

Achieve Together Limited

Roseville House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Roseville House is a residential care home providing personal care to up to 6 people. The service provides support to adults with learning disabilities and autism. At the time of our inspection there were 6 people using the service. People have access to shared communal space and the home is situated close to local amenities.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People's needs were understood. People's care plans and risk assessments were developed with people's input and ensured staff knew how to support people appropriately. Staff understood how to communicate with people and support them to have a meaningful day.

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.

People were supported by enough staff and had access to external health professionals when needed. People had access to a balanced diet and professional guidance was implemented.

The accommodation was maintained, and necessary repairs were scheduled. For example, replacement windows.

Right Care: People's care was person centred and their protective characteristics were understood. Staff received training to help them understand people's individual needs.

People were treated with kindness and their privacy respected. People were supported to maintain relationships with their family and engage with the local community.

People's end of life wishes were considered and any agreed plans were documented.

Right Culture: We found the governance systems needed some improvement to ensure there was better oversight of people's medicine and that notifications required by CQC were submitted within the specified time frames.

Staff engaged well with the manager and found them approachable. People, staff and relatives felt listened to and told us they would be confident raising a concern if necessary.

People were encouraged to develop their independent living skills as well as participate in activities they were known to enjoy. Staff understood best practice and showed a commitment to wanting to reduce any restrictive practice.

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

Rating at last inspection

The last rating for the service under the previous provider was good, (Published on 29 August 2019.)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Roseville 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 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

This inspection was carried out by one inspector.

Service and service type

Roseville House 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. Roseville House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with 3 people who use the service and 2 relatives. We spoke with 7 staff including, the registered manager, support workers and a member of the providers quality team. We reviewed 2 care plans and the medicine records for all 6 persons. We looked at health and safety documentation, accident and incident forms and other information relevant to the day-to-day management of the service. We observed the care and support people received over the course of the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicine was stored safely in a central medicine cupboard. Staff ensured the correct temperatures were maintained and regular stock checks were carried out.
- Staff received training in safe administration as well as an NHS initiative referred to as STOMP. STOMP focuses on stopping the over medication of people with learning disabilities and autism. This was relevant to this service due to a number of people being prescribed anti-psychotic medicine.
- We received feedback from 1 health professional who told us they would like to see robust strategies followed to support people reduce their reliance on this type of medicine.
- During the inspection we checked the medicine administration records for all persons. We identified 1 significant medicine error which had not been addressed by the provider. Although no harm was caused by the error, the provider was asked to carry out an investigation as soon as possible. We were reassured the error was an isolated incident and that action was being taken to prevent the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Staff received training in safeguarding and how to report concerns. Staff told us they knew how to speak up if they were worried about anyone's safety. One staff member said, "We would speak to the manager if we were worried or call CQC if we needed to, but the manager is really responsive."
- We discussed the emotional support people received following any disagreements with the people they lived with. We wanted to be sure if people were spending time with relatives, they were made aware people might be upset. We were advised incidents were reviewed on a case by case basis and information was shared where needed.

Assessing risk, safety monitoring and management

- Risks to people's safety were considered.
- People's care plans contained assessments of known risks and outlined the strategies to reduce any risk of harm. Assessments included strategies to manage people's behaviour during times of distress and health conditions such as, epilepsy.
- We found staff were knowledgeable of people's risk management strategies and ensured they were incorporated into people's day. For example, ensuring people were adequately supervised at key times of the day and able to engage in activities of their choosing.
- Health and safety checks were being completed on a regular basis. For example, checking fire safety equipment and monitoring water temperatures.

Staffing and recruitment

- People were supported by sufficient numbers of staff. We were aware there had been some staffing issues earlier in the year but we were reassured the home was almost fully staffed and people at were accessing the community and the activities they enjoyed. One staff member told us, "We usually have enough staff. There were times when we had to work slightly short, but things are much better." We observed 1 shift where there was a drop in numbers but observed staff staying on shift an extra hour to ensure all community activities occurred before leaving.
- The registered manager told us, "Sometimes it is not beneficial for people to have agency staff because it takes them a while to adapt to new people so where possible we do try to cover between the team." We discussed the need to ensure people were receiving their commissioned hours with permanent staff or regular agency staff.
- The provider operated safe recruitment processes. The provider checked people's character, qualifications and background including the Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. Due to the behaviour of 1 person soap was not kept in the communal bathrooms. We were advised people knew to request soap when they used the bathroom.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors to the home.

