

The Bridgings Limited Rosewood

Inspection report

Church Lane
Grangetown
Middlesbrough
Cleveland
TS6 6TP
Tel: 01642 463306

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Rosewood on 10 February 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day and we needed to be sure that someone would be in.

Rosewood provides care and accommodation for up to eight adults who have a learning disability, some of whom also have associated physical disabilities. The service is a detached bungalow set in its own grounds, and parking is available.

The home had a registered manager. 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. The registered manager started working at the service in October 2014.

Summary of findings

There were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe.

Staff told us that the registered manager was supportive and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The registered manager had planned appraisals with staff.

Staff had received training in safeguarding vulnerable adults, infection control, food hygiene, nutrition, people movement, fire, emergency aid, and medicines administration. They also had received training which was specific to individual people's needs such as in diabetes and epilepsy.

The registered manager and staff we spoke with had a basic understanding of the principles and responsibilities in accordance with the MCA and how to make 'best interest' decisions. However further work was needed in this area. The registered manager told us that staff had not been on training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We saw that some people who used the service were unable to make some decisions particularly in relation to their health. Staff had not undertaken capacity assessments as part of this process and best interest decisions were not recorded on the care notes looked at during the visit.

There were enough staff on duty to provide support and ensure that people's needs were met.

The service had a stable work force and as such had not needed to recruit any new staff in the last five years (other than the registered manager).

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and gave encouragement to people.

People were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People had health passports, however these contained limited information about the person and how they wanted to be supported. A health passport is a booklet which people can carry with them when they are attending medical appointments.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices. However records needed further detail to ensure care and support was delivered in a way that they wanted it to be.

People's independence was encouraged and they were encouraged to take part in activities and outings.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations have been replaced with the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

Summary of findings

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 safe.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff on duty to meet people's needs.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

Improvements were required to ensure that the service is effective.

Staff had the knowledge and skills to support people who used the service.

Staff had not been on training in the Mental Capacity Act (MCA) 2005. Some people who used the service were unable to make some decisions particularly in relation to their health. Staff had not undertaken capacity assessments as part of this process and best interest decisions were not evident in care files looked at.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services. People had health passports; however these contained limited information about how the person wanted to be supported.

Requires improvement



Is the service caring?

This service was caring.

People told us that they were well cared for and we saw that the staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care and support plans were in place. Some plans needed more information to ensure that care and support was provided in a way which was acceptable to the person.

People were involved in activities and outings. We saw people were encouraged and supported to take part in activities.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Good



Rosewood

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.

We inspected Rosewood on 10 February 2015. This was an announced inspection. We gave the provider short notice (the day before) that we would be visiting.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We did not ask the provider to

complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service. Some people had complex needs and were unable to communicate with us; however we spent time in their company. We also spoke with the registered manager, the provider, a senior support worker and two support workers. We contacted the local authority to find out their views of the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time. We looked at three people's care records, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, and communal areas.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person said, "Yes I do." Another person said they felt safe with all of the staff around them.

During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with told us about the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that senior staff and the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and on an annual basis. We saw records which confirmed that staff had received safeguarding training within the last 12 months. We found safeguarding and whistleblowing policies and procedures were in place. Whistleblowing is a procedure where staff can safely and independently voice any concerns they may have. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A staff member we spoke with said, "At the end of the day I would whistleblow because residents always come first."

We saw information on a notice board for people who used the service which encouraged them to talk to staff if they thought they were being bullied.

The registered manager told us that the water temperature of showers and hand wash basins in the service were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw that water temperatures were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire alarm, mobile hoist, bath hoist and fire extinguishers. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for six of the eight people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The registered manager told us that two people had not long since moved into the home and that she was to complete a PEEP for them.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a regular basis. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls and moving and handling.

