

Spectrum (Devon and Cornwall Autistic Community Trust)

Rosewin

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Rosewin is a residential care home providing personal care for one person with learning disabilities.

The service is a detached two-story property with enclosed gardens. It is located in a very rural area near Camborne, Cornwall.

The service has been developed specifically for the person it supported and was designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. Although the service's rural location limited the person's access to the local community it had been selected as it was close to a number of outdoor spaces the person enjoyed visiting regularly. The person received highly personalised support in an environment that had been adapted to their individual needs.

The person was comfortable, relaxed and at home in the service. Staff responded promptly and appropriately to their needs and provided person centred support.

The service was short staffed. The provider had identified a minimum level of staffing that was necessary to ensure the person safety during periods of emergency and travel disruption. Records showed that the provider had been routinely aiming to staff the service minimum safe levels in the month prior to our inspection. Staff told us, "There are not enough staff" and managers said, "We are short staffed at the moment, we have been actively recruiting for the past three months but have had limited success." Records showed and staff told us that the service had never been staffed below minimum safe levels as they had completed additional shifts to prevent this from happening.

We have recommend the provider reviews current staffing levels and the arrangements place to support the person during recognised seasonal changes in support needs with commissioners and relatives.

The service's recruitment practices were safe and staff training had been regularly refreshed to ensure they had the skills necessary to meet the person's needs. Staff had a good understanding of local safeguarding procedures and there were safe systems in place to support the person with medicines. Risks were well managed, and the person was regularly supported to participate in new activities.

Staff knew the person well and had a detailed understanding of their individual needs and preferences. The care plan was detailed and provided staff with enough guidance to enable them to meet the person's support needs. Records showed the person was regularly supported to participate in a variety of activities and staff told us, "[Person's name] gets out and about as much as [they] want."

Relatives were happy with the quality of support the service provided and understood how to raise issues and report any concerns or complaints to managers.

The service was currently led by a registered manager who was supported by full time deputy manager. At the time of our inspection the registered manager was spending half their time supporting another registered service. The provider intended in future that the deputy manager would apply to become registered and that current registered manager would move to the other service. Staff told us they were well supported by their managers who were supportive and approachable.

The service's quality assurance systems were appropriate and all incidents were fully investigated to identify any areas of learning or where improvements could be made.

Rating at the last inspection

This was the first inspection of the service since it's registration in November 2018.

Why we inspected

This was a planned initial inspection of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rosewin

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

The service is required to have a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a registered manager in post at the time of our inspection but this manager was spending half of their time supporting staff in another of the providers registered services. There was a deputy manager in post who intended to apply to become this service's registered manager.

Notice of inspection

This inspection was announced. This was because the service supports one person and we wanted to ensure the inspection process had as little impact as possible on their routines and plans. As a result, we gave 24 hours' notice of our intention to inspect the service.

What we did before inspection

We reviewed information we had received about the service since its registration and the notification which the service had submitted. We used this information to help plan our inspection.

During the inspection

We met and spoke with the person who used the service and observed how staff met their support needs. We also spoke with four members of care staff, the deputy manager and the registered manager.

We reviewed a range of records. This included the person's care plan and medication records. We also looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service were reviewed, including policies, procedures, staff rotas and the service's training matrix.

After the inspection

Following the inspection, we spoke with the person's relatives and reviewed records and further information we had requested from the service during the inspection.

Is the service safe?

Our findings

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

The service has not been previously inspected since its registration in November 2018. At this inspection this key question has been rated as Requires improvement. This meant some aspects of the service were not always safe.

Staffing and recruitment

- Staff had been recruited safely. Necessary pre-employment checks, including disclosure and barring service checks, had been completed to ensure staff were suitable for their roles.
- The service was short staffed. The provider had identified the level of support the person needed each day, as agreed with the commissioning authority, and a minimum level of support that was sufficient to ensure their safety in, "extreme emergency situations."
- Rotas for the month prior to our inspection showed that the provider was routinely aiming to staff the service at minimum levels. Staff told us, "The staffing is not great" and "Usually we have more staff, but it has been really bad this year."
- Although the service was short staffed records showed staff and managers had ensured that there were no occasions when the service was staffed below the recognised minimum levels. This had been achieved by staff working significant numbers of additional shifts.
- There was no evidence to demonstrate that low staffing levels had restricted the person's ability to access the community or resulted in increased numbers of incidents within the service. The experienced staff team, knew the person well and were able to effectively meet their support needs.
- Staff were concerned that the small size of the current staff team may be impacting negatively on the person. They told us, "I don't think it is impacting on [Person's name] that much but [they] are getting bored and fed up of seeing us" and "[The Person] does not really get a rest from us as [they] have the same staff so regularly." Staff and relatives recognised there were seasonal patterns in the person's support needs.
- The registered manager recognised these issues and told us, "We are short staffed at the moment, we have been actively recruiting for the past three months but have had limited success."
- The commission recognises that it would be a positive outcome for the person to be supported by a smaller number of staff during each shift.

