

Rosedene House

Rosedene House

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 

Overall summary

We inspected Rosedene House on 19 October 2015. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us. The service was last inspected on 7 January 2014. During that inspection visit we found the service was meeting regulations.

Rosedene House provides care and accommodation for up to five people who have a learning disability. There were five people living at the service at the time of the inspection visit.

The service is situated close to the centre of Camborne with access to a public transport network as well as the services own transport.

The service had a registered manager in place. 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 ability to communicate with us was restricted for some people and we therefore supported our judgements using observations.

People told us they felt safe living at Rosedene House. One person said, "It's nice here staff are very kind to me". Arrangements were in place to protect people from abuse and unsafe care.

Summary of findings

People were treated with kindness, compassion and respect. The staff at the service took time to speak with people they were supporting. We saw many positive interactions and people enjoyed talking with staff on duty. Comments included; “I have everything I need” and a staff member said, “There is never a dull moment I love working here, everybody is cared for so well”.

People were supported to lead full and varied lives and staff supported them to engage in a wide variety of activities. One person told us, “I go out every day and the staff help me to do that”. Staff told us, “We do loads of things outside like going into town and going to the pub” and “Most [people using the service] go to day care and one person goes to a work placement during the week”.

The service was meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. There was flexibility in what people might want to eat. Where people required clinical support with their diet, staff had received appropriate training to support them.

The environment was of a homely nature. Rooms were personalised where people had wanted to include their

own items. However, one lounge was not furnished in a way which would make it inviting to use. A wardrobe was part of the first floor lounge furniture, a light shade was missing and a display cabinet was empty.

People had individual support plans, detailing the support they needed and how they wanted this to be provided. Professional we spoke with told us the staff team were responsive to people’s needs and made changes where necessary.

Care records were detailed and contained specific information to guide staff who were supporting people. Life history profiles about each person were developed in a format which was more meaningful for people. This included large print and pictorial information. This meant staff were able to use them as communication tools.

Risk assessments were in place for day to day events and to support people’s life choices. For example going out into the community or for smoking. These were all included in people’s care documentation.

Medication procedures were safe. Medicines were administered as prescribed and at the times prescribed. Records were accurate and audited regularly.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the home was run.

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. Procedures were in place to protect people from abuse and unsafe care.

People's medicines were managed safely and there were safe arrangements in place to assist people with their finances.

Levels of support met the care needs of the people that lived at the service.

Good



Is the service effective?

The service was mainly effective. A lounge did not have suitable furniture in place. A wardrobe was part of the first floor lounge furniture, a light shade was missing and a display cabinet was empty.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Rosedene House worked well with other services and health professionals to ensure people's care needs were met.

Staff were supported through a system of supervision. Staff training was available to ensure people were cared for by staff who were competent in their roles.

Good



Is the service caring?

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care and support.

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of their needs.

Good



Is the service responsive?

The service was responsive. Care plans were detailed and informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well led. There was an open and relaxed atmosphere at the service.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

The registered provider routinely worked in the service and dealt with any issues of quality quickly and appropriately.

Good



Rosedene 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 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 19 October 2015 and was announced. The inspection was carried out by one inspector. Before the inspection we reviewed previous

inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with four of the five people who lived at the service in order to find out their experience of the care and support they received. We spoke with the registered provider/manager and three staff members. Following the inspection visit we spoke with three professionals.

We looked at three people's care records, medicine records and other records associated with the management of the service including audits.

Is the service safe?

Our findings

People using the service told us they liked living there and felt safe. Comments included, “I love living here. Yes I feel very safe” and “Staff are kind. It’s nice here”. On the day of the inspection visit we saw people moved around the building freely and were comfortable in their surroundings. People were at ease with staff and approached them for support as they needed it and without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. The service had a safeguarding policy and procedure in place if abuse were to be suspected. Easy read pictorial posters were in the entrance hall informing people what to do should they be concerned about abusive practice.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. Risk assessments were specific to the needs of the individual. For example one person was supported to access community services with the help of staff. A professional told us their sensory issue had previously hindered them, but now through staff encouragement they were much more confident. Risk assessments were regularly reviewed and changes made when necessary. For example where a person required more equipment to support them and to support staff to transfer them safely. This demonstrated that the service protected people.

