

# Salutem LD BidCo IV Limited

# Rosewarne

## Inspection report

Holman Park  
Tehidy Road  
Camborne  
Cornwall  
TR14 8FD

Tel: 01209713729

Website: [www.salutemhealthcareltd.com](http://www.salutemhealthcareltd.com)

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

About the service: Rosewarne is a residential care home for up to 12 people. The service is registered to provide accommodation for people with a physical disability and/or a learning disability. At the time of the inspection 11 people were living at Rosewarne.

People's experience of using this service: Rosewarne had gone through some recent changes at management level. There was a new provider in place and the registration had changed in 2018. There was also a new registered manager and a new team leader.

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.

Staff told us there had been some organisational changes, but these had not impacted on how care was delivered. People and staff said the management team at Rosewarne were approachable and visible within the service.

Staff meetings were frequent and an opportunity to raise any concerns or discuss working practices.

The service was developed and designed before the introduction of Registering the Right Support and other best practice guidance. The principles of Registering the Right Support reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large purpose-built home, bigger than most domestic style properties. It was registered for the support of up to 12 people, 11 people were using the service at the time of inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was partly mitigated by the building design which was unobtrusive and fitted into the surrounding residential area.

Technology was in place to enable people to operate doors, windows, curtains and TV's. The layout of the premises meant opportunities for people to take part in some household everyday tasks were limited. There were plans to make changes to the kitchen to address this.

Staff were friendly and spent time talking with people and supporting them in their chosen routines.

Some people were able to go out independently and this was encouraged. Other people were more reliant on staff and they had opportunities to go on various trips and attend day services.

Activities in-house were more limited. Organised events took place, usually monthly. Day to day pastimes

were not routinely organised. Following the inspection, the registered manager contacted us to tell us they had organised a meeting to discuss this with people living at Rosewarne.

Care plans were well organised and informative. There was clear guidance for staff on how to support people at all times. Staff were able to tell us the support people needed to keep them healthy and safe. There were good systems in place to help ensure staff were up to date with any change in people's needs.

Rating at last inspection: This was the first scheduled inspection since a change in registration in 2018. Under the previous provider the service was rated Good (date last report published: 10 August 2016)

Why we inspected: This inspection was planned according to the previous rating.

Follow up: We will schedule our next inspection in line with CQC methodology. We will continue to monitor the service. If we receive information of concern we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Rosewarne

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

#### Service and service type:

Rosewarne is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rosewarne accommodates up to 12 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We looked at the Provider Information Return (PIR). We reviewed three people's detailed care records, Medicine Administration Records, records of accidents, incidents and complaints and audits and quality assurance reports.

We spoke with five people using the service, seven members of staff including one agency worker, the registered manager and one visiting relative. After the inspection we spoke with two relatives and four external professionals with knowledge of the service. The registered manager sent us further information about how the service was organised including meeting minutes and details of organised future events.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were confident about the systems for reporting suspected abuse.
- Information about safeguarding processes was available to staff. Staff said they would raise any concerns immediately. One commented; "I wouldn't want anything to happen to these guys."
- People were relaxed and at ease with staff. They told us they would be confident to raise any concerns or worries they had with staff. A relative told us; "[Person's name] is safe and well looked after, that's the main thing."

Assessing risk, safety monitoring and management

- Risk assessments had been developed to highlight when people were at risk and guide staff on the actions to take to mitigate the risk.
- Personal Emergency Evacuation Plans were in place to inform staff and first responders of the support people would need to leave the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Staffing and recruitment

- There were enough staff to support people's needs. On the day of inspection staff responded quickly to people's requests for support.
- Cleaning and cooking duties were shared between care staff. Everyone we spoke with raised this as an area for improvement. People, a relative and staff told us the quality of meals was inconsistent depending on the skill and enthusiasm of the staff allocated the duty on any one day.
- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and criminal checks completed.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) contained the detail necessary for safe administration.
- Staff were able to tell us the action they would take to keep people safe if they identified a medicines error. Training in the administration of medicines was regularly updated.