Learning lessons when things go wrong

- Since our last visit to this service the provider has introduced an electronic risk and compliance system which enabled the registered manager to upload and review accidents and incidents in the home.
- When something did go wrong, we found the provider carried out investigations and made changes based on any identified learning to prevent reoccurrence.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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, and care and support was delivered in line with current standards to achieve effective outcomes. People had oral health care plans and positive behaviour plans which reflected best practice.
- Most people had lived at Roseville House for many years and their care plans reflected a good understanding of their needs and how they wanted their care to be delivered.
- People's care plans contained assessments carried out by external health professionals and recommendations were embedded into people's plans.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. Courses included those essential to the role such as, basic life support, safeguarding and moving and handling. As well as courses tailored to people's individualised needs.
- We reviewed the training records and were reassured to see staff were up to date on their on line training and additional face to face training was booked for the coming months.
- New staff were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they were happy with the standard of the training received. One staff member said, "The training is good, and we get enough of it."

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

- People were supported to maintain a balanced diet. The kitchen was locked when not in use, but we were reassured to observe staff supporting people to access the kitchen whenever they wanted a drink or something to eat.
- People's meals were freshly cooked, and they told us they liked the food. Two people told us, "The food is good."
- People's weight was monitored on a regular basis to observe for any fluctuations and people's dietary needs were well documented. Guidance was available when modifications were required. For example, to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective

care, support and treatment.

- We observed 1 person being supported by staff to access a voluntary work placement.

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

- People had large spacious bedrooms which they personalised to their own taste.
- We saw areas of the home were being refurbished and people were involved in the design process. People had chosen the colour scheme for the communal areas.
- We observed that several window frames were in a poor state of repair and required replacement. We checked the maintenance records and were reassured to see the concerns had been reported and work was being scheduled.
- The registered manager explained they had plans to develop the garden and there were ongoing discussions about bringing a garden room back in to use, to increase the space people could use for activities.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to lead healthy lives.
- Staff supported people to attend their annual health check with the GP. As well as make and attend health appointments when unwell.
- People had health action plans and hospital passports in place. This ensured important information could be shared with health professionals in emergency situations.

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.

- The principles of the MCA were being met. People's capacity regarding the making of decisions was considered and best interest meetings were held when necessary.
- The majority of the people living at Roseville House were subject to an authorised DoLS. This was because they required some day-to-day restrictions to ensure they remained safe. For example, supervised access to the kitchen or the community. We found these restrictions had been assessed and agreements were made in people's best interests.
- We reviewed everyone's DoLS documentation to ensure any imposed conditions were being met. We found all conditions had been met. However, the provider had failed to notify CQC when the authorised DoLS were received. This is a legal requirement. The registered manager took immediate action to ensure all notifications were submitted.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 observed being treated with kindness and respect by the staff team. We asked people for their views on the support received. One person told us, "The staff are good, I like them." Another person said, "[staff name] is really friendly and always helps me."
- People were supported to manage their emotional needs and staff knew what things upset people and the necessary action to take. We observed 1 staff member willingly staying on shift for an extra amount of time to ensure 1 person could complete an activity and avoid unnecessary distress.
- References to people's protected characteristics were in their care plans. We reviewed 1 person's care plan and found clear information on what characteristics were important to them and how they liked to explore other cultures.

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

- People were observed throughout the inspection being asked their view and being engaged in decisions about how their day was going. 1 person was observed wanting to change their plan for the day and staff accommodated this with ease.
- People were able to direct what information was shared about them with others and staff understood people's right to choose.
- Staff received training in learning disabilities and autism to ensure they were able to understand and treat people with compassion.

