Mitchell's Care Homes Limited

Rosetta

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?	Requires Improvement

Summary of findings

Overall summary

Rosetta is a residential home which provides care and accommodation for up to 12 adults with a learning disability and/or autistic spectrum disorders. The home, which is set over two floors, is located on the outskirts of Caterham. On the day of our inspection nine people received support. People had varied communication needs and abilities. Some people were able to hold conversations, some people were able to express themselves verbally using one or two words; others used body language to communicate their needs.

This inspection took place on 9 August 2016 and was unannounced.

We carried out an unannounced inspection of this service on19 May 2015. During this visit we identified areas of concerns where the provider was failing to comply with the relevant requirements of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).

We asked the provider to take action to make improvements. The provider sent us an action plan and these actions have been completed. We undertook this comprehensive inspection on 9 August 2016 to review the improvements made and to see if they met the legal requirements. We identified no serious concerns during our inspection.

The provider did not have a robust process that had ensured people finances were managed appropriately which is subject to investigation.

The home had a registered manager who was present on the day of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to take control of their lives in a safe way. Staff had written information about risks to people and how to manage these. Staff we spoke to were aware of individual risks to people. We saw in care plans that risk assessments were up to date and there was information around what to do to minimise the risk. These included mobility, medicines and risk for undertaking certain activities.

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. Staff said they would report any concerns to the registered manager. They knew about types of abuse and where to find contact numbers for the local authority's safeguarding team if they needed to raise concerns.

Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. Staff recruitment records contained

information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Training was provided during induction and then on an on-going basis.

Processes were in place in relation to the correct storage and management of people's medicines. All of the medicines were administered and disposed of in a safe way.

Rosetta was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. People also went out for lunch when they chose too.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed interactions and it was evident that people enjoyed talking to staff. People were able to see their friends and families as and when they wanted and there were no restrictions on when people could visit the home.

People took part in community activities on a daily basis; for example trips to the shops. The choice of activities were specific to each person needs and interests and had been identified through the assessment process and regular house meetings held.

People had an individual care plans, detailing the support they needed and how they wanted this to be provided. We read that staff ensured people had access to healthcare professionals when needed. For example, the doctor or optician.

People were able to make a complaint if they needed to. The complaints procedures were up to date and people and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely and updated in a timely manner.
The home had a system of auditing in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. The registered manager had assessed incidents and accidents, staff recruitment practices, care and support documentation, and decided if any actions were required to make sure improvements to practice were being made.

People's views were obtained by holding residents meetings and sending out an annual satisfaction surveys.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe, and how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding and power cuts.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of all types of abuse and what they should do in response to specific concerns raised. Staff were aware of the safeguarding adult's procedures.

There were enough staff deployed to meet the needs of people and help keep them safe. Recruitment procedures were robust and appropriate checks were undertaken.

Medicines were managed safely and administered to people when needed.

Written plans were in place to manage risks to people which staff knew and followed to help keep people safe.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink according to their choice and plan of support.

Staff said they felt supported by the registered manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff that treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families (where necessary) were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People and relatives were given regular opportunities to give feedback about the service.

Is the service well-led?

Requires Improvement

The service was not always well- led.

The registered manager undertook audits of medication and health and safety issues. The registered provider had a satisfactory system of recording the auditing processes that were in place to monitor the quality of the service provided.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns. The registered manager had undertaken regular supervision with staff.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Rosetta

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.

We undertook an unannounced inspection of Rosetta on 9 August 2016. The inspection team consisted of two inspectors. Both inspectors had knowledge and experience of supporting people with learning disabilities.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed all the information we held about the provider. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We contacted the local authority commissioning and safeguarding team to ask them for their views on the service and if they had any concerns.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, two relatives, three members of staff, the deputy manager and the registered manager. We spent time observing care and support being provided. We read three people's care plans and other records which related to the management of the service such as training records and policies and procedures.

This inspection was undertaken to check that improvements to meet the legal requirements had been made after our last inspection on 19 May 2015 identified breaches in regulations.

Good

Is the service safe?

Our findings

At our last inspection we found breaches of regulations in relation to safeguarding people from abuse, staffing levels and the way staff were recruited. As a result we took regulatory action to ensure people were safe from the risk of financial abuse and supported by enough safely recruited staff. We found at this inspection that improvements had been made in these areas within the service.

