Roselawn Care Limited

Roselawn House

Inspection report

Roselawn House
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Tel: 02086686517

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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 3 March 2016 and was unannounced. At our previous inspection in December 2013, we found the provider was meeting the regulations we inspected.

Roselawn House is a care home that provides accommodation and personal care for up to eight people with learning disabilities. There were eight people using the service at the time of our inspection.

There was a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People enjoyed positive and meaningful interactions with staff which demonstrated people felt comfortable in their presence. Staff treated people with kindness and respect and relatives were complimentary about their caring attitude. People took part in activities they liked or had an interest in. Staff knew what people enjoyed doing and staffing was organised flexibly to support their individual choices.

People were safe because the registered manager and staff understood their responsibilities to report any concerns about people's wellbeing. Staff knew how to recognise and respond to abuse and they followed appropriate procedures. Risks associated with people's care had been identified and staff knew how to manage them.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act (2005)(MCA). This is legislation that helps to protect people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty. The manager and staff understood the requirements and their responsibilities under the MCA. Care plans were agreed with the person or someone close to them and took account of people's rights and independence.

People's needs were assessed, monitored and reviewed. They experienced responsive care and support that was person centred and appropriate to their needs. Their individual preferences and diverse needs were known and staff supported their choices. Care plans and risk assessments were kept up to date and followed. When staff identified a change in needs, they involved relevant health professionals to ensure the person received appropriate care.

Roselawn House was clean, safely maintained and furnished to comfortable standards. Consideration had been given to the needs of people with physical and sensory disabilities and they were provided with specialist equipment to promote their independence and meet their assessed needs.

People were supported to keep healthy and their nutritional needs and preferences were met. Any changes to their health or wellbeing or accidents and incidents were responded to quickly. Referrals were made to

other professionals to help keep them safe and well. Medicines were managed appropriately and people had their medicines at the times they needed them.

The registered manager and staff encouraged people and relatives to share their views and opinions about the service. Relatives were confident they could raise any concerns or issues, and these would be listened to and acted upon.

People received care and support from consistent staff who understood their individual needs. The staff were supported and trained to help them deliver effective care. They had access to key training, and were supported to attend other courses to meet people's individual needs and enhance their personal development.

The registered manager had established good relationships with people's relatives who told us they felt informed and involved in their family member's care. Staff supported people to maintain relationships with those closest to them.

Staff experienced effective leadership and direction from the registered manager. Various ongoing audits, both internally and externally meant that the quality of care was regularly assessed and evaluated. Where improvements were needed, action was taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe and secure at Roselawn House and the provider had arrangements to help protect people from the risk of abuse. Care records included guidance for staff to safely support people by reducing risks to their health and welfare.

The environment was regularly checked to ensure the safety of the people who used the service and staff.

Staffing levels were organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. People received support from staff who were appropriately trained and supported to carry out their roles. The service had an ongoing training and development programme that recognised the different needs of people who used the service.

Staff received up to date information to enable them to undertake their roles and responsibilities, and were supported through regular supervision and work appraisal.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff respected people's right to make their own decisions and supported them to do so.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing.

Is the service caring?

Good

The service was caring. People were treated with kindness, dignity and respect. Relatives were positive about the caring attitude of staff.

People were involved in the planning of their care and offered choices in relation to their care and support.

Staff were knowledgeable about the care people required and the things that were important to them, and understood their communication needs.

Is the service responsive?

Good

The service was responsive. People had care plans which detailed the care and the support they needed and in a way they preferred. Their needs were regularly reviewed to make sure they received the right care and support.

Staff were responsive to people's individual needs and gave them support at the times they needed it.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and families.

The service encouraged people to express their views and had arrangements in place to deal with comments and complaints. Staff listened to people about how they wanted to be supported and acted on this.

Is the service well-led?

Good

The service was well-led. The registered manager demonstrated effective leadership. People and their relatives spoke positively about them and how the service was run.

Staff told us that the manager was approachable and supportive. There was open communication within the staff team and staff felt comfortable discussing any concerns.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service. Where issues were identified action was taken to improve the service people received.

Roselawn House

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, the provider completed 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. Prior to our visit we also reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on the 3 March 2016 and was unannounced. The inspection was carried out by one inspector. We spoke with three people using the service, the registered manager and two members of staff during the course of our visit. Not all people were able to communicate verbally with us so we spent time observing their care and interactions with staff. We also looked at three people's care records to see how their care was assessed and planned and to help us understand their care experiences.

