Metropolitan Housing Trust Limited

Rosswood Gardens

Inspection report

4,6 & 8 Rosswood Gardens
Wallington
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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

Rosswood Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Rosswood Gardens does not provide nursing care. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service supports up to 16 people with learning disabilities, some of whom had autism and other disabilities. There were nine people using the service at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

People were protected from abuse by systems in place such as staff training. Staff understood their responsibilities to safeguard people from abuse.

The provider carried out recruitment checks on staff to check they were suitable to support people with learning disabilities. There were enough staff deployed to care for people safely and meaningfully.

People were supported to take positive risks such as using the facilities and accessing the community safely. The provider assessed and managed risks relating to people's care well.

People's medicines were managed safely by staff who the provider checked were competent. The provider audited medicines management to check staff followed safe processes.

People lived in premises which were clean and safe. The provider checked the service remained safe and staff followed infection control procedures.

People were supported by staff who were trained and supported in their roles.

People's care plans were based on their needs and preferences and were reliable for staff to follow. People

were involved in their care plans.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received food of their choice. People were supported to maintain their day to day health and to access the healthcare service they needed.

People liked staff and developed good relationships with them. Staff understood people including the best ways to communicate with them. People were treated with respect and were given the privacy they needed. Staff were supportive of those who were in consenting relationships in the service. People were encouraged to develop their independent living skills. People had individual activity programmes in place and took part in day trips and holidays.

Systems were in place to gather feedback from people and staff. A suitable complaints process was in place.

The service was well-led by a registered manager covering maternity leave. Leadership was visible with a clear hierarchy. Systems were in place to assess and monitor the quality of care people received.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Rosswood Gardens

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 checked 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.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

We visited the home on 29 November 2018. Our inspection was unannounced and carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with three people using the service, the registered manager and two care workers. We looked at care records for three people, staff files for three staff members, medicines records for three people and other records relating to the running of the service.

After our inspection we contacted four health and social care professional to obtain their feedback on the service and received feedback from one.

Good

Is the service safe?

Our findings

People were supported by enough staff to safely meet their needs. One person told us, "I have the same people to watch me, they are always here." A second person said, "There is always someone whenever you need them." The registered manager and staff told us there were enough staff deployed each day. We observed there were good staffing levels to respond promptly to people's needs and to spend time with them in a meaningful way. We observed staff sitting with people in communal areas, engaging in conversation. Sufficient staff were assigned to escort people to their daily activities while a suitable number of staff remained in the service. Rotas showed staffing levels were maintained at appropriate levels each day.

People were supported to take positive risks and to reduce risks relating to their care. The provider carried out risk assessments for each person and put guidance in place for staff to follow in reducing the risks. Staff understood the risks relating to people's care and how to reduce them. Risks included those relating to using the facilities and accessing the community safely as well as those relating to people's behaviour. We viewed a letter from a relative who wrote, "The behavioural techniques [the registered manager] has used have been amazing."

People were safeguarded from abuse by staff and people received the right support from any accidents and incidents. One person told us, "I am safe here, they help me stay safe by helping me work out what I can do." A second person told us, "They look after me and my things." Staff received training and our discussions with them showed they understood their responsibilities to safeguard people from abuse and neglect. The registered manager understood how to respond appropriately to allegations of abuse and neglect to keep people safe.

People were supported by staff who the provider deemed were suitable. The provider checked the employment history and qualifications of candidates and obtained references from former employers. The provider reviewed potential candidates' criminal records, identification and right to work in the UK. All staff were interviewed to check they were suited to support people with learning disabilities and the provider monitored staff suitability during their induction period.

People's medicines were managed safely. One person told us, "I have my tablets at the same time and they write it down and show me." We checked medicines stocks and records and found people received their medicines as prescribed. People's medicines were stored securely. Staff received training in administering medicines and the provider assessed staff competencies to administer medicines each year. The provider carried out regular audits to check medicines management remained safe.

