Scope

Rosewarne

Inspection report

Holman Park
Tehidy Road
Camborne
Cornwall
TR14 8FD

Tel: 01209713729
Website: www.scope.org.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

Rosewarne is a care home which provides accommodation for up to 12 people with physical disabilities who require personal care. At the time of the inspection 12 people were using the service. Most people who used the service had cerebral palsy.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Rosewarne on 11 and 12 July 2016. The inspection was unannounced. An Expert by Experience helped the inspector with the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected in August 2013 when it was found to be meeting the requirements of the regulations.

People who used the service were safe. We were told, "I am happy, I would not move," and Rosewarne was a, "Safe and supportive environment." Staff were seen as, "Very supportive and caring." People said most of the time there was enough staff, but we were told there could sometimes be delays in receiving timely support and some staff shortages.

People told us they received their medicines on time. Medicines were well organised, records kept to a good standard, and staff had received suitable training to administer medicines.

Staff told us they had confidence that management would take any allegations of abuse seriously, and subsequently take suitable action. Staff had been trained to recognise potential signs of abuse.

Staff had received training to provide care and support to people. Training included moving and handling, first aid and person centred care. Most staff had obtained a National Vocational Qualification, or diploma in care. Staff received regular supervision, from managers, to support them, and help develop their care practice.

Personnel files contained information, such as written references and an enhanced Disclosure and Barring Service check, to ensure staff were deemed as suitable people to work with people with a disability. Suitable recruitment processes, such as the completion of an application form, and a formal interviewing process were in place.

The service had appropriate links with medical services such as general practitioners, community nurses, dentists, chiropodists and opticians. The registered manager of the service said these services were supportive, and people said they received enough support from these professionals.

There were activities available for people. Activities available included going shopping, going out on various social trips, sensory room activities, and going to college. The service had several, suitably adapted vehicles to enable people to go out and about in the community.

Care records provided suitable information such as a care plan, daily records and risk assessments. Care plans were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People told us they were very happy with their meals and always had enough to eat and drink. Comments received about the meals included, "The food is lovely. I really enjoyed my lunch today it was very good." People said they had a choice and received enough support when they needed help with eating or drinking.

People remarked if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. There were suitable systems in place to monitor the quality of the service.

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

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Medicines were suitably administered, managed and stored securely.

Is the service effective?

Good

The service was effective.

People received good care from staff who were suitably trained and supported by managers.

People said they had enough to eat and drink, and were given suitable help from staff to maintain a balanced diet.

People had access to doctors and other external medical support from other medical professionals such as dentists, opticians, chiropodists and specialist nurses.

Is the service caring?

Good

The service was caring.

People received kind and compassionate care from staff.

People were treated people with dignity and respect, their choices were encouraged, and privacy was respected.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture which focussed on the needs of the people who lived in the service.

Rosewarne

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.

We visited Rosewarne on 11 and 12 July 2016. The inspection was carried out by one inspector and was unannounced. An Expert by Experience helped the inspector with the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses a care service.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the two days of the inspection we spoke with eight people who used the service. We had contact (either through email or speaking to) with five relatives. We also spoke with the registered manager and five members of staff. Before the inspection we had written contact or spoke with five external professionals including advocates, health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at five staff files and other records in relation to the running of the service.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period of the second day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments we received from people included, "The staff are lovely, they look after me well and that makes me feel safe," and a relative told us," "I am so proud my son is safe."
Staff knew what signs to look for, and what action to take, if they suspected people had been subject to abuse. Staff told us managers would take suitable action if any allegations of abuse were reported. Staff had received suitable training about abuse and safeguarding procedures.

Care files contained risk assessments for people. These covered issues such as mobility, poor nutrition and hydration and pressure sores. Risk assessments were reviewed monthly and updated. Staff had been suitably trained in safe moving and handling procedures, and people told us they always felt safe when staff helped them with their mobility.

Safe procedures about the handling of medicines were in place. People's medicine was administered by staff. People said their medicine was always on time and medicines did not run out. Medicines were stored securely in locked cabinets, in their bedrooms, and secure cabinets in an office. Records were completed appropriately. A suitable system for the return of unused medicines was in place. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Records showed staff had received suitable training about the storage and administration of medicines.