We reviewed how the provider checked the quality of their service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Following our inspection, we telephoned three people's relatives to obtain their views about Roselawn House.

Good

Is the service safe?

Our findings

People who were able to comment told us they felt safe with the staff and the care provided. Relatives shared a similar view and had no concerns about people's safety. Their comments included, "Yes 100% safe, there is always someone with [my relative] in the community" and "I am confident [my relative] is safe, it's much better than the previous home."

Records confirmed that all staff received training in how to recognise and report abuse. At the time of our inspection there was no safeguarding activity. The registered manager and staff understood their responsibilities in keeping people safe from harm and knew who to contact if they had concerns. The service had a policy for staff to follow on safeguarding and staff knew they could contact outside authorities such as local authority or the police. There were contact numbers displayed in the home that staff, people who used the service or visitors could use to report any concerns regarding abuse. Procedures were in place to protect people from financial abuse with records maintained of all financial transactions, including daily checks on monies kept on people's behalf. We noted that people did not have personal risk plans around their capacity to make financial decisions or their ability to manage money. The manager agreed to develop these as a further safeguard.

Risk assessments were undertaken and regularly reviewed to help people to live safely. These were based upon people's needs and covered areas such as safety in the kitchen, personal care, using the community and road safety. There were additional risk plans associated with people's healthcare needs such as mobility, epilepsy and nutrition. The plans gave guidance for staff on how to minimise the risks whilst promoting people's independence.

The home was well maintained which contributed to people's safety. Checks on the home's internal and external environment were undertaken on a monthly basis and systems were in place to report any issues. Equipment was regularly serviced and maintained. Risk assessments for the premises and potential hazards in the home helped promote the safety and wellbeing of people using the service and the staff who worked there. There was evidence of fire safety checks and maintenance, including an up to date fire risk assessment. Practice evacuation drills were held regularly involving both people using the service and staff.

People were protected from the risk of unsuitable workers. Staff records showed that the required recruitment checks were undertaken before staff worked in the home. Documentation included a job application form, interview notes, qualifications and training certificates, health declaration and proof of identity. Checks with the Disclosure and Barring Service (DBS) and up to three references were also undertaken to ensure staff were of good character and suitable for the role. The manager had recently appointed two new members of staff and there were no staff vacancies at the time of our inspection.

People using the service experienced consistency as there had been minimal staff turnover since the manager joined in 2013. Relatives had no concerns about staffing levels and one told us, "There is always 2-3 staff when I visit." We observed that people received the attention and support they needed throughout our visit.

Staff allocation records showed that staff support was planned flexibly and according to people's needs. These included a minimum of two to three staff during the day with one staff on duty overnight. Additional staff were arranged when needed, for example, when people went on group outings or holidays. The registered manager worked flexibly throughout the week as part of the staff team and was available to provide support if required. A relative confirmed this and commented, "Staff all work together, the manager is not in the office."

People's medicines were administered by staff who had annual refresher training and the manager also assessed their competency to make sure practice was safe.

Medicines were kept safely in a lockable metal cabinet. Information about people's medicines included the name of the medicine, the dose and date of prescription. Where people needed medicines 'as required' or only at certain times there were details about the circumstances and frequency they should be given. We discussed adding further details about the reasons why people were prescribed medicines and the use of individual medicine cabinets with the registered manager. She agreed to develop profiles to include these and look at further ways to enhance people's involvement in managing their medicines.

Records showed regular checks and audits had been carried out to make sure medicines had been given and recorded correctly. These included daily and weekly checks to identify and resolve any discrepancies. People's prescribed medicines were reviewed by relevant healthcare professionals as necessary. We checked the medicines for two people which corresponded with their Medicine Administration Records (MARs). The records were up to date and there were no gaps in the signatures for administration. There was a system for checking all prescribed medicines and records for their receipt and disposal.

There were arrangements in place to deal with foreseeable emergencies. The provider had emergency policies and procedures for contingencies such as utility failures or in the event of a fire. People had individual evacuation plans which explained how staff should support them to leave the building in the event of a fire. Appropriate numbers of staff were trained in first aid and there was an on-call system in the event of emergencies or if staff needed advice and support.

Good

Is the service effective?

