

Rosebuds Supported Living Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Rosebuds Supported Living Ltd support people to live independently in their own homes. The service currently provides personal care and support to 8 people. A supported living service enables people to live independently in their own home and receive care and support.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. However minor improvements were required to staff recruitment files and end of life processes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

There was limited information in the support plans we reviewed relating to people's end of life wishes. We have made a recommendation about end of life wishes.

Care and treatment was planned and delivered in a way which was intended to ensure people's safety and welfare. There were enough staff to meet people's needs. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so and assessed as competent.

Right Culture:

Support focused on quality of life and followed best practice. Staff involved people, their family and other professionals as appropriate to evaluate the quality of support given and obtain feedback to improve people's day to day quality of life. People living at the service made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their aspiration and goals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The service was registered with us on 25 August 2022 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

Recommendations

We have made a recommendation about end of life wishes.

Follow up

We will continue to monitor information we receive about the service, which will help us inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rosebuds Supported Living Limited

Detailed findings

Background to this inspection

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. We visited the service on 6 January 2024.

During the inspection

We visited 1 of the supported living addresses. We spoke with 2 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff, the registered manager and director. We also received feedback from 1 health professional.

We reviewed a range of records. This included 3 people's care records and 3 people's medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. We looked at the provider's arrangements for managing risk and medicines management, staff training data, complaints, and the provider's quality assurance arrangements.

Is the service safe?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files. For example, references received had not been verified.
- The provider had processes in place to ensure all staff received an extensive induction and staff we spoke to told us they had an induction
- There were enough staff to support people's needs. A relative told us, "Staff know [family member] really well. Staff all work well as a team they are literally family. There's always a lot of staff to support [family member]."
- The numbers and skills of staff matched the needs of people using the service. A relative told us, "The staff all know exactly what they are doing and have been really helpful. The staff have a good understanding of [family member's] complex needs and now exactly how to support [family member]."
- Staff were subject to checks with the Disclosure and Barring (DBS). The DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- We found where a person was prescribed medicines when required (PRN), they did not always have an individual PRN protocol in place. However, the service had generic PRN protocols in place for people living at the service. This gives guidance to staff on the appropriate administration of PRN medicines. Following the inspection, the registered manager took immediate action to ensure people had personalised information available to guide staff on the potential circumstances PRN medicine may need to be administered to people.
- We found a person had been administered PRN medication, but staff had not recorded the rationale for the administration. Staff were able to tell us why the medication had been administered but this had not been recorded. Following the inspection, the registered manager held a meeting with staff to discuss the errors
- Medicines checks were carried out weekly and a monthly audit of medicines was in place. The director told us they were in the process of implementing electronic medicine records which would reduce the risk of medication errors.
- Medicines were stored securely and within the appropriate temperature range.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) which was included in their training.

- Staff had received training in safe medicines management and were assessed as competent before administering medicines and knew how to report errors. Medicine competency assessments were seen on staff files.

Assessing risk, safety monitoring and management

- The registered manager assessed the risks within the environment, including the building, equipment, and fire safety. There were plans to be followed in the event of an emergency evacuation including a fire risk assessment for each person. People also had a personal emergency evacuation plan (PEEP) in place. PEEPS give guidance on how to safely evacuate a person in the event of any emergency situation.
- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. Assessment's included people's healthcare needs, how people moved around the service, skin integrity, choking and risks associated with nutritional and fluid intake. Assessments and plans were regularly reviewed and updated following any incidents, such as a person falling.
- People's care records helped them to receive the support they needed. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely. The registered manager told us, "We work closely with people, families and health professionals when formulating and reviewing the support plans."
- The registered manager told us they believed in positive risk taking and would try to accommodate any activities people wanted to do by putting a risk assessment in place to support this.
- People were encouraged to live fulfilled lives, and risk assessments were in place to support this. A relative told us, "Staff are fabulous and always encourage [family member] to overcome any challenges. My [family member] had a fear of heights and couldn't sleep upstairs but they worked closely with them to overcome their fear."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise concerns. A member of staff told us, "I know how to report any form of abuse and I would take immediate action. I would know who to report to and I would continue to escalate further to the Local Authority if I needed to."
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff told us they would know what to say and how to manage a person's behaviour when they became anxious.
- The registered managers understood their legal responsibilities to protect people from abuse and share important information with the local authority or CQC and had sent the appropriate notifications when necessary.