There was a system in place to record incidents and accidents. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Accidents and incidents were also reported to the registered provider's central office using an on line reporting system. Where necessary, action was taken to reduce any apparent risks.

The service managed some monies on behalf of people, for example, so they could buy luxuries, pay for hairdressing and other essentials. Monies were kept securely in the safe. A system was in place to record expenditure, and obtain receipts where this was appropriate. The registered manager, and other senior staff, regularly checked monies kept. We checked how the system was operating and found the system worked well. Where necessary people had an external appointee and staff within the home did not act as a signatory, or as an appointee for anyone who lived in the service. Some people managed their own money. People all had a safe in their rooms where they could store money and valuables.

Staffing levels were suitable to meet people's needs. Rotas showed there were five care staff on duty from 7am until 9 or 10pm throughout the 24 hour period. The registered manager said the minimum staff (for example if there was staff sickness) was four staff until 2pm, and four staff in the afternoon and evening until 10pm. At night there were two waking night staff. Care staff were responsible for cooking and cleaning. The service employed two team leaders, to assist the registered manager. The registered manager said at least one senior member of staff would be rostered to work at the service each day, including weekends. The registered manager said staffing levels were currently being reviewed due to the needs of new people accommodated.

Most people told us they believed there were enough staff, and they received prompt support when this was required. For example, staff were described by people as "Nice," and another person said "I like them." However one person told us they had recently had to wait 25 minutes to be assisted to the toilet after using their call bell. They said the staff member had been too busy to attend to the person more quickly. Another person said, "They are understaffed sometimes so I am not too sure if I feel safe." There were also three comments (from a person who used the service, a relative and a staff member) that many of the staff were hardworking, but a minority of staff would not do their fair share of the work, which made it difficult for people to receive the best service which could be delivered. On the days of the inspection there were enough staff. We saw staff give good support to people and people's needs were addressed promptly. The staff we observed on duty appeared hard working and professional.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as an application form, two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. Appropriate cleaning schedules were used. People said the laundry service was efficient. We saw there were appropriate systems in place to deal with heavily soiled laundry. Care staff were responsible for carrying out the cleaning and laundry. We received one comment that "Staff have very little time to cope with the cleaning," although on both days of the inspection the service was very clean and tidy.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested. Records showed manual handling equipment had been serviced. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. The fire officer's report stated the management of fire safety was to a good standard. However, records of fire equipment tests, completed by staff, were sometimes not being completed as regularly as they should be. This matter was discussed with management who said they would ensure increased monitoring of the checks would occur in future.

Good

Is the service effective?

Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. One person said, "In general I think the staff are trained fine," and an external professional said, "Staff appear to be very supportive and caring towards the residents… (and work with people) to help develop their skills, confidence and family relationships." Another professional said staff and management are, "Very professional, helpful and really seem to want the best for their residents."

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said this included staff completing shadow shifts for at least one week. New staff would then work as a second care worker for people who required two staff to support them. One of the senior staff acted as a mentor to help new staff to understand their role, and provided them with any additional support they required. New staff undertook the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. A very comprehensive induction folder was maintained for individual staff. The completion of the Care Certificate was seen as necessary if people were to pass their probationary period. Staff who had worked at the service, prior to the introduction of the Care Certificate, had also been required to complete the Care Certificate to refresh, and check their skills and knowledge.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, dementia, food handling and first aid. Staff who administered medicines had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. Staff had also completed training about the specific needs of the people living in the home. This included dementia, multiple sclerosis, behaviour awareness, disability awareness, diabetes, dysphagia, tissue viability, and epilepsy. Most staff had also received additional training to enhance their professionalism such as training to understand the principle of dignity, person centred care, and awareness of professional boundaries. Staff we spoke with were positive about their training. Comments included, "Staff training is excellent," "We receive training in everything you can think of," and "Really good."

Staff told us they felt supported in their roles by colleagues and senior staff. Staff told us they received regular supervision, and this was demonstrated by records kept. Staff told us the managers of the service worked in the home on a daily basis. Staff also received an annual appraisal.