The registered manager told us that they had not recruited any staff in five years. They were able to tell us of the robust recruitment procedure they would follow if new staff were to be recruited. They told us that the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the service (A DBS check includes a criminal records check to help employers minimise the risk of employing unsuitable people to work with vulnerable adults).

Through our observations and discussions with people and staff, we found there was enough staff to meet the needs of the people who used the service. At the time of the inspection there were 8 people who used the service. The registered manager told us from 7am until 8am there are four staff on duty. We were told that there were more staff at this time to help with getting people up and ready for day services. From 8am until 9am there were three care staff on duty. On night duty there were two care staff, one of whom went to bed and slept when people who used the service went to bed.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

Is the service safe?

We asked the registered manager what information was available to support staff handling medicines to be given 'as required' (known as PRN). We saw that written guidance was kept for some medicines but not all. PRN protocols were in place for those medicines prescribed for pain relief, but not for laxatives. Lack of PRN protocols meant that people might not always receive their medicines in a consistent way. This was pointed out to the registered manager who told us they would develop PRN protocols for all medicines to be given 'as required'.

We saw that some people were prescribed creams. We asked the registered manager what information was available to support staff with the administration of creams. They told us they didn't have any. However at the time of the inspection the registered manager contacted a

pharmacist for the North of England Commissioning Support Team who faxed over an External Preparation Application record Sheet. The registered manager told us that she would complete these within the next few days.

Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with described the staff as “Lovely.” Another person said they were, “Nice.”

We asked the registered manager and staff about the training they received. They told us that they had received lots of training in the last 12 months which included: safeguarding vulnerable adults, infection control, food hygiene, nutrition, people movement, fire, emergency aid, and medicines administration. We viewed the staff training records and saw the majority of staff were up to date with their training. They also said that they did training which was specific to individual people’s needs. We saw records to confirm that staff had undertaken training in diabetes and epilepsy. One of the care staff we spoke with said, “I am always wanting to do courses. I asked to do a leadership course and this was sorted out for me.”

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. A staff member we spoke with said, “We get supervision regularly. The manager is great and very supportive.” The registered manager told us that they were to undertake appraisals for all staff in March and April. They said that as they had only started working at the service in October 2014 they had wanted to wait until they got to know all staff well.

The registered manager and staff we spoke with had a basic understanding of the principles and responsibilities in accordance with the MCA and how to make ‘best interest’ decisions. However further work was needed in this area. The registered manager told us that staff had not been on training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. We saw that some people who used the service were unable to make some decisions particularly in relation to their health. Staff had not undertaken capacity assessments as part of this process and best interest decisions were not recorded on the care notes looked at during the visit.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 Consent (Regulated activities) Regulations 2010. This corresponds to regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that people who used the service and staff discussed the menus for the week ahead on a Thursday. People we spoke with during the inspection confirmed this to be the case.

We saw that people were provided with a varied selection of meals of their choice. People who used the service told us that they helped staff with the preparing and cooking of meals. There was a rota and people would also help with washing up.

We observed the lunch time of people who used the service. We saw that where possible people were encouraged to be independent with their meal preparation. One person who used the service had chosen to have a sandwich. Staff brought the bread, butter and ham to the table where they were sitting so that they could make it themselves. Staff supported people to choose the food they wanted. We saw that one person was taken to the kitchen so that they could visually see the food available and so that they could choose what they wanted. Staff very much knew the people they were supporting. One person who used the service was refusing to eat their dinner; however when staff took the dinner off the plate and put it into a bowl the person started to eat their meal independently.

The registered manager told us that they were supporting two people who used the service to lose weight. They also said that they worked with the dietetics service in supporting two people who were PEG fed (Percutaneous Endoscopic Gastrostomy). This is a way of introducing foods and fluids directly into the stomach. We saw that people had a plan of care which informed of the feeding regime. We spoke with staff who were able to tell us of the feeding regime

We asked people if they liked the food, one person said, “Lovely.”

The registered manager told us that she had discussed menus and food with a dietician and they had suggested to introduce a fish option once a week. The registered manager told us that fish was now provided each week.