During the daytime one person was out at a work programme others attended day care facilities or were used community facilities of their choice. Where people stayed at the service staff were available to meet their needs. Staffing levels met people’s needs and were based upon the level of risk for each person. For example where a

person required two staff to support them the rota identified the times this was in place. Staff rotas were flexible. We could see where regular changes were made in order to ensure there were enough staff to support people in activities of their choice. Staff told us they worked as a team to cover shifts and people had not missed out on any activities as a result. They told us, “We work well as a team and make sure all shifts are covered” and “Where there is something going on we make sure there are enough staff to go out and there are staff to stay and support people in the home”.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents which had occurred or needed to be recorded. In addition there were personal emergency evacuation plans (PEEPS). These plans ensured people would be safe in any incident within the service which required an evacuation. Staff were made familiar with the plans in order to be able to act on them if necessary.

There were appropriate storage facilities available for all medicines being used in the service. Each room had individually wall mounted locked metal cabinets. A staff member told us this was to promote a more homely approach to administering medication. We checked the number of medicines in stock for one person against the number recorded on the MAR and saw these tallied. Where people’s medicines were not used they were returned to the pharmacy and all medicines returned were recorded to ensure they were all safely accounted for.

The exterior and interior of the building was clean, tidy. Equipment in use was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People were supported by skilled staff with a good understanding of their needs. The registered manager and staff spoke about people knowledgeably. They provided a good insight into the individual levels of support people required. This demonstrated a depth of understanding about people's specific support needs and backgrounds. Staff told us, "Working here is great, because it's quite a small home, we get to know exactly what people like and we do our best to support them" and "We have helped to make such a difference in the confidence of [name of person] by supporting them going out".

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Where people had a DoLS authorisation in place, staff understood the restrictions in place. An external health professional told us they had supported staff with guidance so they understood the principles. They said, "They [staff] do a good job now they have the information to understand".

People took part in choosing meals on a weekly basis. The service did not work to a set menu and people were asked daily about meals and choices available to them for the day. One person told us they got what they liked to eat and could have a snack if they wanted to. People had access to a range of hot and cold drinks whenever they wanted. People's preferences in respect of food were recorded in care plans. Where there was a need for clinical administration of food (PEG), staff had received training to support this. An external health professional told us staff were following clinical guidance and were supported by receiving regular training updates.

People had good access to a range of health support services. Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People's care records

contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care.

People were supported to access other health care professionals, for example GP's, opticians and dentists. Multi-disciplinary meetings were held as necessary to help ensure all aspects of people's needs were taken into consideration when planning care. An external professional told us the service worked well with them and acted on guidance they provided.

We asked staff what training they had received to carry out their roles. Staff told us about the range of training and support available to them. This included, vocational training as well as practical and theory based training in areas such as moving and handling, food hygiene, safeguarding and first aid. Staff also told us that further training was provided, to enable people to be supported by skilled and knowledgeable staff. For example where people needed clinical support for their dietary needs and effectively managing behaviour which might challenge for de-escalation techniques. Staff training was regularly reviewed to ensure all staff were up to date with current good practice and guidance. This helped ensure people received effective care that met their individual needs. A revised induction process had been introduced to support recently recruited. It supported staff new to working in a caring role to undertake the Care Certificate within the first 12 weeks of employment.

Staff were being supported in regular meetings (called supervision) with their manager or senior care staff, where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as

Is the service effective?

well as helping ensure they were up to date with current working practices. One staff member told us, “I feel very well supported and encouraged to gain more qualifications”.

The environment was of a homely nature. Rooms were personalised where people had wanted to include their own items. One person told us, “I have [name of satellite TV package] love it”. There were a number of bathrooms for people to use but most chose to use the ground floor ‘wet room’ as people found this new facility easier for them. A stair lift was in place and operational for people to use to access the first floor. The ground floor lounge space was small. Out of the five people who lived at the service only two chose to use this area. The room opened onto the dining room and kitchen which was the hub of the service

with staff and people moving through all the time. One person told us they chose to use their own room and did not use the lounge. Another person was not there to clarify their opinion. One person's care and mobility needs meant they remained in their room with TV and music options available to them. There was another larger lounge on the first floor. A television and music system were in place, however staff said the room was not used very often. The lounge did not have a light shade, a wardrobe was stored in this lounge and an empty display cabinet was part of the furniture. There was a range of comfortable seating but the room was not inviting to use. We shared this information with the registered manager who recognised the issue and agreed the environment of the room would be improved and agreed to do so.

