

## Prospect Housing and Support Services

# Rosedene

### Inspection report

54 Higher Drive  
Banstead  
Surrey  
SM7 1PQ  
Tel: 020 8393 5162  
Website: [www.prospecthousing.org.uk](http://www.prospecthousing.org.uk)

Date of inspection visit: 5 November 2015  
Date of publication: 11/12/2015

#### 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?

**Requires improvement** 

#### Overall summary

This inspection took place on 5 November 2015 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out in November 2013, where we found the service was meeting all the regulations we looked at.

Rosedene is a care home that can provide accommodation and personal care for up to eight older adults living with a learning disability. Half the people using the service also had a physical disability. There were eight people living at Rosedene at the time of our inspection.

The registered manager of the home left the previous week and an acting manager has been in day-to-day charge of Rosedene ever since. The new acting manager is also registered with the Care Quality Commission (CQC) to manage another care home also owned by Prospect Housing and Support Services. The acting manager told us they were in the process of applying to register with the CQC as the manager of both the care home they currently run and Rosedene. Like registered providers, registered managers are 'registered

# Summary of findings

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 registered manager had failed to notify the CQC about all the incidents that had affected the health, safety and welfare of people living at the home, which included injuries to people and the outcome of any applications made to the local authority to deprive people of their liberty. This meant the CQC could not take appropriate follow up action where needed because we were not made aware of any of the events outlined above.

People we spoke with told us they were happy living at Rosedene and felt safe there. We saw staff looked after people in a way which was kind and caring. Our discussions with people using the service and their relatives supported this. People's rights to privacy and dignity were also respected.

Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. Risks to people's health and wellbeing had been assessed and staff knew how to minimise and manage these risks in order to keep people safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies. The provider ensured regular maintenance and service checks were carried out at the home to ensure the building was safe.

There were enough suitably competent staff to care for and support people. The home continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service.

Staff were suitably trained, well supported and knowledgeable about the individual needs and preferences of people they cared for.

People were supported to maintain social relationships with people who were important to them, such as their relatives. There were no restrictions on visiting times.

People participated in meaningful social, leisure and recreational activities that interested them both at home

and in the wider community. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be. We saw people could move freely around the home.

People were supported to keep healthy and well. Staff ensured people were able to access community based health care services quickly when they needed them. Staff also worked closely with other health and social care professionals to ensure people received the care and support they needed.

People received their medicines as prescribed and staff knew how to manage medicines safely.

There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

Staff supported people to make choices about day to day decisions. The manager and other staff were knowledgeable about the Mental Capacity Act (2005) and best interests meetings were held in line with the Act to make decisions on behalf of people who did not have the capacity to make decisions themselves.

Deprivation of Liberty Safeguards (DoLS) were in place to protect people's safety, and the staff were aware of what this meant and how to support people appropriately. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had a clear management structure in place. The acting manager led by example and was able to demonstrate a good understanding of their role and responsibilities.

The views and ideas of people using the service, their relatives, professional representatives and staff were routinely sought by the provider and used to improve the service they provided.

People and their relatives felt comfortable raising any issues they might have about the service with staff. The provider had arrangements in place to deal with people's concerns and complaints appropriately.

There were effective systems in place to monitor the safety and quality of the service provided at the home.

# Summary of findings

The registered manager, when in post had taken action if any shortfalls or issues were identified through routine checks and audits. Where improvements were needed, action was taken.

We identified one breach of the Care Quality Commission (Registration) Regulations 2009 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

# 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.

People told us they felt safe living at the home. There were robust safeguarding and whistleblowing procedures which staff were aware of. Staff understood what abuse was and knew how to report it. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the risks they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them.

Good



### Is the service effective?

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



### Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to the people using the service and ensured their needs were always met. People's views about their preferences for care and support had been sought and were fully involved in making decisions about the care and support they received.

Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

Care was focused on what was important to people and how they wanted to be supported. People's care plans were developed and reviewed with their involvement and contained detail information that enabled staff to meet their needs.

People had regular opportunities to participate in a wide variety of meaningful in-house and community based activities and events that reflected their social interests.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

## Is the service well-led?

The service was not always well-led.

The provider had breached their legal obligation to submit information to the CQC without delay regarding the occurrence of incidents that might affect the health and wellbeing of people living at the home. This included injuries to people and the outcome of any applications made to the local authority to deprive people of their liberty.

People using the service, their relatives and staff spoke positively about the acting manager. The views of people who lived at the home, their relatives, staff and external health and social care professionals were welcomed and valued by the provider.

The provider monitored the quality of the care, facilities and support people using the service received. On-going audits and feedback from people were used to drive improvement.