Staff told us they knew about the local authority safeguarding procedures and said, "I would report anything to the registered manager or phone the local authority myself." Staff had a clear understanding about all types of abuse. People were protected from the risk of financial abuse within the home. There were clear records kept of people's individual finances which detailed how what they had spent their money on and the reasons why. The registered manager conducted regular audits of people's finances so would be able to identify if people were at risk of financial abuse. Staff had received safeguarding training and knew about the services policies and local authority procedures, which we saw were up to date.

We observed that there were sufficient staff on duty to meet people's needs safely. People did not have to wait to be assisted. We saw that staff had taken some people out to activities, whilst other staff remained in the home to support people with their daily activities. Staff were available for people when they needed support in the home and in the community. Staff told us that they now had enough time to support people in a safe and timely way. The registered manager told us that staffing levels were determined based on people's needs .The registered manager said that at night time staffing levels had been increased and there was now one waking staff and one sleep in staff member at night. The registered manager told us staff fluctuated in the day between five and six staff depending on people's needs and the levels of personalised activities. We confirmed this was in place by looking at the rota.

Staff recruitment records now contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Risk assessments and support plans were in place that considered any potential risks and strategies were in place to minimise the risk. One person had been assessed by the occupational therapist to use equipment to help with moving. We saw that risk assessments were in place to guide staff on safely supporting the person to use the specific equipment.

Assessments of the risks to people's safety from a number of foreseeable hazards had been developed; such as bathing, shopping and community activities. Care plans contained risk assessments in relation to people who required one to one supervision, as well as individual risks such as, bathing and nutrition. Staff told us they had signed the risk assessments and confirmed they would sign risk assessments they had read and understood the risks to each person. The registered manager had systems in place for continually reviewing

incidents and accidents that happened within the home and had identified any necessary action that needed to be taken.

Staff members said how they would record accidents and incidents and that any learning from these was discussed at handover, at staff meetings or written in the communications book. For example they discussed how they had supported a person whose mobility had deteriorated and the use of additional equipment and extra staff to support the person's needs. One staff member said "I would call for assistance if anything happened, check the person over and take any action that was needed."

People received their medicines safely. We looked at medicine administration records (MAR) and audit checks undertaken by the local pharmacy and observed staff administering medicines to one person. The audit showed that safe practices were in place and no action for improvements were identified.

Staff explained what the medicines were to people and signed the correct entry on the MAR chart after they had been given. People who were prescribed 'as required' (PRN) medicines had protocols in place to show staff when the medicines should be given. The GP had signed PRN protocols for people as they had the competencies to do so. Where the PRN protocol was completed records showed us how staff knew to give PRN medicines and which affects staff should observe and report upon. For example one person had been supported to reduce the level of medicines they took which had improved their physical health as had reduced unwanted side effects.

Checks on the environment and equipment had been completed to ensure it was safe for people. There was an up to date business continuity plan in place that assessed and planned for events that included adverse weather conditions, fire and power outage. Personal Emergency Evacuation Plans (PEEPS) were in place for people that could be used to move people safely in the event of a fire, staff we spoke to were aware of the procedures needed to evacuate people from the building if necessary.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. A relative said," The staff are so caring, they are a good team."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. They had submitted DoLS applications to the authorising authority as required. As part of this process mental capacity assessments had been completed and best interest meetings held and recorded.

The registered manager told us since the last inspection mental capacity assessments had been undertaken for everyone and included assessments for important decisions that affected people such as their annual flu jab and consent to care. An easy read tool was used to assess people's capacity and best interest meetings were recorded and included evidence of discussion with family and other relevant healthcare professionals. Staff said that they would, "Always give people a choice."

The registered manager and staff had undertaken best interest meetings and obtained consent from people appropriately about how they spent their money and on what they bought. There were systems in place to obtain consent from people or to guide staff about how consent should be recorded. All of the people's monies were managed by legal appointee's. People had access to their money on a daily basis. Staff recorded the amounts given and kept receipts; the balance of all monies was logged at each expenditure and checked twice a day by staff and the registered manager. Any item exceeding a certain amount, written authorisation was provided by the local authority.

Staff ensured people's needs and preferences regarding their care and support were met. Staff were knowledgeable about the people they supported. Each person had a keyworker who sought the person's views and supported them when planning activities, holidays and opportunities to access the community. The registered manager showed us copies of minutes that included issues people had discussed at the monthly 'house meeting' issues were discussed such as menus and trips out.

