Mitchell's Care Homes Limited

Rosetta

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Rosetta is a care home providing care for up to 12 adults with learning disabilities. The accommodation is provided over two floors with some bedrooms on the ground floor. At the time of our inspection, there were nine people living at Rosetta.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. 'Registering the Right Support' Care Quality Commission (CQC) policy. Although the service is registered for up to 12 people the provider informed us they do not intend to take any further admissions to the home in line with the principles of Registering the Right Support.

People's experience of using this service: Whilst many positive interactions were seen we also observed occasions where staff did not always demonstrate caring values when supporting people. Quality assurance systems had failed to identify the concerns raised during our inspection.
Recruitment files showed that gaps in staff employment histories had not always been fully explored to ensure that people were supported by suitable staff. Following the inspection, we were informed that this concern had been addressed. We have made a recommendation regarding this. Staff received induction, training and supervision to support them in their roles. However, the registered manager told us they would personally value the opportunity to receive a more formal supervision with written records.

Risks to people's safety were considered and plans implemented to minimise these. However, we have made a recommendation regarding ensuring staff are fully aware of people's needs. People lived in a safe environment and staff understood their responsibilities in protecting people from potential abuse. People received their medicines in line with prescriptions and had access to a wide range of healthcare professionals.

Staff were aware of people's past histories and interests and people had access to a range of activities. However, care records and activity plans were not always completed in a detailed manner. The registered manager told us this was in the process of being addressed as part of the implementation of an electronic records system. We have made a recommendation regarding ensuring that activities provided are in line with people's needs.

People and their relatives told us they were treated well by staff and that the registered manager was accessible. People were supported to maintain their independence and their dignity and privacy were respected. Permanent staff spoke affectionately about the people they supported.

Rating at last inspection: At the last inspection the service was rated Good (report published on 15 October 2016)

Why we inspected: This was a planned comprehensive inspection

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? 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 not always caring Details are in our Caring findings below.	**Requires Improvement**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Rosetta

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was carried out by three inspectors.

Service and service type:
Rosetta is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
The inspection was unannounced.

What we did:
Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we spoke with two people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager and three staff members. Following

the inspection, we spoke with two relatives who were in frequent contact with the service. We reviewed a range of documents about people's care and how the home was managed. We looked at four care plans, three staff files, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

Good

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks to people's safety had been considered and steps implemented to minimise these. One person had a risk management plan in place regarding behaviours they may display when anxious. Staff had supported the person to use electronic games and stories on a hand-held device to help them remain calm.
- Risk assessments had been completed in relation to people's mobility and their changing needs as they grew older.
- However, staff were not always able to fully describe people's needs which presented a potential risk to their safety. We observed one person coughing repeatedly. This appeared to be worse when the person had eaten or had a drink. Staff did not always offer the person the opportunity to change the position of their electric chair to adjust to a safer position when drinking. When discussing the reason for the persons cough we were given three differing reasons for this from different staff members. There was no guidance within the persons care plan regarding how staff should support them to eat and drink. The lack of understanding regarding why the person was coughing and the lack of guidance to staff meant the person was at risk potential health concerns not being identified. Following the inspection, the registered manager took prompt action to ensure the persons eating and drinking needs were assessed by the speech and language therapy team.

We recommend that staff are made fully aware of potential risks to people's safety in all areas and that detailed written guidance is provided regarding each persons eating and drinking needs

- Equipment was regularly serviced and safety checks of the environment were completed.
- The provider had developed a contingency plan to ensure that people would continue to have their needs met in the event of an emergency.

Staffing and recruitment

- There were sufficient staff available to ensure people's safety and people did not have to wait for their care.
- Staff files contained evidence that recruitment checks had been completed. Disclosure and Barring Service (DBS) checks for staff been completed before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.
- Staff files also contained an application form, proof of identity, references from previous employers and evidence of a face to face interview. However, we found that gaps in staff members employment history had not been explored. Following the inspection, the service forwarded evidence that employment histories had been completed to ensure that staff were suitable to work at the service.

We recommend that employment histories of potential staff members are fully checked prior to their employment commencing.