People were seen moving around the home on their own for example in electric wheelchairs. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. People said they could get up when they wanted to.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions 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. 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 were being met.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated an awareness of the legislation. Records showed that there was appropriate training for staff about mental capacity and deprivation of liberty.

People were happy with their meals and everyone said they always had enough to eat and drink. Comments we received about meals included: "The food is lovely. I really enjoyed my lunch today it was very good." A record of meals people had eaten was kept. The registered manager said menus were regularly reviewed with people who used the service. People could have their breakfast when they wanted. People could have a choice of evening tea such as omelettes, soup or sandwiches, as well as hot drinks prior to them going to bed.

The registered manager said some people required individual support with eating and drinking. We observed people having lunch, on the second day of the inspection. People were provided with suitable support from the staff on duty. The meal was an unrushed occasion. Staff and people chatted as they ate. People were provided with suitable equipment to eat and drink as independently as possible. Some people needed to be monitored, as much as possible, to check they ate and drank. This was to minimise the risk of malnutrition and dehydration. Where this was necessary suitable records were kept.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Specialist nurses for people with learning disabilities, diabetes and mental health were available for people as necessary. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly.

People were provided with suitable assistance with communication. For example some people used pictorial and signing systems. Key staff attended an outside group to keep their knowledge about signing skills updated, and shared these with other staff at staff meetings. Other people used information technology based communication tools, for example, using electronic devices such as a tablet. When we communicated with people these generally worked well, although it was clear that staff and people required some additional training to make some of the software (such as the eye retina recognition software) work more effectively.

The home had appropriate aids and adaptations for people with physical disabilities such specialist baths and wheel chair accessible showers. Ceiling rails were installed to help people to get up from their beds, and also to move into their en suite bathrooms. Assistive technology was used, for example, so people could open doors, windows and curtains automatically.

The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. One relative described the home as: "A beautiful, beautiful building," and from our observation people could move around the building without the need, or with only minimal

assistance, from staff. The home was clean and tidy, and there were no offensive odours.

People told us they liked their bedrooms and these were always warm and comfortable. Staff provided people with help so individual bedrooms were decorated according to their wishes.

Good

Is the service caring?

Our findings

All the people we communicated with said staff were kind and caring. People told us staff treated them with respect and dignity; for example doors and curtains were always closed when personal care was provided. Comments we received included, "Staff are funny, I like them," and "The staff are lovely and kind, and they always treat me with respect." A relative told us, "Staff have bent over backwards to help (my relative) settle in." Another relative said, "Staff are friendly and helpful." Professionals told us staff were, "Friendly and helpful," "Attentive and supportive," and "Sensitive to individuals' needs if their dignity is at risk….and are sensitive that the home is the 'individuals' home."

We observed staff working in a professional and caring manner. People said care was provided in a kind and caring manner and their staff were patient. Staff were calm, and did not rush people. Staff told us, "I like to think the residents can come and talk to me about anything. I would move heaven and earth to help them," and another member of staff said, "They (people who used the service) all like a laugh and a joke. I know who I can have a bit of fun with about certain things and some have a different sense of humour, it is just knowing that person."

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Care plans had personal histories.The registered manager said care plans were completed and explained to, where possible, people and their representatives.

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. Bedrooms were suitably equipped with specialist beds. All bedrooms had ensuite shower rooms and toilets. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. People could go to their bedrooms, small lounges as well as the large lounge / dining room if they wanted to meet with visitors.

Good

Is the service responsive?

Our findings

People told us they were encouraged to be as independent as possible. One professional said, "Staff have always been very responsive to people that seek help and support." We were told by a relative, "Staff are friendly and hardworking." A member of staff told us, "People receive a good level of care, it is very person centred, holistic. People lead a very active life." We observed staff acting in a kind and considerate manner. When people rang call bells for help we were told, and we observed these were answered promptly.

Before moving into the service the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and or their relatives, were also able to visit the service before moving in. For example people were able to visit during the day or for overnight stays if they wish and /or are able to. Copies of pre admission assessments were on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan in their individual file. Files were stored securely in the office. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs.

