

Rose Lea Care Homes Limited

# RoseLea House

## Inspection Report

73 Loughborough Road  
West Bridgford  
Nottingham  
Nottinghamshire  
NG2 7JX  
Tel: 0115 846 2251

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# Summary of findings

## Overall summary

RoseLea House is a care home providing accommodation for up to nine people. There were nine people living there when we visited. The service provides care and support to adults who have a learning disability, a mental health illness or physical disability. There is a manager registered at the service.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements for staff to respond appropriately to people with behaviours which might challenge the service.

People were supported to take informed risks to ensure they were not restricted. One person said, "It is lovely. I get to go out all over the place and have my own money and mobile." Where people lacked capacity to make decisions, the Mental Capacity Act (MCA) 2005 was being adhered to so that staff made decisions based on people's best interests.

We found that there were systems in place to ensure people received their medicines as prescribed. Staff were recruited through safe recruitment practices.

There were processes in place to gain the views of people in relation to their care and support. People's preferences and needs were recorded in their care plans and staff followed the plans in practice. People were supported to maintain good health. Records and observations showed that the risks around nutrition and hydration were monitored and managed by staff to ensure everyone received adequate food and drink.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them. There was a clear set of values in place to support staff to respect people's privacy and dignity. People were supported to attend meetings and complete questionnaires to express their views

about the home. People told us they got on with the staff. We asked people whether staff treated them with dignity and respected their privacy. They all told us that staff did. One person said, "Of course they do."

Staff were able to describe examples of where they had responded to what was important to individuals living in the home. People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to concerns.

The registered manager told us there had not been any written complaints made by people living in the home or their significant others. Information was available for people who used the service regarding advocacy services. Advocates are trained professionals who support, enable and empower people to speak up.

There were effective systems in place to monitor and improve the quality of the service provided. Staff were supported to challenge when they felt there could be improvements and there was an open and transparent culture in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The deprivation of liberty safeguards are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was one person who needed to be on an authorisation. We saw that they had made the correct application and notified the CQC of this. We saw no evidence to suggest that anyone else living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

The service was safe because they ensured that there were sufficient staff to meet people's needs, and risks were managed correctly. Staff were also trained and aware of safeguarding, mental capacity and deprivation of liberty safeguards.

### **Are services effective?**

The service was effective as people were involved in planning their day to day care and support and staff understood their needs. People's preferences and opinions were respected. People had their nutritional needs met and where appropriate expert advice was sought.

### **Are services caring?**

The service was caring as staff had the right approach to the care at support of people and they were attentive to their needs. People had their privacy and dignity respected and were relaxed and comfortable living in the home.

### **Are services responsive to people's needs?**

The service was responsive to people's needs. People had personalised care plans in place that staff understood and followed. People had access to a wide range of activities and were part of the local community. People were also well supported to express their views.

### **Are services well-led?**

The service was well led and provided strong leadership and a positive culture. Staff understood their roles and responsibilities. Staffing levels were flexible and based upon the needs of the people living in the home. Although there have been no complaints, systems were in place to manage these.

# Summary of findings

## What people who use the service and those that matter to them say

The people we spoke with told us they felt safe in the home. One person said, "Yes I feel safe, I like it here." They all told us they would speak to staff or the registered manager if they felt worried about anything. They told us that they received their medicines when they needed to.

We asked people whether they had a care plan and whether they were involved in decisions about their care. They all knew that they had a care plan. One person said, "Yes, I got loads in my care plan." They had all been involved in their care planning. We asked one person whether they helped to make their care plan and they said, "Yes and I signed my name." They all told us that they also reviewed their care plan. One person said, "Yes, I look at it and talk to staff."

People told us that they received care from a number of professionals. One person told us about their treatment which involved trips to see a senior nurse for blood tests and how they had been able to lose their 'middle-aged spread' and their quality of life was much improved. Another person told us how they were involved in discussions about a health condition that had affected them quite dramatically. They talked about going to the hospital which involved "lots of talking" and they told us that they had, "Some more decisions to make."

People told us that staff treated them with kindness. One person said, "All the time." We asked people whether staff treated them with dignity and respected their privacy. They all told us that staff did. One person said, "Of course they do." People told us that staff listened to them and acted on what they said.

