Care Quality Commission

Mr & Mrs M Cockman

Rosebank

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

Rosebank provides care and support for up to seven adults who have a learning disability. There were five people living in the service when we inspected on 10 December 2015.

There was 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.

There were procedures in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff understood how to minimise risks and provide people with safe care. Procedures and processes were in

Summary of findings

place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

Care and support was based on the assessed needs of each person. People's care records contained information about how they communicated and their ability to make decisions.

People were encouraged to pursue their hobbies and interests and to maintain links within the community.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date with changes regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

Systems in place did not consistently reflect the actions taken in response to concerns raised.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. Audits and quality assurance surveys were used to identify shortfalls and drive improvement in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing health care support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

Staff were compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Good

Is the service responsive?
The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

Systems in place did not consistently reflect actions taken in response to concerns raised.

Good

Is the service well-led?
The service was well-led.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Audits and quality assurance surveys were used to identify shortfalls and drive improvement in the service.

Good

Rosebank

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.

This unannounced inspection took place on 10 December 2015 and was carried out by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

People had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways, such as facial expressions and gestures. We observed the way people interacted with staff and how they responded to their environment and staff who were supporting them. We spoke with two people who used the service. We reviewed three people's care records and other information, for example their risk assessments and medicines records, to help us assess how their care needs were being met.

We spoke with the deputy manager and a care worker who were both on shift during our inspection. We reviewed feedback received from two health and social care professionals.

We looked at records relating to the management of the service including safety of equipment, staff recruitment and training. We also looked at the systems in place for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

People who used the service presented as relaxed and at ease in their surroundings and with the staff. Two people when asked if they felt safe in the service smiled and nodded their heads at us. One person told us, "I am happy and safe here. No problems here."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that incidents were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected from risks that affected their daily lives. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines, finances and accessing the local community, with clear instructions for staff on how to meet people's needs safely. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

There was a small established staffing team in place with sufficient numbers to provide the support required to meet people's needs. The deputy manager told us that agency staff were not used to provide cover, as existing staff including the provider covered shifts to ensure consistency and good practice. This meant that people were supported by people they knew and who understood their needs.

Appropriate recruitment systems were in place to show that the provider had interviewed staff and carried out the relevant checks before they started working at the service.

People's needs had been assessed and staffing hours were allocated to meet their requirements. The deputy manager told us the staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. Throughout our inspection we saw people were supported when undertaking various one to one activities and with accessing the community on planned and impromptu trips out. Our conversations and records seen confirmed there were enough staff to meet people's needs.

Suitable arrangements were in place for the management of medicines. We observed people receiving their medicines in a safe and supportive way. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Medicines were provided to people as prescribed, for example with food or at certain times. Staff recorded that people had taken their medicines on medicine administration records (MAR's). Where medicines were prescribed to be taken as and when required, for example as a response to aggressive behaviour, there were plans, guiding staff through the process for deciding whether to administer the medicines, and what alternative strategies should be attempted before resorting to the use of medicines in such circumstances. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Good

Is the service effective?

Our findings

The training provided was effective in supporting staff to meet people's needs. Staff put into practice the training they had received. For example we saw that staff communicated well with people in line with their individual needs. This included using reassuring touch, maintaining eye contact and using familiar words and pictures that people understood. The deputy manager said that the provider ensured training was in line with best practice and enabled them to meet people's requirements and preferences effectively. Systems were in place to ensure that all staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

As well as regular supervisions team meetings provided staff with the opportunity to talk through any issues, seek advice and receive feedback about their work practice. The deputy manager described how the provider encouraged the staff to professionally develop and supported their career progression. Records seen confirmed these arrangements. This included two newly employed care workers being put forward to obtain recognised industry qualifications or their care certificate. The care certificate is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported employees with their continued learning and development.

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 decision, 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 found that the service was working within the principles of the MCA.

People were asked for their consent before any support and care was provided. This included assisting people with their medicines and to mobilise. Records showed that staff were provided with training on Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the service.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks and refreshments throughout the day. People were encouraged to be independent and the management team made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People's nutritional needs were assessed; they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in people's care plans and used to guide staff on meeting people's needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/ representatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Health action plans were individual to each person and included dates for medical appointments, medicines reviews and annual health checks. Where the staff had noted concerns about

Good

Is the service effective?

people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

Two people told us that all the staff at Rosebank were caring and treated them with respect. One person said about the staff, "Always very kind and nice to me. Help me when I need it." Another person when we asked them if the staff were caring and kind, smiled and nodded their head at us.

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. We saw that they were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. They showed genuine interest in people's lives and knew them well. They were able to describe people's preferred routines, likes and dislikes and what mattered to them.

Throughout the day we saw that people wherever possible were encouraged to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People's choices were respected and acted on. For example we saw one person talking about going Christmas shopping and that they would like a member of staff to accompany them. The member of staff discussed with the person when they wanted to go and made arrangements to facilitate their wishes.

We observed people who used the service in the company of the staff. People presented as calm and comfortable, smiling and enjoying friendly interaction when engaged in daily activities or discussing their plans for the day. People were laughing and enjoying the company of the staff member they were with.

Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They demonstrated an understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood, for example using aids such as pictorial cards to express their choices. There was a developed awareness of people's different facial expressions, vocalised sounds, body language and gestures which indicated their mood and wellbeing.