Systems and processes to safeguard people from the risk of abuse

● Staff were aware of their responsibility to keep people safe from abuse. They could describe the different types of abuse, signs to look for which would raise concern and the reporting procedures to be followed. One staff member told us, "I would always report to my manager and whistle-blow if I needed to."

● Safeguarding information was available for people and staff to refer to. Staff had completed safeguarding training.

● Where required the service had informed the local authority of any potential safeguarding concerns.

● Systems were in place to ensure that people living at Rosetta were protected from the risk of financial abuse. Checks of people's finances were completed at handover and records of people's spending were maintained in detail. Audits of finance systems were completed by the registered manager and periodically by the provider.

Using medicines safely

● People received their medicines in line with prescription guidelines. The provider had implemented an electronic medicine recording system which supported staff in the administration of medicines. The registered manager told us that since the system had been implemented errors had reduced.

● Medicines were securely stored and counts of the medicines available to people matched the completed records.

● Guidance was in place for people who required PRN medicines (as and when required). Where required, staff had completed specialist training to administer people's medicines safely.

Preventing and controlling infection

● People lived in a safe and clean environment.

● Cleaning schedules were in place and staff signed in acknowledgment when tasks were completed. Staff confirmed they received infection control training.

● Staff had access to personal protective equipment for use when supporting people with personal care. One staff member told us, "It's important we wear gloves for cleanliness and for their dignity."

Learning lessons when things go wrong

● Accidents and incidents were recorded and action taken to minimise the risk of them happening again.

● Records showed that where appropriate, professionals had been involved in supporting people to manage risks. One person had experienced a number of falls which led to a referral being made to the occupational therapy team. As part of the learning process, the person's chair was raised and a new walking frame was provided. Records showed this had led to a decrease in the number of falls the person experienced.

Good

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

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

Adapting service, design, decoration to meet people's needs
● Consideration had been given to people's needs. A number of people had downstairs bedrooms which minimised risks associated with stairs. Bathrooms contained adapted facilities and there was a garden which people could use during the warmer months.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to them moving into Rosetta and were kept under continual review.
● Each person's needs were formally reviewed on an annual basis to ensure the service continued to meet their needs.

Staff support: induction, training, skills and experience
● Staff received an induction when starting to work at the service. One staff member told us, "[Registered manager] showed me around and then I was introduced to residents and to the job over about two weeks. I did the on-line training too."
● Following our feedback, the registered manager told us they would review the way bank staff were inducted into the service to ensure they were fully aware of people's needs. We will monitor this during our next inspection.
● Staff completed comprehensive training which included training that was specific to people's needs such as diabetes, catheter care and epilepsy.
● Staff told us they found the training useful in their roles. One staff member said, "The training was good and if I need more training I can ask for it. I asked to do my NVQ training and I'm now on the course."
● Staff received regular supervision to support them in their roles. One staff member told us, "It's good to have supervision. They are understanding and you can talk about anything."

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs and preferences were known to staff. Staff we spoke with could describe to us people's favourite foods and dislikes. We found this information was in line with the care records.
● Where people required their food to be of a soft consistency this was provided and clear guidance was available to staff.
● People received support from staff where they required support to eat or prompting. However, the guidance in some people's care plans on the support they required from staff to eat needed to be more detailed. Following the inspection the provider assured us that staff had received training and supervision regarding people's lunchtime experience.
● People were weighed regularly and referrals made to relevant health care professionals where significant

changes were noted.
● People were offered a choice of foods. However, the registered manager acknowledged that it may be easier for people to choose if they were presented with samples of the choices available.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to access healthcare professionals in accordance with their needs. This included access to their GP, dentist, podiatric, occupational therapy, physiotherapy and appropriate consultants.
● One person told us they had a dentist appointment soon and explained what this was for. The showed the person was involved in decisions about their own health care. Records showed that people were supported to attend appointments and information was shared with relatives as appropriate.
● Each person had a healthcare passport which contained information about them which could be shared with relevant professionals in the event of people being admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance
● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Where required DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. Where appropriate, healthcare professionals were involved in this process.

