Active Prospects

Rosedene (Active Prospects)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 December 2017. At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

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

Rosedene (Active Prospects) accommodates eight people with a learning disability in one adapted building. 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.

The service had a registered manager in post. 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 improper treatment and avoidable harm by a team trained in safeguarding and skilled in risk assessing. People received their medicines safely and lived in a clean and hygienic environment. The provider implemented robust recruitment procedures to assure itself that staff were suitable to work in care.

People's needs were assessed and supervised staff were trained to meet the needs identified in people's assessments. People ate nutritious meals and accessed healthcare services whenever they needed to. Staff respected people's choices and treated people in line with the Mental Capacity Act 2005.

Staff were caring and respectful and supported people to maintain relationships with relatives and friends. They respected people's privacy and provided care and support that promoted people's dignity and independence. Staff recognised people's cultural preferences and provided people with information in ways that were accessible.

The service was personalised and people received care that was responsive to their needs and preferences. There was a high tempo and wide range of activities for people to participate in. How people communicated was assessed and staff had guidelines on supporting each person's expression and understanding. The provider had a clear complaints policy which people could be supported to use.

People and staff expressed confidence in the registered manager and her deputy who the staff described as role models. Staff felt supported, encouraged and listened to. The provider actively promoted the voice of people and encouraged people to participate in self-advocacy and to help shape the delivery of support

across the whole organisation. The quality of care people received was audited by the registered manager, other care home managers and senior managers from the provider organisation. Regular and productive partnership working was in evidence to support the delivery of high quality care to people.

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

Rosedene (Active Prospects)

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.

This inspection took place on 13 December 2017, was undertaken by one inspector and was unannounced.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We also read previous inspection reports.

During the inspection we spoke with three people, three staff, the assistant manager and the registered manager. We read four people's care records including their needs assessments, support plans, risk assessments and medicines administration records. We read four staff files which included their recruitment, training and supervision records. We reviewed the provider's quality assurance audits as well as their health and safety, fire safety, food safety and infection control practices. We also carried out general observations. Following the inspection we contacted three relatives and three health and social care professionals for their views regarding the service.

Good

Is the service safe?

Our findings

People were safe living at Rosedene (Active Prospects). Staff received on-going training to protect people from abuse and improper treatment. The provider had clear and detailed procedures related to safeguarding people and each of the staff we spoke with were able to tell us the appropriate actions they would take to keep people safe if they suspected abuse.

The risk that people may experience avoidable harm was reduced by the assessments and actions of staff. People were supported to have risk assessments which were reviewed regularly. Where risks were identified the service took action. For example, where people were identified to be at risk of pressure ulcers staff used barrier creams to prevent occurrence and monitored risk areas. The service sought advice from health and social care professionals to help keep people safe. For example, one person was identified to be at risk of injury should they fall from their bed at night. In this case the service made a referral to a healthcare professional who carried out an assessment and staff followed the recommendation from the healthcare professional. This included the purchase of a profiling bed that could be lowered close to the floor once the person was in it and a safety mat was placed beside their bed in case the person fell. This reduced the risk of potential harm and injury to that person.

People who presented with behavioural support needs were supported to be safe. Where people presented with behavioural support needs referrals were made to healthcare professionals for assessments. Staff had guidance in care records which detailed people's behaviours which may challenge. This information included an identification of when behaviours were most likely to occur and the steps staff should take avoid known 'triggers'. Staff also had guidance on how to support people when they were agitated. This included how to redirect and calm the agitated person whilst also keeping other people safe.

Staff supported people to undertake fire drills each year and completed a report following each evacuation rehearsal. These reports included the time of the drill, who participated in it, the route taken, how long the evacuation took and how people reacted during the drill. This information was used to update people's personal emergency evacuation plans (PEEPs). For example, one person's PEEP stated, "[Person's name] does not like to be guided physically but will need to be closely supported to leave the building and not to re-renter." Fire exits were clearly labelled. Staff knew which exits could and could not be used by people using a wheelchair. The service's fire policy was read and signed by staff to confirm their understanding of it.

The level of staffing provided ensured that people received care and support safely. The registered manager organised staffing levels around people's needs and activities and made adjustments where required. The service made adjustments to staffing levels to meet people's changing needs. For example, when people's needs were assessed to have increased at night time the registered manager adjusted staffing levels so that two waking staff were available to provide care and support overnight instead of one.