**Requires improvement**



# Rosedene

## 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 5 November 2015 and was unannounced. It was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information about the service such as notifications they are required to submit to the CQC.

During our inspection we met all eight of the people who lived at the home, the new acting manager, three care workers and the provider's new managing director. We also spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at various records that related to people's care, staff and the overall management of the service. This included four people's care plans and four staff files.

After the inspection we spoke on the telephone to a person's relative and the independent advocate of another person who lived at Rosedene.

# Is the service safe?

## Our findings

The provider took appropriate steps to protect people from abuse and neglect. Two people told us they felt safe living at the home. One person's relative said, "I think my [family member] is safe living at Rosedene." The provider had policies and procedures in place which set out the action staff should take to report any concerns they might have. Other records showed staff had received up to date safeguarding adults training, which the acting manager and other staff we spoke with confirmed. Feedback we received from staff demonstrated they understood the different types of abuse, what constituted abuse and what action to take if there were suspicions or allegations of abuse. The acting manager told us they were the safeguarding lead for the provider and were responsible for ensuring all staff understood their safeguarding roles and responsibilities.

The provider identified and managed risks appropriately. There were plans in place which identified the potential risks people might face. For example, if staff needed to use a mobile hoist when supporting a person transfer from one place to another detailed guidance on how to do this in a safe way was included in their care plan. Staff demonstrated a good understanding of the specific risks each person might face and the support they needed to provide them in order to keep them safe. For example, we observed staff appropriately support people with mobility needs transfer from the home's minibus to a chair in the lounge.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had developed a range of contingency plans to help people using the service, visitors and staff deal with foreseeable emergencies and events. For example, we saw everyone had their own personal emergency evacuation plan (PEEP) which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated people who lived at the home and staff regularly participated in fire evacuation drills. Records showed us staff had received basic fire safety training. Staff demonstrated a good understanding of their fire safety responsibilities and clearly knew what to do in the event of the fire alarm being activated.

The premises were well maintained which contributed to people's safety. Maintenance records showed systems and equipment, such as fire alarms, extinguishers, and mobile hoist had been regularly checked and/or serviced in accordance with the manufacturer's guidelines.

There were sufficient numbers of staff deployed throughout the home. We received mixed comments from various individuals who represented the people using the service. One person told us, "I'm concerned about the staffing levels and feel that people are being left on their own", while another person said, "There always seems to be plenty of staff on duty when I visit my [family member]". There were three staff on duty when we visited in addition to the acting manager who was supernumerary. We saw staff were visible throughout our inspection and responded promptly to people's requests for support. For example, we saw numerous occasions when staff responded quickly to people's requests for a drink or assistance to stand. Staffing levels were flexible and could be altered to meet the wishes of the people using the service. Staff duty rosters showed us a fourth member of staff was sometimes used in the home in addition to the three members of staff that would always be on duty during the day shifts. This meant there were always enough staff available in the home to accompany people on prearranged social events and activities in the wider community

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines were securely stored in a purpose built medicines cabinet that remained locked when it was not in use. Medicines records showed people using the service had individualised medicines administration (MAR) sheets that included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. MAR sheets that we checked, were completed correctly. Checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Training records showed us staff had received training in the safe handling and administration of medicines and this was refreshed on a regular basis.

# Is the service effective?

## Our findings

Staff were appropriately trained and supported to effectively perform the duties they were employed for. A person's relative told us, "Staff seem to be good at their job". Records showed staff had attended training courses in topics and areas that were relevant to their work, which had included an induction, learning disability awareness, moving and handling, equality and diversity, and person centred care planning. Staff spoke positively about the training they had received. Two members of staff told us the training they received was always on-going and relevant to the work they performed.

We observed one person using Makaton sign language to communicate to staff that they would like a sandwich for their lunch. Makaton is a sign language developed specifically for people with learning disabilities. Although the member of staff told us they had not received any formal Makaton training they were clearly familiar with this individuals food preferences and knew that replicating a 'cutting/slicing' motion with your hands was Makaton sign language for bread. The acting manager told us arrangements had been made for all staff to refresh their Makaton and learning disability training within the next six months, which staff we spoke with confirmed.

Staff had sufficient opportunities to review and develop their working practices. Records indicated staff had regularly attended individual supervision meetings with the home's former registered manager, as well as group meetings with their co-workers. Other records showed staffs' overall work performance was appraised annually. This was confirmed by all the staff we spoke with. Staff also told us that through the meetings and appraisals described above they could discuss their learning and development needs or any issues or concerns they might have. One member of staff said, "We [staff] support each other here."

Appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed information about people's capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people's ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, best

interests meetings had been held with their relatives and/or the relevant health and social care professionals involved in their lives. Staff we spoke with demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The acting manager demonstrated a good understanding and awareness of their responsibilities in relation to mental capacity and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been made and subsequently authorised by the appropriate body.

Staff supported people to eat and drink sufficient amounts. Several people told us the food they were offered at Rosedene was "good" and that they were always given a choice at mealtimes. People's representatives were equally complimentary about the quality and variety of the meals provided in the home. One person's relative said, "The food usually looks good when we visit." Throughout our inspection we observed staff offering people hot and cold drinks at regular intervals.

People's nutrition and dietary needs had been assessed and were regularly reviewed. People's nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Where people had specific nutritional needs there was detailed guidance for staff on how this should be met. For example, where people were identified as being at risk of choking because of eating and swallowing difficulties staff ensured these individuals had a diet of soft and pureed foods. Staff demonstrated a good awareness of people's special dietary requirements and the support they needed to eat.

People were supported by staff to maintain their health. We saw care plans each contained a health care action which referred to people's health needs and provided information for staff about the potential impact of any health conditions they had. People's health care and medical appointments were noted in their records and the



## Is the service effective?

outcomes from these were documented. Where there was a concern about an individual we noted prompt action was taken by staff to ensure appropriate advice and support was sought from the relevant health care professionals. For example, the acting manager was able to give us examples of referrals that had been made to a GP and speech and language therapist after staff had noticed some people

living at Rosedene had difficulty swallowing their food. People also had hospital passports These documents contained important information about people's individual health and support needs which could be quickly shared with medical staff in the event of a person being admitted to hospital.

# Is the service caring?

## Our findings

Two people spoke positively about the home and the staff who worked there. One person said, “I like living here.” Two other people nodded in agreement when they were asked if they liked living at Rosedene. Feedback we received from a relative was equally complimentary about the standard of care and support provided by staff at the home. They told us, “I think the care provided at the home is very good” and “Staff are treating my [family member] well.”

Throughout our inspection we heard conversations between staff and people living at the home were characterised by respect and warmth. People always looked at ease and comfortable in the presence of staff.

Staff ensured people’s right to privacy and dignity were upheld. We saw staff were always respectful and mindful of people’s privacy. For example, we observed staff ask for people’s permission before entering their bedroom. Staff told us about the various ways they supported people to maintain their privacy and dignity, which included ensuring people’s bedroom doors, were kept closed when staff were supporting people with their personal care.

People were supported to maintain relationships with people that mattered to them. A person’s relative told us they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. Care plans identified all the people involved in a person’s life and who mattered to them.

Staff understood and responded to people’s diverse cultural and spiritual needs in an appropriate way. Records we examined showed staff had received equality and diversity training, which helped them understand the importance of respecting people’s diverse cultural and spiritual needs. For example, staff were aware of the culturally appropriate food that people could eat and respected this. Staff were also knowledgeable about the importance of various religious dates and accompanying festivals and supported people to remember and celebrate these. Staff told us they supported people who had expressed a wish to attend religious services at various places of worship in the local community.

People were supported to express their views regarding how their needs should be met. Two people told us they

could choose what they ate at mealtimes and what activities they did. During our inspection we saw staff use various objects of reference, such as different tins and packets of food, which were shown to people using the service to enable them to make informed decisions about what they had for their lunch that day. For example, we observed one person chose to have soup for their lunch, which they did by pointing to the tin of soup shown to them by staff, while another person used Makaton sign language to indicate they would prefer to have sandwiches. We also saw staff helped this person choose the fillings they wanted their sandwich to contain by showing them various items of food stored in the fridge.

Records showed people using the service had regular opportunities to participate in the planning of the weekly food menu, social activity schedule and annual holidays. This information was available in formats that people living at the home could easily understand. For example, we saw people’s care plans and the providers complaints policy were available in easy to read pictorial formats which ensured people understood what they could expect from the service.

In cases where people could not make important decisions and they did not have relatives to support them, staff told us they would encourage this person to have an independent advocate. They told us one person living at Rosedene had an independent advocate who played an active role in this individual’s life.

People were encouraged and supported to be as independent as they wanted to be. One person told us they were going to go out shopping with staff in the afternoon to buy new shirts, which staff confirmed. During our inspection we observed people could move freely around the home with minimal assistance from staff. People were provided with all the equipment they needed, such as wheelchairs, hoists, adapted baths and showers, and lowered work surfaces in the kitchen and people’s bedrooms, to maintain and develop their independent living skills. For example, we saw a table in one person’s bedroom which this individual often used to build models had been suitably lowered to make it wheelchair accessible.