Respecting and promoting people's privacy, dignity and independence

- Staff took their time to get to know people and build up their trust and confidence. One staff member told us, "It can take people time to trust, so it is important we support new staff to build these relationships."
- People were supported to maintain their independence and take responsibility for domestic tasks they were able to do around the house. We observed people taking pride in mopping the floor and wiping surfaces as part of their daily routine.
- We discussed with the registered manager people's privacy when taking their medicine. This was due to the continued use of a centralised medicine room. The registered manager said this was an area they would review as they felt some people may benefit from having their own cabinet in their own room.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's care plans were person centred and reflected what people liked to do, what things interested them and areas of their lives they wanted to develop further.
- People engaged in activities of their choosing and had regular access to the local community. On the day of inspection, we observed 1 person leaving to volunteer at a local charity and another person visiting the beach for the day which is something they like to do on a frequent basis.
- The provider kept a photo diary of things people had achieved in the past year. The diary showed a diverse range of activities engaged in from learning new independent living skills, enjoying celebrations and trying out new experiences. One staff told us, "Everything is geared to what people want to do and are capable of doing. Everyone has a personal timetable that we stick to, as much as possible."

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's communication needs were recorded in their care plan.
- Staff used pictures, words and signs to assist with communication. When reviewing the training plan, we noted staff received training in Makaton, which is a form of sign language often used by people with learning disabilities.

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 supported to maintain relationships with the people they lived with, their family and the local community. One relative told us, "We are always made welcome when we visit and [name] comes home on a regular basis."
- People were supported to explore their own identity and other cultures which interested them.

Improving care quality in response to complaints or concerns

- We were advised no complaints had been received in the 12 months prior to this inspection.
- People's relatives confirmed they knew how to raise a complaint if they needed to, and people told us they would speak to staff if they were not happy about something. One person said, "I would talk to [staff name] and If I wasn't happy, they would sort things out for me."

End of life care and support

- At the time of inspection no one was in receipt of end of life care. People's end of life wishes had been discussed with families and all known plans were documented.
- We discussed with the registered manager the need to ensure that staff knew what to do in the event of an unexpected or sudden death, especially when no family wishes had been recorded. The registered manager told us, the providers on call service would give staff direction in such situations.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. The governance of the service was not always effective.

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

- Audits were completed. However, the audit for medicine administration had not been effective at identifying a significant medicine error. The error was only identified as part of the CQC inspection. The provider was asked to investigate what happened and why their processes had not been followed. Also establish why their governance systems had failed to highlight the error. An investigation was completed by the provider and feedback was given to the inspection team.
- The provider was not always meeting their obligation to ensure the commission was notified of certain events. Notifications to confirm DoLs authorisations had not been submitted for the past 12 months. The registered manager explained they were new to post when these were due and had not been aware they were required. We asked the provider to review their reporting process to ensure future notifications would not be missed.
- The registered manager had a detailed action plan for the service entitled 'Driving up Quality.' This enabled them and the provider to have oversight of how the home was performing and any action needed. We observed the registered manager updating their action plan on a regular basis as things came to light.

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

- The culture in the home was positive and people were supported to identify and work towards personal goals. One staff member told us, "We are a great team, and everyone wants the best for people and encourages people to live their best lives."
- People's relatives told us, "[person's name] is very happy at Roseville House. They clearly want to be there as they would tell us if they were not happy about something." Another relative told us, "The team are great and I could not be happier with the support provided."
- We observed people throughout the inspection and saw people being empowered to do things for themselves.

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 provider understood and acted on their duty of candour.
- Families told us they felt they were updated when something happened. One relative told us, "We always know what is happening and get contacted when needed."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Staff received regular supervision and told us the manager was approachable and valued their opinion. One staff member said, "The service works best when we are all working together. When we have staff who do their own thing it is harder on everyone but when we talk and plan together things work out so much better."

Continuous learning and improving care

- The provider was able to evidence continued learning and the adoption of best practice.
- The provider had developed their own model of care which the home was embedding. The model had a range of themes which the registered manager worked through to evidence people were being supported to achieve a good quality of life.

Working in partnership with others

- The provider worked in partnerships with others.
- Staff supported people to make connections in the community.