The provider was thorough in its recruitment vetting procedures ensuring that people were supported by suitable staff. People received care from staff who passed through the provider's application, telephone screening and face to face interview processes. New staff submitted two satisfactory references and

submitted to criminal records checks. They provided proof of their identities, addresses and eligibility to work in the UK to enable the provider to make safe recruitment decisions.

People received the support they required to receive their medicines safely. People's medicines were kept in lockable cupboards in their bedrooms. Staff administered people's medicines and made entries into people's medicines administration record (MAR) charts appropriately. We reviewed people's MAR charts and found there were no gaps in recording. Staff were trained to administer medicines and the service had a medicines error protocol in place. The registered manager arranged for the auditing of medicines each week and this helped to ensure medicines were administered safely to people.

Staff wore personal protective equipment and received infection control training. The service regularly reviewed the environment for infection control risks. Where risks were identified action was taken. For example, when people's continence support needs increased the service replaced its carpets with wood effect flooring throughout the building. Staff told us this made cleaning and odour control easier. Hand sanitiser was placed in each bathroom for use by people, visitors and staff. Hand sanitiser is an effective measure to counter the spread of potentially harmful bacteria. The service had a member of staff tasked with being the infection lead. They attended meetings at the provider's head office with staff from other services who shared the same role. All staff received training to keep people and the care home environment safe. This included food safety, health and safety, infection control and fire awareness

People were further protected by the availability of a concerns helpline for staff and staff knowledge of the provider's whistleblowing policy. The telephone number for the concerns helpline was displayed in the staff room and calls were answered by staff at the provider's central office. This meant staff could report any concerns they had about people's wellbeing directly to the provider's head office. Staff we spoke with told us that the whistleblowing policy supported them to report to an outside agency, such as CQC or the local authority safeguarding team, any concerns about the safe delivery of people's care and support that was not addressed by the provider.

Good

Is the service effective?

Our findings

People were supported with comprehensive assessments of their needs. People's needs were assessed before their admission to the service by social care professionals and the registered manager. People's needs were then reassessed periodically and when their needs changed. Where required staff made referrals to healthcare professionals to undertake assessments regarding people's specific needs. These included referrals to physiotherapists, speech and language therapists and behavioural therapists. The findings and guidelines of these assessments were incorporated into people's care records and provided staff with the guidance they required to meet people's needs effectively.

People were supported by staff who were trained to meet their needs. Staff undertook training in key areas including, medicines, equality and inclusion, safeguarding, moving and handling and fire safety. Additionally the registered manager ensured they received training in areas specific to people's needs. For example, staff received training in dementia awareness, epilepsy awareness and Makaton sign language. The provider supported staff to attend college to study courses leading to qualifications in care.

Staff joining the service proceeded through an induction programme which included learning about the provider's values, completing core training and a 12 week e-learning course. In the event that staff were unable to satisfactorily complete their online induction training their probationary period was extended until the registered manager was satisfied they were capable of delivering care effectively. The induction for new staff included shadowing experienced staff to observe them providing care and support and reading people's care records. This enabled new staff to learn about people's needs and their preferences for how they should be met.

People were supported by supervised staff. The registered manager provided staff with face to face supervision sessions when people's care and support was discussed. The registered manager also conducted observational supervision in which they observed and recorded staff practice. Staff who required additional support received coaching from the registered manager or assistant manager to improve their performance.

Staff benefited from an annual evaluation of their performance. The registered manager supported staff with annual appraisals. These provided staff with an opportunity reflect on their practice. Questions posed to and subsequently answered by staff in appraisal meetings included how they demonstrated the provider's values in their work, what they could have done better and the progress they had made during the preceding year. Annual appraisal meetings were also used to identify the training needs of staff.

People ate well. Staff supported people to eat nutritious foods and to remain hydrated throughout the day. People received the support they required to eat and drink safely. For example, one person's care records noted their food needed to be cut into "manageable bite size pieces and keep to a relatively soft diet." Where people required pureed foods and thickened drinks staff had guidance in care records regarding consistency and the support required.

Staff supported people to remain healthy and to access healthcare services whenever they required. People were supported to develop 'Hospital Passports'. These were care records which were available to accompany people to hospital and to be read by healthcare professionals. Hospital passports included information such as how people communicated, received their medicines and showed they were in pain. It also informed the reader how people responded to strange places, whether they wandered and if they were likely to fall out of bed. This meant information was available to support people's safe transfer and admission into hospital should the need arise.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the staff we spoke with understood the principles of the MCA and supported people to make decisions where they had capacity. In circumstances where people did not have capacity to make a decision people were supported with best interest meetings.