Staff were familiar with changes to people's demeanour and what this could represent, for example how a person appeared if they experienced pain or anxiety and could not verbally communicate this. We saw the deputy manager recognise when a person's mood had suddenly changed and they had become distressed. They talked to the person calmly and in a reassuring manner. They encouraged the person to sit in a chair by the window pointing to something of interest outside, all the while interacting and engaging with them. We saw the person became settled and smiled as they looked outside. The deputy manager explained how this person responded well to particular routines they liked to do. Such as sitting in their favourite chair and looking outside if it was too cold to go outside.

People were supported to develop and maintain friendships. Their care plans contained information about their family and friends and those who were important to them. Staff enabled people to regularly access the community and to participate in activities they enjoyed. This included going for walks, shopping and going to the pub. Two people smiled and nodded their agreement when we asked if they had enjoyed their holiday trips this year. One person told us they would like to go again on a cruise when the weather was warmer. They said, "I love going on holiday. It is nice to get away and go somewhere new." This showed that measures were in place to reduce the risk of social isolation for people.

Throughout the inspection we saw that the staff respected people's dignity and privacy, including when prompting them with their personal care needs, and supporting them with their medicines. People's health care needs were discussed in private and not publicly. People chose whether to be in communal areas, have time in their bedroom or outside the service. We saw that the staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home, came and went as they chose and were supported when needed.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. One person said, "I like to listen to music, watch television and go out shopping." They nodded when we asked if they could do these activities whenever they wanted. We saw that the staff were attentive and perceptive to people's needs including non-verbal requests for assistance. Where support was required this was given immediately. For example recognising when people required help with personal care.

People had an allocated staff member as their key worker who was involved in that person's care and support arrangements. The deputy manager informed us that key workers met regularly with people and where appropriate their representatives, to discuss the care arrangements in place and to make changes where necessary if their needs had changed. For example if their medicines had changed following ill health. Records seen confirmed this. This ensured that people received care and support that was planned and centred on their individual needs.

The deputy manager explained how they tailored care and support to meet people's complex needs. This included when people were not always able to express themselves verbally and were becoming frustrated at not being understood. They described how all the staff shared with each other the best ways to recognise people's different behaviours and mannerisms and how to respond appropriately. This information was recorded in the care plans so that all staff were aware. We saw the staff interacting with people using their preferred means of communication. This included different ways to engage with people, such as short verbal sentences, pictures and using reassuring touch. This showed that they recognised and were responsive to people's individual needs.

Care records contained information about people's physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people's current needs and how these were met.

People's daily records contained information about what they had done during the day, what they had eaten and what support and care had been provided. However the information was task led and did not consistently reflect people's mood and wellbeing. The deputy manager advised us that they were developing their existing forms to include this information.

People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. This included changes to menus and the choice of activities provided following suggestions made. Good practice was fed back to the staff through internal team communications, meetings and in one to one supervisions to maintain consistency.

The provider's complaints policy and procedure was made freely available in the service and explained how people could raise a complaint. Records showed that no formal complaints had been received in the last 12 months. However systems in place did not consistently reflect the actions taken to people's comments and concerns about the service received. Although the deputy manager described incidents where people's feedback had been acted on such as making changes to people's care arrangements they acknowledged this was not always well documented. They assured us that this would be addressed.

Good

Is the service well-led?

Our findings

Feedback from people about the staff were positive. One person told us how all the staff were, 'Kind and nice; easy to talk to." Staff said they felt encouraged and supported by the provider and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

There were care reviews in place where people and their relatives made comments about their individual care. When people had made comments about their care preferences, these were included in their care records and acted on. For example one relative had stated in the records, "[Person] is very well looked after to enjoy a good quality of life."

People received care and support from a competent and committed staff team because the provider encouraged them to learn and develop new skills and ideas. For example records showed how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Records showed that staff feedback was encouraged, acted on and used to improve the service, for example, staff contributed their views about issues affecting people's daily lives. This included how staff supported people with personal care and accessing the community.

Staff understood how to report accidents, incidents and any safeguarding concerns. They liaised with relevant agencies where required to ensure risks to people were minimised. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again.

Incidents including significant changes to people's behaviours were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

A range of audits to assess the quality of the service were regularly carried out. These included medicines audits and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Full care plan audits were undertaken annually, in addition to the ongoing auditing through the provider's internal review system. This included feedback from family members, keyworkers and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The deputy manager advised us the provider was developing a quality monitoring tool to reflect the actions undertaken to continually improve the service and people's experiences. This included outcomes from their recent internal audits, the satisfaction survey and visits from the local authority and other professionals where relevant. They explained how this tool would pull together all the different systems used to monitor and quality assure the service, reporting on the progress made and outstanding issues on a regularly basis. This would be used to make sure that people were safe and protected as far as possible from the risk of harm, with attention given to how things could be done differently and improved; including what the impact would be to people.

Following our inspection the deputy manager submitted an action plan for the service. This reflected planned improvements such additional training for staff in dementia to enhance their understanding and developing the quality assurance survey to increase the number of relative's returns. In addition the shortfalls we had found with documenting and responding to people's comments and concerns and task led records for people had been included with actions in place to address our concerns.