One person said; "I enjoyed my lunch." People were encouraged and supported to be involved in the planning and preparation of their meals. The registered manager told us monthly meetings were held to discuss the menu's which were sent to the dietician for agreement. People were able to choose to eat their lunch where they wanted or had a choice of going out for a meal. People's weight was monitored on a regular basis and each person had a nutritional profile which included their food allergies, likes, dislikes and

particular dietary needs. Staff knew that one person was diabetic and another person required a soft food diet and followed guidance on how to support people with their specific diets.

There was a wide selection of food available to people. Fridge and cupboards were well stocked. One person used thickening powder to have drinks as they had been assessed as being at risk of choking from normal fluids. We saw that people were offered drinks throughout the day. The registered manager said they consulted with the dietician to ensure a healthy and balanced menu was available. Photo menus were in place for people to see what the choices were, so they could make an informed decision about what they wanted to eat.

People were supported by staff who had skills to meet people's needs. Staff undertook a training programme which included how to support people in a safe and dignified manner who may harm themselves or others. Staff had access to a range of other training which included MCA, DoLS, manual handling, record keeping and medicine safety. The training plan showed that all staff were up to date with training. New staff under took the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. This ensured staff were helped to develop essential skills to provide the appropriate care in a positive and constructive way to meet people's needs.

Staff said that they were all up to date with the training. One said "The training is really very good." Staff we spoke to confirmed they had completed an induction. One staff member said that they had "Shadowed other staff for a period of time to understand the people's needs, the management really encourage us with training."

Management supported staff to review the appropriate induction and training in their personal and professional development needs. The registered manager completed the NMDS (national minimum data set) standards for training. Staff confirmed they had supervision. Supervision logs also showed staff were receiving regular support and mentoring. Staff said "I value supervision; it's a chance to talk about my role." The deputy manager told us they had implemented a daily catch up meeting with staff to ensure consistency in care and to discuss issues that may arise on a daily basis.

People were supported to access healthcare services and to maintain good health. Care plans contained up to date guidance from visiting professionals involved in people's well-being and evidence that people had access to health care professionals such as GP's, psychiatrist, specialist support and development team and chiropodists. One person said "I see the doctor if I need to." One visiting professional said the staff are approachable and they have a good level of communication.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Relatives told us staff kept them informed of any changes to the health, welfare and safety of their family member. Comments from staff included "My job's about putting people first." Another staff member said "Everything is individualised – its tailor made for them."

We observed staff interaction with people and saw several examples of staff being kind and considerate. Staff sat with a person talking to them about how they were feeling. The staff member used both words and gestures to communicate and the person responded in a cheerful way. Staff knew Makaton and were able to communicate with at least one person on the day using this form of communication. Staff joked and laughed with people, it was clear that they knew people well and their backgrounds.

Staff told us of people's preference for programmes they liked to watch. We saw one person was fascinated with how refuse was collected and the vehicles used to do this. Staff supported him to phone the council when the bins needed emptying which resulted in a rubbish collection happening. The person sat with us and showed us pictures of this particular interest.

We saw frequent, positive engagement with people and staff. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned care. The atmosphere was very relaxed with lots of laughter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave them time and attention. Staff knew what people could do for themselves and areas where support was needed, one person wanted a cup of tea and staff supported them to make it. Another person needed help to drink their tea. Staff appeared very dedicated and committed.

Staff told us they reviewed peoples care plans regularly. They said they would involve the person in reviewing their care and ask for input from relatives. One relative we spoke to said that they were contacted by the home and invited to care review meetings which they attended. The manager told us that two people had requested a copy of their care plans be sent to their relatives.

The registered manager told us they used a variety of communication aids to support people who were unable to verbalise their thoughts and preferences. Staff told us this included using pictures, speaking slowly and clearly and watching a person's body language. We observed this happening with people throughout the inspection. Care plans were in an easy read pictorial format. This meant it may be difficult for people unable to read to understand what had been said about them.

People were appropriately dressed and presented. For example, with appropriate clothes that fitted them and tidy hair which demonstrated staff had taken time to assist people with their personal care needs.

People looked relaxed and comfortable with the care provided and the support received from staff. Staff told us that relatives visit and that the home has no limitations on visits. Care staff said that they support people to maintain close contact with their family. The deputy manager said that "We have worked hard to maintain and develop people's relationships."

Good

Is the service responsive?

Our findings

One person told me "The staff help me" and "I have my care plan in my room". This showed that people had involvement in the development of their plan of care.

People who lived at Rosetta had complex health and communication needs which impacted on some decisions about their care, treatment or how they lived their daily lives. Records we viewed and discussions with the registered manager demonstrated a full assessment of people's needs had been carried out before people had moved into the service. People had lived at the home for many years and were involved with external professionals when needed.