People told us that they made choices about their care and treatment and were supported to be as independent as possible. One person said, "It is lovely. I get to go out all over the place and have my own money and mobile." Another person said, "I can do my own showering and make a drink if I like." Another person said, "I sometimes like doing people's hair. I'll do the hoovering and I like to do cooking."

People told us that they did a wide range of activities outside the home. One person told us about their usual week and described going to college, ice skating, swimming and going for coffee and cake. Another person told us about, "Going to the pictures, shows and panto." They all told us they were supported to visit friends and family. One person said, "Yes, I have friends here and out of here."

People told us they knew how to make a complaint. One person said, "I would go to the senior and straight to office." People said that they could talk to the registered manager. One person said, "Yes ever so good, all staff very nice."

People felt they were always able to find a member of staff if they needed them. One person told us that they liked to watch DVDs with another housemate, but when they had enough and wanted to be alone in their room they could go and find 'staff to help' and talk to the other housemate. Another person told us that they sometimes felt concerned about their health problems and what might happen, but that they "felt alright" because staff were "always there to talk to."

# RoseLea House

## Detailed findings

### Background to this inspection

We visited RoseLea House on 14 May 2014. We looked around the building and looked at some records, which included the care records for three people and records relating to the management of the home.

The inspection team consisted of a lead inspector and an expert by experience of learning disability care services. An expert by experience has personal experience of using or caring for someone who uses this type of care service.

RoseLea House was last inspected on 22 January 2014. There were no concerns found at that 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 was meeting the Regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process for adult social care called 'A Fresh Start'.

Before our inspection we reviewed all the information we held about the home. We examined notifications received by us and we contacted the commissioners of the service to obtain their views on the service and how it was currently being run.

On the day we visited we spoke with four people living at RoseLea House, one member of staff, and the registered manager.

# Are services safe?

## Our findings

The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening to protect people living in the home from the risk of abuse. Staff told us they had received recent training in safeguarding vulnerable adults and records confirmed this. We spoke with a staff member and they were able to tell us how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation. We saw that the safeguarding policy and procedure contained contact details for the local authority and was easily accessible for staff. There had been no recent safeguarding concerns at the service.

The people we spoke with told us they felt safe in the home. One person said, "Yes I feel safe, I like it here." They all told us they would speak to staff or the registered manager if they felt worried about anything.

During our visit we saw a person who used the service displaying behaviours that may challenge others. We observed staff support the person appropriately in line with the guidance that was written within their care plan. This meant staff knew how to respond to incidents when they arose.

Where incidents had occurred in the home, these were clearly documented by staff and checked by the registered manager who assessed if any investigation was required and who needed to be notified. Any learning from incidents and accidents was discussed at team meetings and also shared with staff through the communication book and staff supervisions. A staff member told us of an incident that happened to them and how they shared the information with other staff. This demonstrated that incidents were responded to appropriately and that staff learnt from them to help prevent them from occurring again in the future.

Staff were able to explain how they took decisions in line with the Mental Capacity Act (MCA) 2005. This is an Act

introduced to protect people who lack capacity to make certain decisions because of illness or disability. They had a good understanding of the MCA and described how they supported people to make decisions. We saw examples of where people's capacity to manage their own finances had been assessed and appropriate documentation was in place.

We found that medication arrangements were safe. Staff had been trained in the handling, administration and disposal of medicines. We found medicines were being stored safely and securely and records showed staff were administering medicines to people as prescribed by their doctor. We observed staff administering medication and this was carried out correctly. We saw that medicines were being checked daily to ensure staff were managing people's medicines correctly. Protocols were in place to support staff when administering some, but not all, 'as required' medication. The registered manager contacted us shortly after the inspection to confirm that these had now been put in place.

We looked at three recruitment files for staff most recently employed by the service. The files contained all relevant information and the service had carried out all appropriate checks before a staff member started work. This showed that the service had effective recruitment practices in place to make sure that their staff were of good character

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was one person living in the home currently who was potentially being deprived of their liberty. We saw that they had completed the correct paperwork and notified us of this decision. We saw no evidence to suggest that anyone else living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the DoLS.