Good

Is the service caring?

Our findings

The service continued to be caring. People told us the staff supporting them were kind and caring. One person said, "They're nice." We observed warm and positive reactions between people and staff. This included conversations, shared jokes and a lot of laughter.

People were supported to maintain friendships. Where people had built bonds with residents in previous services the staff made arrangements for regular contact. This enabled people to maintain friendships that had, in some instances, been established over decades. People visited other care homes where their friends lived and the service regularly hosted parties for people's birthdays and significant occasions.

The provider made information available to people in an accessible form that was easier for people to understand. For example the service user's guide and the complaints policy had been produced in an easy read format. Easy read documentation included large pictures, large text and simple words within short sentences. The provider produced an easy read strategic plan for people to understand what was happening across the wider organisation and a colourful monthly newsletter to keep people up to date with activities and events.

Care records reflected on people's cultures and noted their preferences. For example, one person's care records noted it was culturally important for them to have, "A roast dinner on a Sunday and fish and Chips on Fridays." People who wanted to were supported to attend church services with staff support. A local vicar visited the service. Care records stated people's preferences. For example, one person's care records noted they liked listened to music and dancing, another person liked swimming and dogs. Whilst a third person liked, "A beer in the evening with dinner." Similarly care records noted the things people did not like. For example, one person's stated, "I don't like my bedroom door being shut at time." Staff supported people in line with their preferences.

People were supported to maintain their interests and participate in their hobbies. For example, one person who had an interest in trains and trams was supported to experience a journey on them each Saturday. Another person who enjoyed greyhound racing was supported to attend racing meetings at greyhound tracks.

People made decisions about how they received their care and support. Staff supported people to make choices about all aspects of their lives including the activities people engaged in, what people ate and how people socialised. Two people were actively supported with the on-going involvement of advocacy services to help them make more complicated decisions including around health matters.

People were treated with respect and dignity. Staff referred to people in respectful terms within care records. For example, one person was described as, "Friendly and sociable." Staff supported people's choices as to how their personal care should be delivered. For example one person preferred to use an electric shaver rather than a razor.

People's gender preferences for support with their personal care were also stated in care records, with one person's noting, "[Person's name] requires a female member of staff to support her." Daily records confirmed that staff met this person's personal care needs in line with their preference.

Good

Is the service responsive?

Our findings

People continued to participate in the planning of their personalised care. The service delivered care and support which was planned around people's individual needs and specific preferences. People had detailed care and support plans along with person centred plans which were aspirational and promoted people's choices.

People were supported to develop their independence. Staff supported people to develop the skills to undertake day to day tasks independently. For example, one person's care records stated, "[Person's name] is able to choose their own clothing and to dress themselves. However, they need assistance from staff to choose appropriately for the weather or events they will be attending." Another person was encouraged to walk independently but used a wheelchair for long distances. Areas around which people were supported to develop their skills included, personal care, bedroom tidying, laundry and meal preparation.

People's bedrooms were personalised as they chose. As a result each person's bedroom was unique and reflected their interests and preferences. One person displayed their art work around their bedroom whilst another person displayed their collection of trophies. A third person had a collection of soft toys scattered around their room and a fourth person had a corner desk built into their room where they could pursue their craft hobbies. People told us they liked their bedrooms and how they were organised.

People living in Rosedene (Active Prospects) were active. Activities in the community included aqua aerobics, bowling, and shopping trips to different towns including Croydon, Kingston, Wimbledon and Sutton. Activities at home included hand and foot massages from a visiting aromatherapist. People who chose to, had regular treatments from beautician services including manicures and fingernail painting. A musician attended the service to lead sessions in which people were supported to play instruments. People had individualised weekly activity plans. These were pictorial and included images of the activities people enjoyed participating in included arts, crafts and baking.

People were supported by keyworkers. Keyworkers are staff with specific responsibility for ensuring people's care plans were followed and relatives kept informed. People met regularly with their named keyworkers to discuss and make plans. Records were made of keyworking meetings and we read that discussions included activities, future goals and any concerns people may have.

How people communicated was stated in care records. For example, one person's care records noted the gestures and facial expressions they used. Another person's care records noted that they put on their shoes and coat to indicate they wanted to go out. Care records offered staff guidance on supporting people's understanding. For example, one person's stated, "When speaking to [person's name] this must be done clearly and by using simple language." To support another person their care records said, "Use short, clear and precise sentences." Where technology was used to support people's communication the registered manager ensured that all staff were skilled. For example, one person was supported to use a tablet computer to choose objects and activities. Staff uploaded a pool of photographs to the tablet to support the person to make choices. The same device was used to inform people about meetings by showing them

photographs on the tablet of those they were shortly to meet such as health and social care professionals.