Each person had a key worker who helped to co-ordinate the person's care. People met formally with their key worker once a month to discuss how they found their care, to review progress, and to help the person to make plans. People had an annual review meeting where they could invite family or relevant professionals, to discuss their progress and goals for the future.

The service arranged organised activities for people. One member of staff told us, "We provide a pretty good service. It is great to put a smile on people's faces. We try to get people out. They like going out places." A plan of the week's activities was displayed in the hallway. This changed on a weekly basis. Activities provided included going shopping, swimming, going out on various social trips, sensory room activities, and going to college. Some people did voluntary work at the Scope shop in Camborne. People also went swimming. In the house people could use computers, attend keep fit, music, and art and craft sessions which were organised. The service had several, suitably adapted vehicles to enable people to go out and about in the community. On the first day of the inspection, many of the people went out on a day trip. A member of staff told us, "We take residents ten pin bowling, out on day trips and we have been to Devon for a holiday."

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

Good

Is the service well-led?

Our findings

Management were generally viewed positively by people who used the service, relatives and the staff who worked at the service. We were told the manager was, "A lovely person," and "The home is run very efficiently by the manager." Another person told us, "We used to have a lot of agency staff but that has all changed now by the manager." Staff told us management were, "Very approachable," and "Supportive." One member of staff said, "If I have to talk to the manager about anything she never turns me away, even if she is busy, and she always listen to what I have to say." Professionals told us management were, "Very helpful," and "Very professional."

We were told by staff there was a "Good" culture at the service, where staff "Supported each other." Staff said the "Team shares the same goals," to provide "a person centred service for people." We did however receive two concerns that management should be "A bit stronger," and "A bit firmer," in tackling some staff who were perceived as not doing their fair share of the work, and would "Sit back," and allow other staff to do the majority of the work." One person told us, "It would be better, in my opinion, if managerial staff spent more time going around the building, observing what was going on." Other staff however did say if they had any minor concerns they felt confident addressing these with their colleagues. Others also did not raise concerns about any colleagues' practice. They said major concerns were addressed appropriately by the registered manager. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management.

The service was subject to a major safeguarding investigation in 2013, which resulted in several staff being suspended from the service for several months. This was due to concerns about staff attitudes and practice. As a consequence some staff faced disciplinary action which resulted in two staff being dismissed. There was also a significant amount of training completed by staff, and service development to ensure standards improved. We checked to see if any people, their relatives or staff felt there were now any concerns about staff conduct. There was no evidence of any current concerns. One member of staff told us, "It was a difficult time, but things are now fine…Care is good….Staff do their best." We were told if there were any minor concerns, "We will pull each other up." An external social work professional who was involved in the investigations said, "They rose to the challenge," (when the concerns were raised in 2013,) "And made a great deal of changes…." (their) "Person centred approach which frankly is quite impressive."

There had a clear management structure. The registered manager had two team leaders. Rotas tried to ensure a manager was on duty throughout the seven day period. The three managers also ensured one of them was on call, out of office hours each day. The organisation's area manager visited the service on at least a monthly basis. The registered manager attended regular area meetings. These meetings provided an opportunity to share good practice, policy and procedural updates, and training.

The service had weekly team meetings, and minutes of these were sent by email to all staff. The management of the service also met regularly. There were also meetings for people who used the service so they could express their opinions and make suggestions about how the service operated.

The registered provider monitored the quality of the service by a system of regular audits such as of care records, medicines, staff training and supervision, health and safety, accidents and falls. The area manager carried out a monthly monitoring visit to check the service was meeting organisational expectations and standards. The registered manager had also completed an organisational quality self-assessment so she could judge how the service was meeting organisational and regulatory standards. An external Scope manager had completed a 'mock' inspection of the service. The service also had an annual improvement plan to ensure there was a process of continuous improvement. Questionnaires had been sent and returned from people who used the service, their representatives and external professionals.

The registered provider was registered with the CQC in 2010. The current registered manager was registered with CQC in May 2014. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.