Is the service caring?

Our findings

Staff were respectful and spoke to people with consideration. They were unrushed and caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter. It was clear staff understood individual needs. For example where one person liked to smoke they were supported to go into an area to the front of the service. The staff member stayed with the person and engaged in conversation. The person responded positively to this approach.

We observed the routines within the service to be relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge and dining area. One person told us they liked to spend time in their own room with the door open so they could engage with people as they came and went. They said, "I like being here in my room, I have everything I need". The provider's dog stayed in this room during the day. The person told us they wanted the dog to stay in their room because they liked it being there.

Rosedene House had a domestic environment and people had freedom of movement around the service and were able to make decisions for themselves. There were no restrictions other than no smoking in the service.

People's care plans showed their styles of communication were identified and respected. Some people required more support to communicate. There were pictorial information formats for people who had a limited understanding of written literature. There were posters and care plans with picture symbols used as a visual tool to assist people.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This helped staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence. When we moved around the service we observed staff knocked on people's doors and asked people if they would like to speak with us. People who lived on the ground floor wanted to keep their bedroom doors open during the day so they could see what was going on. When personal care was required doors were shut to ensure the person's privacy and dignity was upheld.

Prior to and following this inspection visit we received information from other professionals who had some responsibility for the wellbeing of people who lived at the service. Links with these professionals were good and we received some positive feedback from them about the care being provided. They told us they were confident of the quality of care and support people received and had no concerns.

Is the service responsive?

Our findings

The service focussed on the importance of supporting people to develop and maintain their independence. People told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. For example one person attended a work placement during the week, other people attended day support facilities. One person liked to go into the community most days and was supported to do this with staff support. Where people had mobility limitations staff were always available to them. Staff also took the opportunity to support people to take part in activities beyond the service. Rather than bring entertainment into the service staff supported people to engage in community links, for example going out for meals, going to local pubs and attending events of people's choice. These were usually as a small group or on a one to one basis.

People had opportunities to go on holidays and stay with relatives. One person told us they were planning a holiday for 2016. They were being supported by a staff member who would escort them. The person said, "I have been to a lot of places. I like holidays".

Care plans were structured and detailed the support people required. The care plans were person centred identifying what support people required and how they

would like this to be provided. Where possible relatives or advocates were involved in the care planning process and were kept informed of any changes to people's needs. Staff shared information with people where there were changes in their care and support. For example advising a person about their risk in the community due to sensory impairment. During the inspection visit we witnessed staff asking people what they wanted to do and how they wished to spend the evening.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events.

There was a complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. However the forms were not in an easy read format which would help people to understand the information more clearly. Staff told us they knew people well and were able to tell from their behaviour if they were unhappy and might want to make a complaint. One member of staff said they would always pass on any complaints to the registered manager.

Is the service well-led?

Our findings

Staff told us of the open and supportive culture promoted by the registered manager at Rosedene House. Staff told us they loved working at the service. Comments included, “It’s a job I love doing. We all work well together and get good support”. Another said, “Great place to work because we work well as a team and we have time to make a difference to people’s lives”.

External professionals told us they had confidence in the service, telling us the staff worked in the ‘best interests’ of people who lived at Rosedene House. They told us the service listened and responded to their advice.

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence. It was important to the staff team that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation.

Staff told us the way information was shared was informal. It occurred through day to day communication and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident

the registered manager respected and acted on their views. The registered manager took an active role on the day to day management of the service. Staff told us, “It’s good that he [registered manager] is always available especially if there is a problem. We do feel supported” and “It’s a small service so we don’t really do things too formally, because we can share information every day and nothing gets missed”.

People living at the service and where applicable their relatives or advocates, were consulted about what was happening in the service both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about holidays, outings and meals. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were regularly surveyed. Relatives told us they were actively encouraged to approach the manager and staff with any concerns or ideas they might have.

The registered manager and deputy manager oversaw quality assurance systems to drive continuous improvement within the service. Policy and systems audits were carried out annually or if guidance changed. There were more regular audits for systems including medicines, accidents and incidents and maintenance of the home.