# Are services effective?

(for example, treatment is effective)

## Our findings

We asked people whether they had a care plan and whether they were involved in decisions about their care. They all knew that they had a care plan. One person said, "Yes, I got loads in my care plan." They had all been involved in their care planning. We asked one person whether they helped to make their care plan and they said, "Yes and I signed my name." They all told us that they also reviewed their care plan. One person said, "Yes, I look at it and talk to staff." We saw that some people had signed their own care plans. This meant that people could express their views about how they wanted to be cared for.

From the care plans we viewed, we saw that people's preferences and wishes about how they were cared for were documented to ensure staff knew how people would like to be cared for. We spoke with staff about the needs and preferences of these people and what staff told us matched the information we had seen recorded in the three care plans. We saw that a wide range of risk assessments and care plans were in place and reviewed regularly. We asked a member of staff how they supported people with identified healthcare needs for epilepsy and diabetes. They had a good understanding of how to support people with those needs and how to identify where a person's health was deteriorating and what action to take in response. This demonstrated that staff had the information and knowledge to be able to care for people effectively and in their preferred way.

We saw that a health action plan was completed for all the people who used the service. We looked at two people's health action plans and they contained a summary of each person's needs and what they liked and disliked. The registered manager told us that the health action plan was taken with people if they moved to another service, such as the hospital. This meant people's needs and preferences would be known to other health professionals if the person moved between services.

We saw that people received regular health checks and visited a GP, Dentist and Opticians. We saw that people received health screening when they consented to it. Other health and social care professionals were involved in people's care as appropriate. We also saw that a person had been supported to attend musical therapy and the health professional involved had produced a report for the home stating how effective they felt it had been for the person who used the service. This showed that the service involved other professionals where appropriate to meet people's needs.

People told us that they received care from a number of professionals. One person told us about their treatment which involved trips to see a senior nurse for blood tests and how they had been able to lose their 'middle-aged spread' and their quality of life was much improved. Another person told us how they were involved in discussions about a health condition that has affected them quite dramatically. They talked about going to the hospital which involved "lots of talking" and they told us that they have, "some more decisions to make."

People were consulted about their food preferences during weekly meetings where they decided what they wanted to eat and drink. They then went shopping to buy the food and drink. We saw that there were a wide range of choices available which included healthy eating options. One person with food preferences that related to their culture was supported to meet those needs.

We saw from the care plan of one person that they had specific needs around their nutrition due to their health condition. We observed the needs detailed in the person's care plan and guidance was also available in the kitchen for staff. The person was aware of the foods that they should and shouldn't eat and we saw that other health professionals had been involved in assessing the risk to this person. This meant there were processes in place to monitor and manage nutritional risks and that people received appropriate food and drink.

# Are services caring?

## Our findings

We observed interaction between staff and people living in the home on the day of our visit and we saw people were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness and respect. There was a calm atmosphere in the home.

People told us that staff treated them with kindness. One person said, "[Staff treat me with kindness] All the time." We asked people whether staff treated them with dignity and respected their privacy. They all told us that staff did. One person said, "Of course they do." People told us that staff listened to them and acted on what they said.

We spoke with two staff about how they respected people's privacy and dignity. Both members of staff had a clear understanding of the role they played in making sure this was respected. One member of staff explained how they knocked on people's doors before entering their bedrooms and administered medication in a private area. The service had clear policies in place regarding respecting people and treating them with dignity.

During our visit we observed people's privacy being respected. For example, we observed staff knocked on people's bedroom doors and bathrooms before entering.

We discussed the preferences of three people with the two staff we spoke with. Both members of staff had a very good knowledge of all three people's likes and dislikes and about the person's history. Care records we looked at were very detailed regarding people's preferences.

On admission the provider took into account and explored individual needs and preferences such as sexuality and culture. For example where a person's cultural needs regarding food preferences had been identified, they had been supported to meet these needs. We also saw how a person had been supported to have skin and hair care in line with their cultural and ethnic needs. This meant that people's diverse needs were being assessed and respected.

We saw from records that staff supported people to be independent and to get involved in daily living tasks such as cleaning and cooking to develop their independence. People moved freely around the home during our visit and staff told us people did not have unnecessary restrictions placed on them. This showed that people were supported with their independence.