# Is the service responsive?

## Our findings

The new care plan format reflected people's individual needs, preferred method of communication, abilities, preferences and the level of support they should receive from staff to stay safe and have their needs met. The plans also included photographs of the person, additional information about people's background and life history, and the names of people who were important in their lives. These plans provided staff with clear guidance on each person's individual care needs. One member of staff told us, "I think the new care plans we've started using are better than the old ones because they've got a lot more personal information about people's pasts, their families and the things they enjoy doing." The acting manager told us the service was in a transition period and staff were in the process of transferring information to a new more person centred care plan format, which the provider had recently introduced.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. We saw care plans were regularly updated by staff to reflect any changes in that individuals needs or circumstances. This helped to ensure care plans remained accurate and current.

People were supported to pursue activities and interests that were important to them. People told us they had

enough opportunities to engage in activities they enjoyed. One person said, "I like going out in the bus" and another person told us, "I go shopping with staff." During our inspection we saw three people went out in the home's minibus with staff to attend various community based activities. Staff told us two people were going to a local day centre and another was having lunch out with staff. People who remained at home read magazines, watched television or made models in their bedrooms. We saw there was a calendar of activities available to advise people of what had been planned. Regular planned activities included cooking classes, art and craft sessions, meals out, attending local day centres, day trips to the coast and annual holidays. Care plans reflected people's specific social interests and hobbies people enjoyed.

The provider responded to complaints appropriately. We saw an easy to read copy of the provider's complaints policy was clearly displayed on an information board in the homes lobby. . One person's relative told us, "I wouldn't hesitate to tell the new manager if I wasn't unhappy about the way my [family member] was being treated at Rosedene." We saw the provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. We saw a process was in place for the manager to log and investigate any complaints received which included recording all actions taken to resolve these.

# Is the service well-led?

## Our findings

Records we looked at indicated that in the past 12 months several incidents involving people using the service falling and injuring themselves had occurred at Rosedene and six applications submitted to the local authority to deprive people of their liberty had been authorised. It was clear from these records and discussions we had with the acting manager that these events and incidents had been appropriately dealt with by the service at the time of their occurrence. However, the registered person had a legal obligation to notify us without delay about such events that affect the health and welfare of people using the service, including serious injuries and authorisations to deprive someone of their liberty. This meant the CQC might not take the appropriate follow-up action where needed because we were not made aware of the occurrence of these important events in a timely manner. This is a breach of the Care Quality Commission (Registration) Regulations 2009.

People told us they felt the service had been well run by the former registered manager. They spoke positively about how inclusive they had been. People also talked positively about how approachable and supportive the new acting manager was. One person's relative told us, "I'm very impressed with the new manager who ran the home my [family member] previously lived in. He is always supportive and very approachable." It was clear from discussions we had with staff that they also felt the home had an effective management structure in place. One member of staff told us, "All the managers that have worked here recently have been great."

People were also enabled to make suggestions about how the service could meet their on-going and future care and support needs through regular care review meetings with staff. Records showed that people's views and ideas had

been documented and the actions taken by staff in response were recorded. This meant staff were accountable for ensuring people's views influenced how the service was developed so that it met their needs and wishes.

Staff were asked for their views about the home. They told us there were regular team meetings where they were able to discuss their opinions openly and receive feedback about any issues or incidents that had adversely affected the service and the people who lived there. Staff also told us they would speak with the manager about any concerns they might have and were confident that they would be listened to. One member staff said, "The new manager is very experienced."

The home had good governance systems in place to assess, monitor and improve the quality and safety of the service people received. We saw quality assurance records that indicated the home's area manager carried out internal audits of Rosedene at least once a quarter and regularly spoke with people using the service, staff and the acting manager. We saw the area manager completed a quality monitoring report each time they audited the home that looked at complaints, staffing, accidents and incidents and finances. Other in-house audits the acting manager and her staff team regularly carried out included checks on people's care plans, risk assessments, medicines, infection control, fire safety, food hygiene, staff training and supervision, and record keeping. We saw that where any issues had been found an action plan was put in place which stated what the service needed to do to improve and progress against these actions. The acting manager told us any accidents, incidents, complaints and allegations of abuse involving the people using the service were always reviewed and what had happened, analysed so lessons could be learnt and improvements made to minimise the risk of similar events reoccurring.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person had not notified the CQC without delay of all the incidents that had affected the health, safety and welfare of people using the service, including injuries and the outcome of any applications made to the local authority to deprive people of their liberty. Regulation 18(2)(4A)</p>