People lived in premises which were clean and safely maintained. Repairs were carried out promptly and staff followed a cleaning schedule. The provider carried out a range of checks including water hygiene, water temperatures, gas safety, electrical installation, electrical equipment and fire safety. The provider risk assessed the environment and fire safety regularly and managed any identified risks. The provider carried out infection control audits to check staff continued to follow procedures to reduce risks to people. Staff

followed suitable infection control practices in the kitchen and while cleaning the service.

Good

Is the service effective?

Our findings

People were cared for by staff who were trained and supported to understand their needs. One person told us, "They look after me very well, they know what they are doing." A staff training programme was in place which included autism, learning disability and mental health awareness, first aid and equality and diversity. Staff received a suitable induction which met national induction standards for care workers. Staff were also supported to complete diploma's in health and social care and all staff were qualified at least to level 2. Staff in supervisory roles were supported to complete leadership and management diplomas. Staff received regular supervision from their line manager during which they discussed their training and development and the best ways to care for people.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Our discussions with the registered manager and staff showed they understood their responsibilities in relation to the MCA. Records showed the provider assessed people's capacity in relation to their care and made decisions in their best interests when they were found to lack capacity. The provider applied for DoLS authorisations for some people as part of keeping them safe.

People received food of their choice which met any cultural needs. One person told us, "The food is nice, we can choose." A second person said, "The food is nice." Staff knew people's food and drink preferences well and based the menu on these. We observed people preparing their own snacks and drinks through the day with the support they required from staff. Staff monitored people's weight and followed guidance from healthcare professionals when there were concerns.

People were supported to maintain their day to day health needs. One person told us, "I tell staff if I don't feel well and the doctor comes. It happens straight away." A second person told us, "I have had my eyes tested and some new glasses and my teeth looked at." The provider assessed people's healthcare needs and supported them to see healthcare professionals. These included their GP, dentist, optician, chiropodist and hospital specialists. People had health action plans in place which detailed their healthcare needs and the provider used these to check people received the right support. The provider developed hospital passports for people to guide hospital staff on their needs and preferences in case of an admission.

The premises met people's needs. There was ample space as the service was arranged across three interconnecting houses and people could choose to spend time in several communal rooms. A secure garden with ramped access was available for people, including those in wheelchairs, to access freely and safely. People had their own bedrooms in which they could spend time privately.

Good

Is the service caring?

Our findings

People liked the staff who supported them and staff treated people with dignity and respect. One person told us, "I like it here, they make me laugh. I am happy." A second person said, "I know I can ask anyone if I need help." A second person told us, "The staff are very nice, very caring." One person told us staff held their hand during a difficult medical appointment. A different person told us, "They give me a cuddle if I'm feeling sad and talk to me about things or take me to my boyfriend." Another person told us, "You can talk to any of the staff and they really do help you feel better." We observed staff spent time listening to people and conversing with them and people were comfortable with staff. People received consistency of care from staff who knew people well as most staff had worked at the service for several years.

Staff understood the best ways to communicate with people. We observed staff communicating well with a person using a form of sign language. We also observed staff modified their speech to communicate with different people, using more simplified and slower language for some with repetition to help their understanding. We observed staff use pictures of different meals to help people make their food choices.

People were involved in decisions relating to their care. One person told us, "We're free to do what we like." Staff told us they always asked people about the care they would like to receive and respected their wishes. Staff gave people choice in their care including when they received personal care and how they spent their day. People's rooms were decorated to their own tastes and people were consulted on how communal areas were decorated.

People received the privacy they needed. One person told us, "They knock on my door and I can close it when I want. They don't come in if I am having care or just want to rest." Staff respected people's right to privacy when in their own rooms. Staff ensured people's privacy when providing personal care by ensuring curtains were shut and doors locked. People in consenting relationships were able to spend time with each other as they wished.