Is the service effective?

They also told us how they followed the Eat Well Plate. The Eat Well Plate is a pictorial summary of the main food groups and their recommended proportions for a healthy diet.

We saw that people were encouraged and supported to go into the kitchen to make their own drinks. One person told us how they liked to make their own packed lunch the night before they went to day services. They said, “Make sandwiches with a banana.” When people returned from day services we saw that everyone was supported to have a drink of their choice.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, “If I’m poorly I go to the doctors.” People were supported and encouraged

to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had been supported to make decisions about the health checks and treatment options. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that people had health passports. A health passport is a booklet which people can carry with them when they are attending medical appointments. The health passports contained limited information on how the person could communicate and how they wanted to be supported. The registered manager said that they would ensure that all health passports were completed in greater detail.

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Is the service caring?

Our findings

People who used the service told us they were happy with the care and service provided. People told us that they liked the staff and that they were caring. One person said, "I like X because they are kind to me."

During the inspection we sat in communal areas so that we could see both staff and people who used the service. We saw that staff interacted well with people and provided them with the support they needed. We saw that one person who used the service had limited communication. Their care plan described their body language. It stated when they were happy they would turn their head and smile and when they were unhappy they would make noises. We sat with this person for some time and saw that they were happy. Staff were aware that this person responded to touch and contact. We saw that staff held this person's hand which provided them with reassurance. This person also guided staffs hands to their head letting staff know they wanted a head massage. This person responded with huge smiles of satisfaction.

Staff treated people with dignity and respect. Staff provided support to people in a caring way. Staff were attentive and showed compassion. We saw that staff provided reassurance to people when they needed it. We saw that staff took time to sit down and communicate with people in a way that people could understand. People were seen not to be rushed and the staff were seen to work at the person's own pace. This showed that staff were caring.

The registered manager and staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history preferences, likes and dislikes. This helped to ensure that people received care and support in the way

that they wanted to. Staff showed they cared for people by providing help, support and encouragement. They talked with people and asked how they were. They gave time for the people to talk and engaged with them.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity. A staff member we spoke with told us how one person who used the service did not like to be supported with their personal hygiene and dressing by male staff. They told us how they ensured that female staff supported this person. This demonstrated that people were treated with dignity and respect.

When people returned from day services we saw that staff asked them about their day. Staff took time and listened. There were a number of occasions when staff and people who used the service had fun and laughed. We saw one person who used the service joking and having fun with staff as they prepared tea.

Generally the environment supported people's privacy and dignity. One person was keen to show us their bedroom this was personalised. All bedrooms doors were lockable and those people who wanted held their own key.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about what they would like to eat, clothes, activities and how they wanted to spend their day.

Before the inspection we asked representatives of the local authority for their views on the service and care provided they told us that they did not have any concerns in relation to the care and support provided at the service.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

People told us that they were involved in a plentiful supply of activities and outings. The registered manager told us that four out of eight people who used the service attended day services. The others were supported by staff during the day to pursue their hobbies and interests. When we arrived at the service we saw that one person who used the service was doing a jigsaw whilst another person watched them doing this.

The registered manager, staff and people who used the service told us that once a week they do a theme night. This involved dressing up (those people who want to) and having food. They told us that there had been recent Mexican night, Asian night, cowboy and Elvis night.

Staff told us they encouraged and supported people in the daily routine of the service, activities and outings. They told us how people were encouraged to get involved with tidying their room. People were also involved with washing up and drying the pots.

People told us that they liked arts and crafts. During the inspection we saw one person who used the service colouring.

The registered manager told us how people enjoyed bingo nights. The provider has two other homes and we were told that people who used the service from other homes visited and joined in the bingo.

People regularly went into Eston and to the local supermarket. During the inspection one person accompanied staff to the supermarket and then they went to a charity shop. Another person who went to a hospital appointment went out with staff for their lunch after the appointment.