Preventing and controlling infection

- Staff had received training in infection prevention and control and supported people to minimise the risk of infection.
- Risk assessments were in place for people to mitigate risks from infections.
- The environment was clean, and people were encouraged to help keep their bedrooms clean. The registered managers carried out audits of infection control and cleanliness. The management team met to discuss infections and how these were being managed, whether they could have been prevented and whether any changes were needed to the service.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the registered manager investigated and took action. Lessons learned from

incidents were shared and discussed at team meetings and used to improve people's care. The registered managers told us, "We speak to staff regularly and during team meetings and supervisions and discuss any issues or incidents to share information with them. We send out regular newsletters to staff and share our lessons learnt with them."

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.

This was the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Care and support plans were personalised and reflected a good understanding of people's needs. People's likes, dislikes and interests were listed and there was detailed guidance for staff on how to support people with their responses to distress and health conditions such as epilepsy as well as detailed instructions on how to provide support with different aspects of daily living such as personal care and eating.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. Care plans and risk assessments were reviewed regularly. For example, staff identified changes in a person's behaviour, and this was reflected in an updated risk assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and all restrictive interventions. A relative told us, "I think staff have all the skills and training they need. The management are always training staff so they have the skills they need to support the people they support. Staff have the ability and understanding they need to support [family member]."
- Staff were supported with a full induction and shadowing opportunities when they first started working at the service. One member of staff told us, "The induction really helped me prepare for the role and I found it very helpful. I had the opportunity to shadow and this is very helpful."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "My manager is very supportive and I have regular supervision."

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

- People received support to eat and drink enough to maintain a balanced diet. A detailed nutrition and hydration care plan were seen in people's support plans. People were involved in choosing their food, shopping, and planning their meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences.
- A person told us, "I always get to go out with staff and buy what I need. The staff help me make good choices."
- A menu was seen in the kitchen and communal dining area. A relative told us, "My [family member] needs a lot of support and staff sit with them on a weekly basis and help plan their menu and provide the guidance

and support my [family member] needs."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans which were used to support them in the way they needed. People played an active role in maintaining their own health and wellbeing.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "Any health issues and staff contact the family straight away. They work closely with GPs and community nurses. I feel very much involved in my [family member's] care and it's great."
- Staff had practical information to support people with their healthcare needs. Care plans contained prompts and guidance for staff on action to take, should a person become unwell.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met

- DoLS application had been made and legal authorisations were in place when needed.
- Staff understood their roles and responsibilities in relation to the MCA 2005 framework. Staff understood the need to gain consent from people for care and to encourage people to make decisions for themselves. Where people were unable to do this, best interest decisions were in place.

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.

This was the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A person told us, "[Staff] are respectful and caring. I have no complaints. They are amazing."
- Staff were focused and attentive to people's emotions and support needs. A relative told us, "My [relative] really likes the carers. They are lovely people, and I am very grateful we have them. Staff always go above and beyond and treat [family member] like family."
- Staff were able to tell us about people's preferences and how they liked to be supported. A member of staff told us, "I enjoy talking to people and understanding what they like or dislike. I read the care plans and speak to families to see how I can support them. I always meet with the family and speak to them as often as I can to get to know the person better."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "Staff are consistent and know exactly how to care for my [family member]. The managers are very caring and always check in on my [family member] regularly."

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

- The registered managers worked closely with people and their relatives to ensure their care was tailored to match their needs and we saw evidence of this in their care plans. The registered manager told us, "When taking on new referrals, we do thorough introductions. We spend at least a couple of hours getting to know the service user and put together a bespoke care package, then assign the right carers to the package. We discuss all care plans with families and health professionals."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us, "They involve us in all aspects of care planning. The manager speaks to us often to see if there are any changes to [family member's] care package and updates the care plan accordingly."

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's confidentiality was always respected. Records were kept securely.
- Staff treated people with dignity and respect. A relative told us, "Staff are kind and caring. They are very considerate and supportive. They always ensure they maintain [family member's] dignity at all times."

Is the service responsive?