Daily records detailed the care and support people had received and described how people spent their days. This included activities they had been involved in and any visitors they had received. One person's daily records stated they regularly spent time at a day centre and the positive impact this had on them.

Care plans comprised of various sections some of which were in an easy read pictorial format and which recorded people's choices, needs and preferences in areas such as nutrition, healthcare and social activities. Care plans contained information on a person's personal life and life histories; who was important to them, their health plan and what they liked to do. We saw each area had been reviewed at regular intervals. For example, one person's mobility had decreased and care plan to reflect the persons current needs were in place. They showed how support had been sought externally and how staffing had increased. The service had purchased equipment to support the person maintain as much independence as possible.

Staff responded to people's needs promptly on the day. One person indicated that they wanted to go outside and staff responded to this by taking them out. Communication about people and changes in their needs were regularly recorded in the staff communication book which led to continuity in care and support given by staff.

The registered manager had introduced the use of computer tablets for people and told us how this is improving communication with people. The computer tablets had assistive technology so that greater choice could be offered to people based on their communication abilities.

There were activities on offer each day and an individualised activity schedule for each person. Staff said that most people have their own activities schedules. The care plans showed a lot of group activities which people said that they enjoyed such as a weekly disco. Staff supported people to access the community which reduced the risk of people being socially isolated.

One person told us that they had been out in the morning; another person said "I'm going to the shops." People had chosen individually where they wanted to go on holiday; one person was planning a holiday to visit a family member.

People's health passports were regularly updated. A health passport is a useful way of documenting

essential information about an individual's communication and support needs should they need to go into hospital. Staff told us they had used these for people before.

There had been no formal complaints made by people or their relatives within the last year. The registered manager showed us the complaints policy and explained how they would deal with a complaint if one arose. The registered manager told us they would ensure the outcome of the complaint was fed back to the person concerned and actions implemented if necessary. Relatives we spoke to confirmed that they had not needed to raise any complaints as the registered manager was approachable and they could openly discuss issues when needed. The registered manager had implemented a pictorial complaints board for people to understand how they could make a complaint directly.

The registered manager showed us customer satisfaction pictorial questionnaires that people had completed all of which showed positive comments. They explained to us that the staff had supported peoples individually to fill them in. Questionnaires had been sent to family and also visiting professionals. Comments included "The staff are always very approachable and helpful." Another professional commented "They [the staff] are very person centred."

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager. The registered manager was in day to day charge. Staff said that they felt supported by the registered manager. One said, "The registered manager is very good, I can talk to them." A relative told us "The manager and deputy manager can't do enough for my son."

The provider did not have a robust process that had ensured people finances were managed appropriately which is subject to investigation. However the registered manager was fully aware of the processes to follow in house. The system in place protected the person from any potential financial abuse.

We observed members of the staff approach the registered manager during our inspection and observed an open and supportive culture with a relaxed atmosphere. The registered manager was visible around the home at all times. They spent the majority of the day interacting with people in the communal areas. Staff expressed their confidence in being able to approach the registered manager.

Staff told us they had been supported through their employment and were guided by supervisions, team meetings daily chats and enabled to fulfil their roles and responsibilities in a safe and effective manner. One staff member told us how they were working towards being a team leader. The registered manager confirmed this and explained to us the new set of competencies the staff member was working towards in developing their skills.

Staff told us they had staff meetings regularly and could always request extra meetings if they wanted to talk about anything. They said they were kept up to date in between meetings by the registered manager and during handovers these meetings acted as group supervision. The staff showed us the communication books that were used regularly as a daily method of sustaining continuity of care. This showed how one person's health needed monitoring; the GP had directed a blood sample needed taking. There was a clear trail of this happening, the result of the test and medicines being altered as directed by the GP.

A range of quality assurance audits were completed by the registered manager and helped ensure quality standards were maintained and legislation complied with. We saw audits for medicines, accidents and incidents, infection control and health and safety of the environment. The audits were based on the CQC fundamental standards and the key questions we ask of services is it safe, effective, caring, responsive and well led. Audits also included the provider visiting the service meeting people, staff and the registered manager. For example, it was recommended that the bins be changed, this had been action. Also a new kitchen for peoples use had been identified. This has just been finished on the day of inspection. Where shortfalls were identified, action plans were put in place and steps taken to take action promptly.

Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The staff explained the provider owned other buildings locally which staff could use if events occurred that stopped the service from running. The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required, which showed action that they had taken to drive improvements. Care records were kept

securely throughout the home.