We recommend the provider, in collaboration with commissioners and relatives, reviews current staffing arrangements and develops strategies and systems to enable staffing levels to reflect seasonal changes in the person's needs.

Systems and processes to safeguard people from the risk of abuse

- The person was comfortable and relaxed in the service. Relative told us, "[My relative] is safe there" and staff said "[The person] is safe here, we do everything we can to keep them safe."
- Staff had a good understanding of local safeguarding arrangements and understood their role in protecting the person from abuse and avoidable harm.

- There were appropriate procedures and systems in place to protect the person from financial abuse. Financial records balanced and had been audited regularly.

Assessing risk, safety monitoring and management

- Risks were identified and assessed. There was clear focus within these documents on supporting the person to engage with new activities and enabling appropriate risk taking.
- Staff were provided with detailed guidance on how to support the person if they became upset and anxious. This information was well understood by staff and there was a clear focus on minimising the restrictions to the person's freedoms. Records showed the restrictions the person experienced had been significantly reduced since they moved into the service.
- Emergency plans and procedures were in place to ensure the person's safety in the event of a fire.
- Utilities and emergency equipment were regularly checked by appropriately skilled contractors to ensure they were safe to use.

Using medicines safely

- There were suitable arrangements and procedures in place to ensure the person was safely supported with their medicines.
- Medicines were administered safely and appropriately recorded.

Preventing and controlling infection

- The premises were clean. There were appropriate cleaning arrangements in place and staff supported and encouraged the person to participate in cleaning tasks.
- Staff followed infection control policies and used personal protective equipment appropriately.

Learning lessons when things go wrong

- Accidents and incidents were fully documented and reviewed regularly by the registered manager for any patterns, trends and learning to be identified. Information about incidents was shared routinely with relatives and involved professionals and where possible approaches were changed to prevent similar incidents from reoccurring.

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.

The service has not previously been inspected since its registration in November 2018. At this inspection this key question has been rated as 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

- The service had been developed specifically to meet the needs of the person it supported. Provider had worked closely with the person's relatives and health professionals to ensure the service reflected the person's likes and interests.
- Staff had received specific training on how to meet the person's individual needs.

Staff support: induction, training, skills and experience

- New staff completed training in line with the requirements of the care certificate before joining the service. In addition, they completed a minimum of two weeks shadowing as an additional member of staff within the service, before being included on the rota. This gave new staff and the person time to get to know each other before new staff began providing support. Staff told us, "The induction was fine. Two weeks in the class room and then another two weeks shadowing here."
- Staff had the skills necessary to meet the person's needs and their training was refreshed and updated regularly. Staff told us, "The training is good" and "All my training is up to date."
- Staff told us they were well supported, and supervision had been provided. Managers recognised that all annual appraisals had not yet been completed but had developed plans to resolve this situation.

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

- The person was supported to access a healthy balanced diet and fresh food was readily available.
- The person was involved in menu planning and meal preparation. Snacks were available, and the person was able to make decisions and choices in relation to their meals.

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

- The service had been developed for the person and appropriately adapted to their individual needs and interests. Relative told us, "The environment there is good, [Person's name] likes going back there." The service was located near outdoor spaces the person enjoyed visiting regularly.
- There was an enclosed garden area that the person could access independently when they wished.
- Exterior of the building was in relatively poor condition. These issues had been identified by managers before our inspection, raised with the landlord and works were planned to resolve these issues

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Care records showed the person had been supported to access healthcare services when required and

there were plans in place to ensure the person's needs were met in the event of a hospital admission.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- The service consistently acted in accordance with the requirements of the MCA and ensured any decision they made were in the person's best interests. Records showed the person, relatives, staff and involved professionals had been properly involved in decision making processes.

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.

The service has not been previously inspected since its registration in November 2018. At this inspection this key question was rated as 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

- The person was comfortable in the service and approached staff for reassurance, encouragement and support without hesitation. Staff responded promptly to the person's needs and provided help and assistance using techniques described within the care plan.
- Staff enjoyed their roles and took pleasure in describing the person's achievements. Staff comments included, "[Person's name] is doing amazing" and "[Person's name] has such a cheeky way about [them]."
- Relatives told us the person was happy living in the service and staff said, "[The person] likes it here which is the most important thing."
- Staff were committed and focused on supporting the person to develop new skills. They took pleasure in the person's achievements and told us, "We do the best we can for [Person's name]." Relatives had confidence in the staff team and told us, "I trust in their judgment."
- Records showed all staff had been regularly completing significant numbers of additional shifts to ensure the person was always supported by staff with a detailed understanding of their needs. This had ensured low staffing levels had not impacted on the person's ability to access the community when they wished.