Preventing and controlling infection

- The premises smelled fresh and was clean. Staff had access to protective equipment such as aprons and gloves to use when necessary.
- An external healthcare professional described the premises as; "Clean and homely."
- People had their own slings and moving and handling aids to reduce the risk of cross infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded so any areas for improvement could be identified.
- Following a medicine administration error, systems for recording and checking medicines had been improved to minimise the risk of reoccurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- Staff received training in Positive Behavioural Support to help enable them to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction process before starting work. This included training and a period of shadowing experienced staff.
- Training was updated regularly and covered a wide range of areas. One member of staff commented; "The training has always been above and beyond."
- Staff received supervision and told us they were well supported and could ask for additional support and guidance at any time. Yearly appraisals were due to be completed soon after the inspection.

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

- People were offered a choice of meals. If they did not want anything on the planned menu staff shopped locally to help ensure people's preferences were met. On the day of the inspection one person requested a particular vegetable and staff went out to buy this.
- Some people needed their food softened or mashed because of the risk of choking. Information about this and any allergies or dislikes was available for staff working in the kitchen.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed people were supported to access external healthcare professionals when needed.
- When people's health needs increased, the service had worked with other professionals to help ensure they could continue to provide care safely.

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

- The premises were purpose built and the accommodation was based on one level. All bedrooms had overhead hoists and en-suite facilities. The building had been designed prior to the development of the Registering the Right Support guidelines and the kitchen and laundry were not designed to support people to be involved in daily living skills and develop their independence. Staff worked to overcome the limitations imposed by the layout of the building.
- Access to the laundry room was narrow. People using wheelchairs were unable to use the machines independently. The registered manager told us people were supported to take their laundry to the door.

- Improvements to the kitchen were planned which would enable people to be more involved in food preparation. The registered manager told us people had been involved in planning the improvements.
- There was a large shared living and dining area. In addition, at each end of the building there was a small sun lounge where people could meet with visitors or sit quietly. Although these seemed underused at the time of the inspection one person told us they used one of the lounges to complete craft projects.
- Each sun lounge had facilities for making hot drinks and 'hi-lo' worktops so people using wheelchairs could access them. At the time of the inspection these were not being used.
- A large sensory room was well-equipped and provided people with a further space to relax and have privacy.
- Each bedroom had access to the garden area. Garden furniture was provided and there was a greenhouse. Staff told us this was going to be set up to enable people to take part in various gardening tasks. One person told us; "I have a lovely spot under the trees where I go for some quiet."

Supporting people to live healthier lives, access healthcare services and support

- Staff were alert to changes in people's health needs. This had resulted in people being quickly identified as at risk and appropriately referred to the relevant healthcare services.
- People had hospital passports for use if they were admitted to hospital. These contained information about the support people would need.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- When people lacked capacity DoLS applications had been made appropriately. There were clear records of any restrictive practices in place. The service contacted the local DoLS team when any further restrictions were introduced to keep people safe.
- It was not always clear when relatives had legal authority to consent on people's behalf, for example, because of Power of Attorney arrangements in place. We discussed this with the registered manager who told us they would ensure this was more clearly recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interactions with people were friendly and warm. When staff spoke with us about people they were positive and keen to tell us about people's attributes and skills. One member of staff commented; "It's nice to know you're making people's day to day life better." Another said; "I like making a difference, trying to make sure people are living like I'd like to live."
- People told us staff were friendly. One commented; "They're lovely, if they see you are upset they will come alongside you."
- People's levels of dependency were very varied, some people were independent and able to express their opinions and ideas clearly. Other people were less able to communicate their wishes. We saw staff spent time with everyone and had a good understanding of their preferred communication styles.
- External healthcare professionals were positive about staff approach and attitude. Comments included; "Kind and caring", "The individual commitment of a few particular staff has been commendable in their passion to help my client", "There is a very real commitment and obvious affection. There are no cold professional boundaries, and people seem to understand the unique communication, fears and needs of each person. Communication is mostly inclusive of the person" "[Person] has good relationships with Rosewarne staff and [is] well cared for."