Our findings

People and their relatives were satisfied with the skills and competence of staff. Our observations and discussions with staff showed they knew people well and how to support individual needs and preferences. They sought people's consent before they supported them and discussed activities with them in a way people could understand. This included using clear language and gestures. Staff showed knowledge about supporting people with autism such as keeping routine and reassuring them about unexpected changes. Relatives expressed confidence that staff understood their family member's needs and how to support them.

Staff completed a comprehensive induction which involved working alongside a more experienced member of staff. A new member of staff said their induction was thorough and covered everything they needed to know about care. They told us, "The staff are supportive, I can ask for any advice." The provider used the new Care Certificate, introduced in April 2015, which is a nationally recognised framework for good practice in the induction of staff. Existing staff were in the process of completing a self-assessment against the Care Certificate to review their competencies against the expected standards.

Staff told us they received the training they needed to care for people and meet their assessed needs. Staff gave examples of training they had undertaken which included learning about epilepsy, moving people safely, autism and dementia awareness. The manager kept an electronic record which provided an overview of the training undertaken by the staff team. This enabled her to check that individual staff knowledge and skills were up to date and plan refresher training. Other training had been planned throughout the year. For example, staff had been undertaking training on end of life care and were due to complete by the end of the month.

Staff received ongoing supervision and appraisal to discuss their performance with the registered manager. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually yearly. We noted that not all staff had received an appraisal although there were reasons for this such as staff taking extended leave. Following our visit the manager provided evidence that she had planned appraisals for all staff. Supervision records were detailed and included discussions about people using the service and feedback from staff. The manager also monitored training attendance and learning through supervision meetings.

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 manager told us they had not needed to make any applications to restrict anyone's liberty but systems were in place to do so if needed. Relevant policies were available to staff and they had undertaken MCA and DoLS training. Staff understood their responsibilities and how to support people with decision making, which included arranging for further support when this was required. Where people did not have the capacity to consent to some aspects of their care, staff said that they would always look to act in the person's best interests. They gave examples where meetings had been held to make more complex decisions on their behalf such as where one person required a hospital procedure.

People were encouraged to have a healthy diet and participate in cooking the meals. Those who were able to comment said they liked the food and made choices about their meals. A relative told us, "They [staff] give him things he likes and provide food that meets his needs." Where people wanted to shop and prepare their own snacks or drinks they were supported to do so. This was confirmed by a person who told us they went regularly to the local supermarket. Relatives told us staff knew how to support their family members' needs such as making sure one person had a soft diet and offering finger foods to another person who had difficulty using a knife and fork. Care plans reflected what people told us and ensured staff were aware of people's dietary needs and preferences.

People had personalised health action plans that reflected the support and treatment they needed. These records described people's medical needs and showed where other professionals were involved in people's care. This included the optician, dentist, GP, physiotherapist and community nurse. We saw examples of how this additional support helped people maintain good health. One person had involvement from a speech and language therapist (SALT). Recommendations had been made about the consistency of food and drink required and the support needed to ensure their nutritional needs were met. Records of all health care appointments were kept in people's files. These records detailed the reason for the visit or contact and details of any treatment required and advice given. Each person had a hospital passport. This is a document which contains important information about a person's health and helps ensure all professionals are aware of a person's needs, including how to communicate with them. It is used when attending health care appointments or if people required a hospital stay.

The bedrooms were decorated and furnished according to people's choices. The home was also designed and equipped to meet people's physical and sensory needs. Aids and adaptations included a hoist, adjustable bed, walk in shower and hand rails for support. Fluorescent green strips have been placed around door frames and light switches to aid recognition and assist people at night. The manager told us about recent home improvements which included new flooring and redecoration of all the bedrooms. Everyone had been involved with choosing new paint colour and furnishings for their rooms. We saw items of personal value on display, such as photographs, pictures, memorabilia and other possessions that were important to individuals and represented their interests. Relatives were complimentary about the environment and how the bedrooms reflected people's interests.

Good

Is the service caring?

Our findings

People who could comment told us they liked the staff who supported them. Relatives also shared positive views about the staff team. Their comments included, "We are really pleased with the care", "They [staff] are all amazing, I can't praise them enough" and "Excellent care, they are all very caring." People's relatives also felt their family members were comfortable and well cared for at the home. One relative said, "I know [my relative] is happy which means I'm happy." Another relative said, "They have been together for many years and all get on. Consistency works in their favour."