Requires Improvement

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People were not always supported by staff who knew them well. The registered manager told us they needed to use agency and bank staff on occasions but ensured the temporary staff used were regular and known to the organisation and to people living at Rosetta. We asked one temporary staff member to introduce us to a person they were sat with. The staff member told us they did not know the person's name and did not make an effort to find this out.
- On occasions staff communicated with people in a functional manner which did not appear to be supportive and encouraging. We observed one person appeared reluctant to eat their lunch. The staff member stood over them and said, "[Name], eat now." The person did not respond to this communication. A second staff member later came and sat next to the person and spoke to them in a gentle manner and prompted them to eat. The person responded well to this and began to eat their lunch.
- Staff did not always support people with in a caring and respectful manner. At lunchtime we observed staff walking around checking on people rather than sitting and talking to people whilst they ate. This resulted in one person receiving support from three different staff members to eat their lunch. One staff member stood over the person whilst supporting them with their drink. Following the inspection the provider informed us they have reviewed the lunchtime experience for people and that staff have received additional training and supervision in this area. We will monitor the effectiveness of this during our next inspection.
- Staff did not always show consideration to people's comfort. We heard a staff member comment on how hot it was in the lounge. However, they did not check if people were comfortable with this. One person was sat in a heavy jumper next to the window where the bright sun was shining on them. A second staff member later came and noted this and drew the blinds to make them more comfortable.

The failure to ensure that people were consistently treated with kindness and respect was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In contrast, some staff working at Rosetta had supported the same people for many years and knew them well. People and relatives told us that staff were caring, one person smiled when telling us they liked the staff and that they were nice. One relative told us, "Very caring [the staff]. It's just brilliant, absolutely brilliant."
- We observed some staff take time to sit with people and chat with them, enquiring how they were and if they needed anything. One staff member was heard to compliment a person on their dress and showed an interest in the craft work they were completing.
- Staff we spoke to talked about people in an affectionate way. One staff member told us, "They are like our

extended family."

Supporting people to express their views and be involved in making decisions about their care
● We observed staff providing options and choices to people and their decisions were respected. People were asked where they would like to sit, where they wanted to eat their lunch and provided them with a choice of drinks.
● Staff told us they understood the importance of offering people choices in their day to day care. One staff member told us, "I know how they each communicate what they want. It's important to make eye contact and for [person's name] this means I may need to sit on the floor with them. I will offer visual choices like hold up two different styles of trousers."
● People and their relatives were involved in reviews regarding their care. One relative told us, "They always invite me to reviews. Last year they all came here [to the relative's home] because I couldn't manage to get there."

Respecting and promoting people's privacy, dignity and independence
● People's dignity and privacy were respected. We observed staff were discreet when speaking to people about their personal care. Bathroom and bedroom doors were closed when staff were supporting people to wash and dress.
● Staff told us they understood the importance of respecting people's dignity and knocking on people's doors before entering. One staff member told us, "When they are going to the bathroom I make sure they are covered up or have their dressing gown on, curtains should be drawn and the doors closed. It wouldn't be nice for them if we didn't do these things."
● Attention was paid to people's appearance. People's hair was clean and styled and men had been supported to shave.
People had the opportunity to practice their religion should they wish to do so. Records showed that church services were available to people on a regular basis.
● People were supported to maintain their independence. People were encouraged to maintain their mobility and had the aids and equipment they required to do so. Adapted crockery and utensils were available to people to enable them to eat with minimal staff support.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery although activities within the service would benefit from being more personalised.

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

- The provider had recently implemented an electronic care records system. The registered manager told us they had requested this as they believed it would lead to increased involvement into care plans from both people and staff. The system also provided up to date information regarding the support people received from staff to ensure that their needs were being monitored.
- As staff were in the process of transferring information to the electronic system we were advised to look at paper records. Some care records contained detailed information and guidance for staff to refer to. However, in other areas information required additional detail. For example, care plans related to the support people required with their oral healthcare lacked detail.
- People had person centred plans in place which gave a detailed history of their lives, families, religion, likes and dislikes. The permanent staff we spoke with could relay this information to us and were knowledgeable about people's preferences.
- People had access to a range of activities they enjoyed. Daily records showed people took part in arts and crafts, music, games and various outings. In addition, visiting activity services came to the service on a weekly basis.
- For some people activities were in place which supported their needs and interests. One person had previously experienced high levels of anxiety at times. An electronic tablet device had been purchased for the person which they used to occupy their time. This had led to a reduction in their anxiety.
- People were supported to have a holiday of their choice. We saw evidence that four people had enjoyed a trip to Spain last year.
- However, we found that although people had access to a variety of activities these were not always in line with people's interests. One person's care records stated they enjoyed knitting, magazines and doing jigsaws. We did not see any of these activities offered to the person and daily records did not reflect the person had been offered these.