At the time of the inspection staff and people who used the service were preparing to go to a Michael Jackson Tribute night. People told us they were looking forward to this. During the inspection we saw one person who used the service dancing to the music in preparation for this night. Another person said, "Having lemonade on Friday. Going to sing and dance."

People's needs were assessed upon referral to establish if Rosewood was a suitable placement and able to meet the person's needs. Information was provided by the referring agency on the person's care and support needs. Before

moving in people visited the service during the day and stayed overnight. This enabled staff to produce an initial care and support plan as to how they were to support a person during their first few days.

During our visit we reviewed the care records of three people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. In general we saw that care plans contained a good level of detail, however some improvement could be made. We saw that the care plan for one person needed the full support of staff for personal hygiene, however the care plan did not state what that support was. Another care plan informed that they needed to be hoisted but didn't inform how to do this with the person. This was pointed out to the registered manager at the time of the inspection who said that they would review everyone's care plans.

People told us they had been involved in making decisions about their care and support. We found that care plans were reviewed and updated on a regular basis.

Risk assessments had also been completed for a number of areas including health, going out, crossing roads, mobility and monetary skills. Risk assessments provided information on specific measures to reduce or prevent the highlighted risk from occurring.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff told us the importance of ensuring that care provided was in line with people's individual needs and personal wishes.

Staff told us people who used the service were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. The procedure referred people to the Care Quality Commission for investigation of complaints. We spoke with the registered manager about this and explained that we could

Is the service responsive?

not investigate individual concerns / complaints. However, we were interested in people's views about the service. The registered manager told us that the procedure would be amended.

We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff.

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service and staff that we spoke with during the inspection spoke highly of the registered manager and provider. They told us that they thought the service was well led. One person who used the service said, "I like X (the registered manager)."

Staff we spoke with told us that they thought the service had improved since the new registered manager took up post in October 2014. They said, "She (the registered manager) is great. You don't feel daft you can ask her anything. She will always give you time. She will explain and explain until you get it. She has lots of patience." They went on to say, "This is a great team and our priority is the residents." Another staff member we spoke with said, "She (the registered manager) is absolutely brilliant. She is open about everything. We can make suggestions. There has been so many good changes."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, "We are encouraged to speak up and share any concerns we have."

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work. We saw that the registered manager worked with staff when supporting people who used the service.

The registered manager told us about their values which were clearly communicated to staff. They told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time. The registered manager said, "My door is always open. I encourage them (staff) to challenge me if they have a better or different way of doing things."

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case.

We saw that meetings for people who used the service took place. We looked at the records of the last meeting which took place in January 2015. We saw that discussion had taken place about staff, activities and work experience.

Accidents were minimal, however they were monitored by staff as were incidents. This meant that action could be taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on the environment and health and safety. This helped to ensure that the service was run in the best interest of people who used the service.

We saw records of audits undertaken which included medication systems, the environment, health and safety and infection control. We saw that when checks had been made the registered manager ticked boxes on the audit. We asked the registered manager about the action plans of work or failings identified following the audits. They told us that they did not do action plans. They said that if any audit highlighted shortfalls they would write in the diary the work that was needed and communicate this with staff. The registered manager said that in the future they would complete an action plan following audits.

The registered manager told us that senior management visited the home on a weekly basis to monitor the quality of the service provided and to make sure the home were up to date with best practice. We were told that records of such visits were not kept. The registered manager told us that in the near future it is intended that other registered managers from other homes in the organization would audit each other's services.

We asked the registered manager how they sought the views of people who used the service and relatives. We were told that annual surveys were sent out to people to seek their views on the care and service provided. We saw records to confirm that surveys had been undertaken in August 2014. We saw that both people who used the service and relatives expressed satisfaction in the care and service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>We found that the registered person had not protected people against the risks of not assessing the capacity of people who used the service. This was a breach of regulation 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>