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

- People were in charge of their daily routines and able to make decisions about how their care was delivered.
- Bedrooms were personalised and reflected people's tastes. A programme of redecoration was in process and people were supported to choose paint colours for their own rooms. Shared areas were less personalised. Chairs in a shared lounge were arranged around the edge of the room which did not support social interaction. We discussed this with the registered manager who explained that the majority of people living at Rosewarne used wheelchairs. This meant it was important to arrange furniture to accommodate everybody's needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were mindful of their privacy. One person explained; "Staff knock and if they want to clean they always ask, "Is it OK if I go in?" I like the door to be locked when I go out, but I trust them all with my stuff, they are very respectful with my things."
- Some bedrooms had large windows which directly overlooked the busy parking area. This meant that if people wanted privacy they would need to close their curtains. We discussed this with staff who told us this

was not an issue and the people using these rooms liked to 'people watch.'

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

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

- Care plans were focused on people's individual needs and were detailed and informative. The format used was being updated and we saw an example of a new care plan. This was well laid out with less repetition making it easier to pinpoint information and guidance.
- Information on people's communication styles was clearly recorded. This included details on the support people would need to access information.
- Staff told us the systems in place to keep them up to date with any changes in people's needs worked well.
- Daily records were kept to document when care was delivered. The records were focused on care tasks which had been completed with no detail about people's emotional well-being or mood. This is important as the information can be used to highlight trends and patterns and learn what works well for people.
- There was a programme of monthly organised events which relatives and neighbours were invited to. For example, on the day following the inspection an Easter afternoon tea was held and a garden party was planned for May.
- People who were independent were able to walk into the nearby town. Others had access to an accessible vehicle and staff took people to local day services, on shopping trips and out for drives and coffee trips.
- There were limited opportunities for people to engage in pastimes when they were in. Staff interactions were caring but brief. We discussed this with the registered manager. Following the inspection, they contacted us to inform us they had arranged a residents meeting to talk about ideas for developing in-house activities.

Improving care quality in response to complaints or concerns

- People told us they would be confident raising any concerns. One person told us of an occasion when they had made a complaint. They told us; "[Registered manager] looked into it and did a really proper job and sorted it all out."

End of life care and support

- End of life care plans were in place where this was relevant. People were able to contribute as much or as little as they wanted when planning this aspect of their care.
- Training in end of life care was being organised.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager understood their responsibilities under the Duty of Candour and communicated openly with people and their relatives when things went wrong.
- The registered manager spoke of the importance of providing person centred care.

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

- There was a clear organisational hierarchy in place. The registered manager was supported by an area manager and director of operations. They described their support as; "Excellent."
- The registered manager and two team leaders each oversaw a group of staff. Shift leaders had responsibility for running each shift.
- There was a key worker system in place. One person told us who their key worker was and commented; "She is really nice, we get on really well."
- Staff spoke about the importance of team work. One commented; "We all pull together, it's about team work."

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

- Staff meetings were held weekly and were an opportunity to discuss working practices and people's individual care.
- Staff told us the registered manager and team leaders were approachable and supportive. One commented; "You can speak to any of them, they are all really supportive."
- The provider produced a monthly newsletter to keep staff informed of any organisational news. Staff felt there could be better communication and contact with senior management. Most were unsure about the visions and values of the organisation. Following the inspection, the registered manager sent us information about a staff workshop to look at organisational behaviours.

Continuous learning and improving care

- Monthly manager meetings were held to support shared learning.
- New systems were being introduced to improve rota planning and audits of the service.
- People were asked how their experiences could be improved at residents' meetings.

#### Working in partnership with others

- Staff told us they frequently communicated with other healthcare professionals to help ensure good outcomes for people. One commented; "Other professionals come in and talk to us at meetings and things."