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

- The person was involved in decisions about what to do throughout the day. Staff used individualised techniques to support the person to make decisions and told us, "[The person] is able to make choices, [They] choose which meals to have, chooses clothes" and "We try to encourage [the person] to go out but if [they] don't want to that is [their] choice."
- The person made decisions each day about how their support was provided, what activities they engaged with and in relation to the use of some safety equipment.

Respecting and promoting people's privacy, dignity and independence

- Managers and staff consistently acted to ensure the person's privacy and dignity were always respected.
- The person's right to privacy and confidentiality was respected. The service had been adapted to enable the person to be as independent as possible and technology had been used appropriately to ensure the person's safety while respecting their privacy.
- Care records and other information were stored securely when not in use.

Is the service responsive?

Our findings

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

The service has not been previously inspected since its registration in November 2018. At this inspection this key question was found to be good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of the person's needs and provided individualised care and support.
- The care plan was extensive and informative. It provided staff with enough information to ensure staff understood the person's particular support needs. Staff told us, "The care plan is very detailed" and "The care plan has everything you need to know or could possibly want to know".
- Information about the person's likes, interest and life history was included in the care plan. Staff had a detailed understanding and in-depth knowledge of the person's needs and responded promptly and appropriately when support was required.
- The relatives and involved health care professionals were included in the care plans review process and records showed these documents had been regularly updated to ensure they accurately reflected current support needs.
- Daily records were completed detailing how the person had spent their time, the care and support provided and staff observations in relation to both physical and emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Detailed information was available for staff on the person's individual communication style and preferences. This included definitions for key words and phrases the person used regularly.
- We saw staff were to communicate effectively with the person using techniques and approaches described within the care plan.
- Social stories and other tools were used to help the person process and understand complex information and to enable informed decision making.
- Details of the person's specific communication needs were shared with healthcare professionals prior to appointments and a hospital passport had been developed to ensure the person's needs were understood in the event of a hospital admission.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The person was supported and encouraged to participate in a variety of activities which they enjoyed. Staff told us "We go out a lot", "The person does love to be outside, we went to two beaches today" and "[Person's name] gets out and about as much as [they] want." Relatives told us, "They are really good at

keeping [Person's name] busy."

- The person was supported to maintain relationships that were important to them. They regularly visited their relatives and the service supported the person to and from home visits. In addition, the service had provided support to enable the person to participate in family holidays and other important events.
- Regular good newsletters were produced for relatives and involved professionals detailing specific achievements and activities the person had enjoyed.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information about how to make complaints was available in accessible formats.
- Relatives knew how to complain. They were confident any concerns or complaints made would be investigated and resolved.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures available to enable the person to make decisions in relation to these issues should that become necessary.

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

The service has not previously been inspected since it's registration in November 2018. At this inspection this key question was found to be good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of our inspection the service was led by a registered manager who regularly provided support. The registered manager was supported by a full-time deputy manager who was not currently included on the service's rotas. However, this was expected to change as the provider had tasked the registered manager to provide leadership to another service. The registered manager was currently splitting their time between the two services and their intention going forward was to move permanently to the other service. The deputy manager at Rosewin intended to then apply to become the service registered manager
- Roles and responsibilities of the registered and deputy managers were defined and well understood. Staff told us they were well supported and that their manager listened to and acted upon suggestions made. Their comments included, "The managers are really good. Very supportive you can easily speak to them" and "The managers are amazing. I can go to them for anything."
- The provider had a defined organisational management structure and there was regular oversight and input to the service from senior managers and clinical staff.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance.
- The provider had notified CQC of significant incidents in line with the requirements of the regulations.

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

- The service was person centred and staff were clearly focused on supporting the person to live a fulfilling and interesting life. Records demonstrated staff had a detailed understanding of the person's needs, who they supported and empowered to be as independent as possible.
- Relatives valued the support the service provided and told us, "We are all pleased with the way things are going."
- The service received regular complimentary feedback from professionals involved in the person care.

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

- Managers understood their responsibilities under the duty of candour and kept relative well informed. Where things went wrong this was explained to relatives and their views and suggestions sought on alternate techniques and approaches.
- Relatives told us, "They are very open about what has happened" and reported that the service kept them

well informed.

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

- Relative's feedback and advice was valued and appreciated. Information about any changes in the person's needs was shared promptly and relatives were involved in the service's decision-making processes. A survey of relative's feedback was underway at the time of our inspection.
- The staff team had a good understanding of equality issues and valued the person's individual skills and talents.
- There were systems in place to ensure the person and staff were protected from all forms of discrimination.

Continuous learning and improving care

- The provider had appropriate systems in place to monitor the service's performance and learn from incidents that occurred. Regular detailed reviews of incidents were completed to identify trends or patterns in the person behaviour. Learning was shared effectively between staff and there was a clear focus on reducing, wherever possible, the restrictions in place.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure the person's needs were met.
- Timely referrals had been made to enable the person to access external professional support when necessary.