People and relatives understood the provider's complaints procedure which had been produced in an easy read format. The provider responded to complaints in line with the complaints policy. We reviewed two complaints and found the provider had responded to them in a timely manner. The complaints were investigated and the service took action to rectify the problem and prevent repetition.

None of the people living at Rosedene (Active Prospects) were assessed as requiring end of life care. However, the service and provider had begun the sensitive process of discussing end of life care and funeral wishes with relatives and people. This had involved sharing information and seeking the views of people and their relatives.

Good

Is the service well-led?

Our findings

Staff expressed confidence in the registered manager. One member of staff told us, "The manager is passionate about the best for people and for the staff too." The registered manager encouraged staff to share in successes at the service. Compliments and praise from all sources were shared with the team at meetings and in the service's monthly newsletter. The newsletter covered matters relating to the home including improvement plans, a welcome to new staff joining the team and highlighted achievements. For example, when the service won an award from a care association in recognition of its role in involving people in decision making this was celebrated. Similarly, when both the manager and deputy manager were honoured for their roles at the provider's 2017 staff awards ceremony this was acknowledged too.

People were supported in line with the service's vision. A member of staff told us, "We are about as far from institutionalised as you can get. People here do what any other person of their age would do. Their social lives are full and meaningful." On the evening of our inspection we saw a number of people leave to go to a party that was scheduled to finish at 1am. The registered manager carried out observations of staff supporting people during activities at the service to ensure activities were social, meaningful and promoted independence. Also in line with the provider's vision people were supported to participate in a body called the Pro-Active Committee. This was a forum made up of 35 people who lived in the provider's services. The committee met fortnightly and had direct input into the organisations planning and decision making.

The registered manager was supported by the provider to provide positive leadership to staff and meet people's needs effectively. The manager received supervision and appraisal from their line manager and received training specific to their role. This included, attending an eight month course in management and leadership as well as qualifying as an autism champion. The registered manager attended monthly meetings with registered providers from the provider's other care homes. These meetings included discussions about improving service delivery. For example, registered managers discussed best practices with positive behaviour plans, support planning and outcomes for people.

People shared their views about how they wished to be supported. Staff supported people to hold residents meetings. We read the minutes of three residents meetings. In December's residents meeting we saw that issues discussed included the support people required to send Christmas cards to relatives, shopping trips and information about Pantomimes. Previous residents meetings discussed one person's birthday party, redecoration and foods to add to the menu. We found staff acted on people's suggestions and preferences for the delivery of their care and support.

The registered manager promoted an open culture in which the views of contributors were welcomed and valued. A member of staff told us, "The managers are very supportive. You feel comfortable talking to them about anything. They're always happy to talk." Staff told us that the registered manager and her deputy were, "Always open to new ideas." One member of staff told us, "We suggested getting garden games for everyone to play with outside. The manager agreed and went out and got them which was great because we have a huge garden." The open culture extended to the wider provider organisation. The provider hosted a staff forum which enabled staff to give feedback, review changes to the provider's policies and procedures

and make suggestions for changes. For example, in response to feedback from staff the provider's senior leadership team reorganised meetings at its head office so that they were not restricted to registered managers and their deputies. Meetings were created for staff with specific lead roles to attend. These included separate committee meetings for staff who were their service's infection control leads, health and fire safety leads and active support leads.

The quality of the care and support people received was the subject of thorough auditing. The registered manager and assistant carried out a range of checks to ensure people received high quality care. The provider operated a system in which the registered managers from across the provider's services carried out audits of each other's care homes. The registered manager told us, "This means we are always being scrutinised by a fresh pair of eyes." Additionally, managers from the provider's senior leadership team undertook quality audit visits to the service. To ensure high standards in medicines management the service was supported by a pharmacist service which undertook an annual audit of the service's medicines storage, records and administration.

People's care and support was delivered by a service that worked in partnership with other organisations. The service worked collaboratively with healthcare professionals from the multidisciplinary team and advocacy organisations. The registered manager attended a local association of service providers were good practice ideas were shared and managers had the opportunity to discuss the challenges they faced. They also kept the local authority and the CQC informed of important events at the service.