There was a relaxed and homely atmosphere at Roselawn House and the staff were motivated and enthusiastic about their work. Staff understood the importance of building positive relationships with people and respecting individual choice and independence. We observed positive interaction between people using the service, the manager and supporting staff. People were comfortable and happy around staff and there was laughter between them as they chatted together. Staff encouraged people to express their views and showed interest in how they were feeling and how their day had been. In evening, two people asked to have their nails painted, some people chose a film to watch together and others chose to have a bath. We observed staff communicated effectively with individuals and responded promptly to their requests.

Care plans we looked at included guidance for staff on how to approach and communicate with people, to ensure they understood when people may need more support and attention. Staff were caring, showed patience and took time to respond to people's individual needs. Where people had difficulty expressing themselves staff listened carefully and made sure they understood what the person was saying. Not everybody who used the service was able to express their views verbally. Staff recognised the gestures and reactions that people gave and what these were likely to mean. Staff provided reassurance when people needed it, they knew people's routines well and ensured they followed these. In the dining area, we saw information displayed about 'signs of the week.' Staff used Makaton (a form of sign language) to support people with their communication needs.

People were encouraged to make decisions and choices to the best of their ability. Staff knew people well and had a good understanding of their individual care needs, preferences and personal histories. Their comments corresponded with what we saw in the care plans. Person centred plans (PCP) gave detailed descriptions of people's individual needs, likes and dislikes and how support was to be provided. There had been input from families and contributions of the staff team who knew them well with the involvement of people themselves. PCPs were illustrated with photos and large print to help individuals understand the information. They reflected people's life choices, aspirations and goals.

There were some visual aids to encourage and help people make choices and decisions. We pointed out to the registered manager that the menu format could be made more accessible to people by using pictures or photos. We also discussed the use of easy read posters for making complaints and reporting abuse. They agreed to review this and look at ways to further enhance people's involvement.

People's diverse needs, values and human rights were understood and supported. Care records included information about people's cultural and religious heritage, their activities and interests and communication needs. People had the right specialist equipment to promote their independence and meet their physical and sensory needs. The home organised events to support people's diversity which had included a Diwali celebration.

People were supported to maintain important relationships with their family and friends. Discussions with relatives told us that contact with family was maintained and actively supported. Relatives confirmed they were invited to yearly review meetings and able to visit whenever they wished. One relative told us, "The home let me know of anything and are very welcoming." They described how their family members were treated as individuals and that staff supported people to achieve things that were important to them. For example, staff supported one person to attend events to watch their favourite sport and another person with their interest for the theatre.

People looked well cared for and were supported to dress in their personal style. During our inspection, people chose where they wished to spend their time. The staff respected people's own personal space and allowed individuals time alone if they requested it. Staff gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal care in private.

People's personal information was kept secure and their records were stored appropriately in the service. Staff addressed people respectfully and maintained confidentiality when discussing individuals' care needs. Staff had received training about person centred care and respecting people's privacy and dignity. A training course on equalities and diversity was planned for May 2016.

Good

Is the service responsive?

Our findings

We found that people received a responsive and personalised service. Relatives told us that people's needs were met because the manager and staff knew people well and there was stability. One relative said, "They all have different needs, staff understand people." Another relative complimented the service for its consistency and told us they were confident the home could meet any changing needs of their family member.

The majority of people using the service had been living at Roselawn House for many years. Staff acted as keyworkers for people, meeting with them regularly to review their plans and talking to them about the support they required. This meant people had a named worker who knew them well. The PCPs showed that the individual was central to the care and support they received. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. Each plan included expected outcomes for the person and personal goals for them to achieve.

Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current care and support needs. An example referred to a person's preference for structured routine and the impact this may have on them if it was not followed. The plan gave staff clear information about how to support the person's needs and minimise any anxiety. Discussions with staff and records showed how the service had supported a person to overcome their fear of medical appointments and for another person, their anxiety around dogs. A relative talked about the good progress their family member had made with managing personal hygiene needs.

Keyworker staff met with people regularly on a one to one basis and wrote monthly summary reports which focused on the person's needs, preferences and progress to meet their goals. Staff wrote daily reports which detailed the care and support people received. These records showed that people's care plans were regularly checked and updated where there had been any changes to people's care or support needs. Staff also told us they shared information at each handover to keep up to date with any changes concerning people's care and support.

We found the service was responsive to people's changed needs or circumstances. One relative told us there had been a decline in their family member's health due to a diagnosed condition and the staff had acted promptly. They told us, "The home have taken [my relative] for all relevant appointments and they keep me updated."