We recommend that the provider continues with the implementation of more detailed care records and that people consistently have access to more personalised activities.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. One person told us they would speak to staff if they were unhappy about anything at Rosetta. One relative told us they had never had cause to make a compliant but would feel comfortable in discussing any concerns with the registered manager, "He listens, most definitely. He'd do anything to make sure they were well looked after."
- The provider had developed a complaints policy which was clearly displayed. This gave details regarding

who to contact to discuss any concerns and the timescales for receiving a response.
● Only one complaint had been received in the last twelve months and this had been promptly addressed by the registered manager.

End of life care and support
● At the time of our inspection no one living at Rosetta was receiving end of life care. The registered manager told us they had started the process of speaking to people and their family members about this sensitive issue. We saw evidence that this was the case.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The quality assurance systems in place did not consistently identify concerns within the service. The registered manager was responsible for completing self-assessment audits of the service performance monthly. During the inspection the registered manager informed us that these assessments were not consistently checked by the provider and that although the provider had visited the service, no written audits had been completed. However, following the inspection the provider forwarded information which showed they had completed audits and the registered manager had completed the relevant actions.
- Review of the registered managers self-assessment audit and the provider audit had failed to identify the concerns raised during our inspection with regards to staff not always demonstrating caring values, consistent provision of personalised activities and care records fully reflecting people's needs.
- There was a lack of support and direction for the registered a manager from the provider. We asked to see records of supervision for the registered manager. The registered manager told us that formal records were not maintained and senior managers would chat with them during visits. They told us they would value the opportunity to have a more formal supervision in order to have their ideas for service and personal development recorded.

The providers failure to ensure robust management oversight of the service is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they found the registered manager approachable. One person told us they liked the registered manager and could speak with him. One relative told us, "The manager is really good and sorts everything out. If the manager is good I think the rest of them are."
- Staff told us they felt supported in their roles. One staff member told us, "We are supported 100%. I come from a different place where it wasn't like that. Here we always have support."
- The registered manager had a drive to make improvements to how the service was run and had initiated a number of initiatives such as electronic medicines systems and electronic care records.
- Staff meetings took place on a regular basis. Minutes showed that people's needs were discussed and that staff had the opportunity to speak freely and make suggestions.

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

- The registered manager demonstrated understanding of their role and legal responsibilities.

●The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service. Records were securely stored within a locked office.
● Staff told us they felt there was a positive and open culture within the service. One staff member told us, "I like the way we work, I like the clients but most of all I like the culture. How we treat the people we look after. It's always been like that here. It's passed on between the staff when we start."
● The registered manager had a system in place to monitor and review accidents, incidents and complaints should they occur.
● People's relatives told us they received regular updates from the registered manager regarding their loved ones care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager told us that they tried to involve people in the running of their home wherever possible. For example, the 4-weekly menu plan was in the process of being revised. People had been consulted on the options they wished to be included by using photographs and the laptop to show people pictures.
● People had the opportunity to comment on the running of the service during service user meetings. These covered areas including food, health and safety, fire procedures and plans for the future.
● One person told us they enjoyed where they lived and felt part of the local community. They described some of the local events they attended and said they particularly enjoyed it when the fair visited.
● Questionnaires were completed to gain views of the service from people, their relatives and professionals. All feedback received was positive and comments included, "They can't do better." And, "He looks well and the carers are good with him."

Working in partnership with others
● The service worked in partnership with relevant organisations for the benefit of people living at Rosetta. This included developing on-going working relationships with healthcare professionals and community facilities such as horse-riding.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure that people were consistently treated with kindness and respect

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure robust management oversight of the service