: induction, training, skills and experience

- Staff received ongoing training which was tailored to the needs of the people who used the service. For example, staff were trained to deliver care for people with acquired brain injuries or exhibited behaviours which may challenge. We saw lots of positive examples where staff applied their training to good effect. The person who used the service commented, "[Registered manager] does a very good job. She understands what I am thinking and about my brain injury. She gets me."
- Staff were supported by the management team through regular one to one discussion with their line manager and had access to confidential counselling services should they require it. Feedback received during the inspection about the management team was mostly positive.
- We received mixed comments from staff about the emotional and practical support they received from the management team immediately following an untoward incident. Our discussions with the provider showed they were aware of this and had already taken steps to improve their practices across the entire service.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met.
- The service supported people to eat, drink and maintain a balanced diet. We received very positive feedback about the quality of the food, "The food is exquisite, the staff are friendly and the service is the best service I've stayed at pal."
- Plans for eating and drinking were developed collaboratively with health professionals, people and their representatives. We saw very positive examples where support plans had contributed to people leading healthier lives. For example, staff supported a person to regulate their alcohol intake with a reduction plan. Professionals associated with this person's care gave extremely positive feedback about Rosglen and said their 'client' had made tremendous strides with reducing their alcohol intake since they joined the service. A case manager said, "The progress my client has made while at Rosglen has been wonderful, compared to other services we have not seen that level of success. [Person] has reduced their alcohol intake considerably." A social worker said, "[Person's name] has made physical improvements I didn't even think was possible."
- People's mental and physical well-being was treated as equal. For example, the service supported one person to find and care for their own dog, this included making sure associated risks were well-managed so staff and people remained safe in the service. They commented, "The dog is great for my rehabilitation, it gives me something to live for. It makes me very happy."

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

- The service made adaptations to the building when it was deemed necessary to promote people's safety and meet their needs. For example, the service was accessible by wheelchair and the provider had adapted the staircase so it was only accessible by key code due to a person's risk of falling.
- People were supported to personalise their room as they saw fit. One person had their own furniture installed to get their room to how they liked it. Communal areas of the service contained personalised touches to make it feel homely.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and care was delivered in the least restrictive way possible.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw

evidence best interest processes had been followed to help ensure people's rights were protected.

- Consent was consistently sought from people before they received a service.

# 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

- Care staff interacted in a positive and warm manner. It was clear through observation, staff were familiar with the person's needs. One person commented, "It's great here, I've been at a few care services (listing care services), this is the best."
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race.

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

- People, their relatives and representatives were involved in devising care plans to ensure these fully involved people in making decisions about their care.
- People's choices in relation to their daily routines were listened to and respected by staff.
- People and relatives were supported to give feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- The person who used the service told us they received exceptional care from kind, considerate and caring staff.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any personal information that needed to be shared was discussed in private.
- We observed positive practice throughout the inspection, and through discussions with staff we were satisfied they had the practical knowledge and skills of how to promote people's dignity and independence.

# 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

- Staff took the time to get to know and understand people to identify what was important to them, this was reflected in people's care plans. People's likes, dislikes and what was important to the person were recorded in people's care plans.
- Each person living at the service was allocated a keyworker who supported the individual to be involved in developing how their care was provided, to ensure it met their needs.

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.

- The registered manager and the staff were aware of AIS.
- Care plans detailed the preferred methods of communication for individuals and how staff could ensure effective communication. Throughout the inspection we saw staff communicate effectively.

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

- The person who used the service said they were very happy with the support provided by staff and staff supported them to follow their interests and hobbies.
- The service actively encouraged people to take positive-risks and the management team explored ways to ensure positive risk taking was planned and delivered in the safest way possible. For example, the registered manager applied best practice guidance on how to support people living within a care setting to have romantic or sexual relationships.
- The service had its own transport to increase flexibility of activities and social opportunities available to people outside of the home.
- The management team established community links through planned events at the home, which friends, family and neighbours were invited to. For example, the service hosted a summer barbeque to raise awareness about the service and promote integration within the community.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and well managed, so that complaints improved the quality of care people received. The management team had a good approach to conflict resolution and often tried to discuss and resolve matters face to face.

- Information on how to complain was clearly displayed in the home.

#### End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care. The registered manager told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.

# 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.

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

- In this report we have highlighted minor improvements to the admissions process, staff support and recruitment. Although we were satisfied the registered manager and provider were proactively addressing these concerns, we need to see these improvements embedded at the next inspection.
- On the whole we found the service was well-led and staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered.
- There was a well-established governance framework in place. The registered manager and wider leadership team had a good understanding of their roles in ensuring good governance and compliance with legislation. Systems and processes for audit, quality assurance and questioning of practice were highly effective. Organisational learning from audits or incidents were shared with all the provider's care services.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

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

- The provider's ethos, vision and values were person-centred. Discussions with staff showed they embodied the provider's values for good quality care and were an enthusiastic and dedicated team.
- Feedback from the person who used the service confirmed Rosglen was providing high-quality and person-centred support. We saw numerous examples where they had achieved good outcomes as a direct result of Rosglen.
- Although we received assurances from the registered manager the previous two occupants were well-cared for whilst at Rosglen, there was a lack of available information and feedback to corroborate they were consistently achieving good outcomes for all people. We need to see further evidence of the service achieving good outcomes at the next inspection.
- There was an open and honest culture across the service. During the inspection the management team were very candid about the things the service did well and the things they wanted to improve upon.
- The person who used the service was very complimentary about the management team and said they were approachable. Comments included, "I've got to tell you this, the team leader is amazing. They are a friend and will tell you how it is. You need that sometimes" and "Give [registered manager] a medal, she deserves it."

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

- Feedback from people, staff and relevant persons was sought through a variety of mechanisms. The operations manager told us surveys were sent out annually to people and staff to assess their level of satisfaction with the service and recent survey results were due to be published.
- Staff and management meetings were held, providing opportunity for information sharing as well as enabling staff to share their views and ideas.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous improvement of the service. The provider set up the 'Risk and Governance Committee' to help embed a lesson's learnt culture within the organisation. It was independently chaired by Care England and the committee met on a quarterly basis to review key topics such as; serious incidents, use of physical intervention, incident date, injuries to people we support and staff, GDPR breaches, health and safety and policy updates.
- The provider cascaded important learning to all their services through their 'Quality Matters' program. For example, key findings from services rated 'requires improvement' was shared with registered managers so they could adapt and improve the service.
- The management team had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.