People were encouraged to maintain their independent living skills. One person told us, "We help to cook and go shopping to buy ingredients." Some people attended classes for people with learning disabilities to develop their skills in areas such as money management and cooking. A second person told us, "I am learning a lot about looking after myself." People were supported to do household chores such as laundry, cleaning their rooms and preparing meals. People's care plans set out the support they needed from staff to maintain their independence.

Good

Is the service responsive?

Our findings

People were provided with activities they enjoyed. One person told us, "I like going to shops and cafes and staff plan this with me. Staff help us plan trips and we have chosen all our activities. It's great fun." A second person said, "We have garden parties." People had individual activity programmes in place based on their interests. These included swimming, cycling, trampolining and activities in the home such as games and arts and crafts. People went on day trips to places of their choosing with staff. The provider set up a 'goal plan tree' where they displayed people's individual desires such as holiday destinations and the provider had helped some people achieve their wishes.

People were supported to develop relationships to reduce social isolation. One person told us, "I have a boyfriend here and we go for special dinners. Staff help us plan things together and spend time together." A second person said, "Staff help me go to the disco and to see my friends there." People were supported to visit their family and friends and visitors were welcomed to the service. The people had all lived together for many years, some for over 30 years, and had formed strong relationships with each other. Staff understood people's relationships and supported people to spend time together in ways they enjoyed. The provider held social events at the service such as parties to which family and friends, including people from other services within the organisation, were invited.

People's care plans detailed people's backgrounds, needs and preferences well and people were involved in them. One person told us, "I have a care plan and we look at it together. They ask me what I think." The provider included information about people's emotional and social needs, personal history, preferences, interests and aspirations in their care plans. Staff understood and followed people's care plans well. People were involved in their care plans. Each person had a key worker who met with them regularly to check they were happy with their care. Care plan were reviewed regularly and people attended care reviews led by social services.

The complaints process remained suitable and the provider had not received any complaints in the past year. One person told us, "My keyworker would listen to me first and then the manager." People were informed of the complaint process and encouraged to share any concerns or complaints.

Good

Is the service well-led?

Our findings

The service was well led by a registered manager who understood their role and responsibilities. One person told us, "I know who is in charge and I love that they are helping me" a second person told us they knew who the manager was and, "I can talk to them or anyone." People and staff were positive about the registered manager and described her as approachable and very supportive. The registered manager was covering the previous registered manager who was on maternity leave. The registered manager had a strong background in managing health and social care services and had a management degree. The registered manager was a visible leader who spent much time with people using the service and staff. Staff also had a good understanding of their role and responsibilities and told us they worked well as a team.

The service had a clear hierarchy. The registered manager was supported by two team leaders who supervised staff and oversaw health and safety, respite care provision at the service, financial audits and rosters. Senior staff had responsibilities including shift leading, reviewing care plans and other records and medicines management. Further support was available from a head of care and an area manager.

The provider communicated openly with people and staff and had systems to gather their feedback. One person told us, "Staff always listen to our ideas and what we think. We all get our time to chat." The provider held 'resident's meetings' where staff asked people their views on the service to check they were satisfied. People were also informed about any developments at the service. Staff meetings held and staff told us they could speak openly about any issues. Staff were updated on service developments at staff meetings and on the provider's intranet.

The provider had systems to audit all areas of the service including health and safety, care plans and risk assessments and medicines management. A recent audit by the local authority showed the provider was meeting the expected standards. The provider carried out audits of the service to check people received good quality care. The included 'quality walks' which sometimes involved a person using a similar service in the organisation inspecting with the provider to share their impressions. The management team carried out spot checks and observations, including at night, to check the consistency of care people received. The registered manager tracked staff supervision and training requirements using an electronic system for the latter. The registered manager maintained detailed and accurate records in relation to people, staff and the management of the service.

The provider submitted notifications to CQC as required by law in relation to significant incidents. This helped CQC to monitor the service and plan inspections.