People told us that they made choices about their care and treatment and were supported to be as independent as possible. One person said, "It is lovely. I get to go out all over the place and have my own money and mobile." Another person said, "I can do my own showering and make a drink if I like." Another person said, "I sometimes like doing people's hair. I'll do the Hoovering and I like to do cooking."

There were regular meetings held between staff and people living in the home. These were used to discuss activities, raise concerns and any other issues people may have. We saw that actions had taken place in response to issues raised by people living in the home. Annual questionnaires were also completed by people who used the service. This demonstrated that people were able to make their views known about the service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People expressed their views and were involved in making decisions about their care and treatment. We saw evidence of people's involvement in their care planning and that they had been supported to complete an annual questionnaire on the quality of the care that they had received from the service. This meant people were supported to express their views in relation to their care and support.

People told us that they did a wide range of activities outside the home. One person told us about their usual week and described going to college, ice skating, swimming and going for coffee and cake. Another person told us about, "Going to the pictures, shows and panto." They all told us they were supported to visit friends and family. One person said, "Yes, I have friends here and out of here." We saw that a college tutor attended the home twice a week to support people living in the home. Staff were also able to give us examples of where they had acted on something that was important to an individual. This showed that the service was responsive to people's needs and supported them to participate in activities that were meaningful to them.

We also saw that one person did not like to leave the house or their room very often. The service had supported the person with their anxieties and had made efforts to keep

them included in activities. As they had not wanted to go out with other people who used the service for a meal, staff had arranged for the person to order a takeaway of their choice. Also, as they did not like to come out of their room often, the service had provided a coffee machine, a soda stream machine and a large television for their room.

The service had changed its rota system so that day staff worked one long shift rather than a change of staff happening in the middle of the day. This was because the change had been noted to cause anxiety among some of the people who used the service and also affect the length of activities that people could participate in. This demonstrated that the service was responsive to people's needs.

People told us they knew how to make a complaint. One person said, "I would go to the senior and straight to office." People said that they could talk to the registered manager. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. There had not been any complaints raised by people living in the home or by their relatives. Staff we spoke with knew how to respond to complaints if they arose. There was an easy read complaints procedure displayed in the home and in the guide for people who used the service should they require information on how to make a complaint.

# Are services well-led?

## Our findings

People who used the service, their representatives and health and social care professionals were asked for their views about their care and treatment and they were acted on. An annual questionnaire was sent out by the service and staff supported people who used the service to complete their questionnaire which was in an easy read format. We saw that the service had received some completed questionnaires from external professionals.

We spoke with one member of staff who told us they felt the management team treated them fairly and listened to what they had to say. They told us they would feel confident challenging and reporting poor practice and that they felt this would be taken seriously. The four people who used the service who we spoke with all told us they felt they could approach the registered manager if they had anything to discuss. We saw that whistleblowing guidance was detailed in the employee handbook and the employment contract. This demonstrated that there was an open and transparent culture in the home and staff were supported.

We looked at the processes in place for responding to incidents, accidents and complaints. We saw that incident forms were completed and lessons learned were discussed at team meetings and staff supervisions. People's records were reviewed monthly and information collated regarding

incidents, safeguarding and when medication was required to support people with behaviours that challenged the service. This information was used in reviews of care for people and to analyse whether any lessons could be learned. This meant there were effective arrangements to continually review safeguarding concerns, accidents and incidents and the service learned from this.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs. We spoke with the registered manager and they told us that staffing levels were based on their knowledge of people's needs and could respond to changes in need. This meant there were systems in place to ensure there were sufficient numbers of staff to meet people's needs.

Discussions with staff and observations of training records showed that staff were given the right skills and knowledge to care for people safely. We found that staff regularly had the opportunity to express their views during staff meetings and through regular supervisions with the registered manager at the home. We saw that staff received supervision every two months and an appraisal each year.

We saw there were plans in place for emergency situations such as an outbreak of fire. Staff understood their role in relation to these plans and had been trained to deal with them. A member of staff explained to us where the fire exits were and what we should do if the fire alarm sounded.