Our findings

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

This was the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- There was nobody actively being supported with end of life care.
- We found there was limited information in the support plans we reviewed relating to people's wishes for the end of their life.

We recommend the provider puts a system in place to support people to express their views and involve them in decisions about their end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples needs were fully assessed prior to them using the service. This ensured their needs could be met and the service was appropriate for them. A relative told us, "The managers spent time talking to us to get to know our [family member]." A health professional told us, "I have had lots of contact with [registered managers] from Rosebuds who have both been really helpful and also very proactive with my service user care package since taking over. I was informed by [registered manager] about her team recruiting a small team of carers for my service user and they appear to have almost fully recruited a team which is reassuring to know, especially as my service user is complex."
- Staff provided people with personalised, proactive and coordinated support in line with their care plans. People's care plans contained in-depth information about their needs, including essential information relating to health, communication, likes and dislikes.
- People were supported by a small team who knew them well and how they liked to be supported. One relative told us, "Staff have gone out of their way to get to know [family member] because they are interested. They are fantastic carers. They look after [family member] so well."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The registered manager told us they regularly amended or updated the care plans with families as and when required. A relative told us, "They always call me if there's ever any concerns or changes. Their communication is amazing. They always go above and beyond."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans were in place to help people with their communication needs. Staff understood people's

individual communication needs which enabled them to be more responsive to people.

- Staff received training to work with people who may have communication difficulties and used tools such as, objects of reference or pictorial guides and easy read formats to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were engaged in various activities throughout the day, either independently or with members of staff. People went out for walks during the day and attended appointments. We saw people socialising in the communal lounge as well as going to their own rooms to have quiet time or listen to music when they wanted to. A person told us, "I love music so they built me a studio in my flat and I love it."
- People enjoyed social trips into the local community together and were supported to visit their relatives. A relative told us, "Staff always take [family member] out when they want to go anywhere." A person told us, "I go out all the time. I don't like sitting at home. I go shopping with staff and they help me buy whatever I need."

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. We found an example where a person had raised a complaint to the registered manager and action was taken to resolve the complaint.
- People felt they could raise concerns and complaints easily and staff supported them to do so. A relative told us, "I've never had to make any complaints, only questioned something once and it was dealt with."

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

This was the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an effective quality audit system in place which included a monthly report to analyse themes or trends. However, the registered managers told us that following our inspection, they would strengthen their auditing system in respect of staff files, PRN medicines and end of life processes.
- The registered manager and director had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the service they managed.
- The registered managers told us weekly meetings were held to discuss any changes, plans and updates, so everyone was aware of what was happening within the organisation. The management team met regularly to share knowledge and lessons learnt.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were aware of their responsibilities in relation to duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people and required to inform the Care Quality Commission (CQC), of any important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- The registered managers worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A relative told us, "The management are very caring and manage the service very well. I can see how much they care about the people they support. They are approachable and I can't fault them for anything they do. They are managing the service very well."
- Management were visible in the service, approachable and took a genuine interest in what people, staff and other professionals had to say. Staff told us, "My manager is very supportive, and they always listen and are very approachable. I see my manager almost every day."
- The registered managers sought regular feedback from relatives and people they supported. The service

conducted surveys which people, relatives and staff completed. This feedback was used to improve the care provided. A relative told us, "There has always been good communication with the manager. If we were not happy even with little things, we will talk to them. I know the manager well." A member of staff told us, "The management carry out a staff survey to ask us for our views and I find this very valuable. They really listen to our feedback and look at how we can improve things."

- Staff received regular supervision to discuss their support needs and any practice issues. Staff told us, "We use our supervisions to discuss people and their wellbeing, the running of the service and how we can make changes if we need to. The team leaders and manager always listen to our suggestions, and we feel included."
- Staff were positive about working at the service and promoting good outcomes for people. One member of staff said, "We work well as a team together, I enjoy my job and I like supporting people so that they can live their best life."

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- We found there was a positive culture around continually learning and developing the service. The registered manager told us they were always discussing how to move forward and improve the service.
- When necessary, the registered managers worked closely with external health professionals to promote positive outcomes for people. We saw documentation that health professionals had been contacted to support one person's health.
- We saw several compliments the service had received from external health care professionals praising the care and support staff were providing.