Roselawn House provided people with a range of activities that met their social needs. Care plans recorded what was meaningful to people and how staff should support them with their activities in the home and local community. At the time of our visit people were engaged in activities at home or community day services. Relatives all commented that people had lots to do and staff respected their individual choices and interests. One relative told us, "They [staff] have a good understanding, they know what he enjoys and doesn't like, they are very aware." Other relatives commented that people were always busy and staff arranged lots of outings, regular parties and one to one activities for their family members. Care records

supported what they told us and throughout the home we saw photos displayed of people taking part in activities, events and celebrations.

People using the service and their families were provided with questionnaires every year to share their views about the home and staff. We reviewed the latest feedback from relatives. Their responses were all complimentary about the standard of care and support people received and their relatives' experience of the service. Comments about overall impressions of the home included, "Excellent. I have no worries for [my relative's] care, it is a great relief," and "Roselawn is a very caring and effectively run home." One relative commented, "The staff do a wonderful job."

People had monthly meetings with the staff to discuss their support and plan their activities. People were encouraged to discuss any concerns or worries through monthly meetings with their keyworker. Staff had a good awareness and understanding of how people with communication needs may indicate they were unhappy through vocalising or specific body language. Information about how to make a complaint was available to people. The procedure included contact details and guidance on how to raise a complaint. Relatives told us they had not needed to complain but were confident the staff and registered manager would listen and act on any concerns or complaints. Records showed there had been no complaints about the service.

Good

Is the service well-led?

Our findings

The registered manager was experienced and demonstrated effective leadership. She encouraged open communication with people, relatives and staff. Staff felt supported by her and said there was good communication within the team. This was achieved through monthly meetings, individual supervision and day to day contact. Relatives and staff spoke very highly of the manager. One member of staff described her as a "lovely lady" and said, "if there's a problem, she will explain and help." Comments from relatives included, "The manager is very approachable and keeps me informed about any doctor's appointments or other news", "I have seen a massive difference in [my relative] since the new manager came" and "The manager is really on the ball and they [staff] all gel, work together."

There was an open culture in the service and staff told us they felt comfortable speaking with the manager about anything and felt listened to. Staff were encouraged to share their views and ideas about the home and how things could be improved. There were monthly staff meetings which included discussion about the support needs of people using the service along with staff and business issues. Any actions required were identified with details as to how and when these were to be completed. Minutes from meetings were available to all staff members to ensure they were kept up to date.

The PIR gave us full information about how the service performed and what improvements were planned. The registered manager was open and honest during the inspection, gave us a good account of the service and welcomed any feedback we gave. The information we needed to see was organised clearly and easy to follow. She told us about developments in the service. This included reviewing records to improve people's care and support and developing the skills and knowledge of the staff team. For instance, in January 2016, additional documentation had been introduced for new staff. This included a profile or summary of people's immediate needs and preferred routines. One staff member told us that this summary had helped them get to know people when they first started working in the service. All staff had been enrolled on end of life care training and there were plans for staff to become champions in areas including dignity in care and safeguarding.

The registered manager ensured her own personal knowledge and skills were up to date. She had attended learning events and kept up to date with best practice. This included attendance at forums and training courses run by the local authority. We saw that information from these events was shared with staff through meetings and correspondence.

There were systems in place to assess, monitor and improve the quality and safety of care. The registered provider visited the service regularly and wrote reports about these visits. We noted that reports referred to old legislation and standards and did not always capture people's experience of the service. We discussed using more up to date methods that followed the fundamental standards and regulations and the new inspection approach set by the Care Quality Commission. The manager agreed to speak with the provider and adjust these audit reports.

The registered manager and team leader undertook regular checks to ensure people's care needs were met

and documentation was being well maintained. Staff also had designated responsibilities to monitor service quality. These audits involved looking at people's care plans, staff files, cleaning and hygiene, the environment and health and safety. Where issues were identified, action had been taken. For example, it was identified that night staff needed to complete a practice fire evacuation.

Since our last inspection, we had not received any notifications from the service and the manager told us this was because there had not been any reportable events. During our visit we checked information relating to accidents and incidents, these confirmed that appropriate action had been taken and none needed to be shared with CQC.

The provider worked in partnership with other professionals to ensure people received appropriate support to meet their needs. Care records showed how professionals had been involved in reviewing people's care and the levels of support required.