Community Integrated Care

Rosedale/Rosewood

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Rosedale/Rosewood is a purpose-built care home that consists of two attached bungalows with a connecting door. The service provides accommodation and personal care for up to six people with learning disabilities. At the time of this inspection there were five people living there who had been at the service since it opened in 2001.

The last inspection of this service was carried out on 5 August 2015. At that time we found the provider had breached two regulations. This was because there were gaps in necessary training for staff and staff had had not received supervision at regular intervals so they were not supported in their role. Also some people's care records were out of date and incomplete, so it was not possible to determine whether these still reflected people's needs or whether staff were providing support in the right way.

During this inspection we found the provider had made improvements to address both these matters. Staff now received the necessary training and support to make sure they were confident in their roles. Also people's care records had been reviewed and updated to make sure they reflected people's needs. This meant staff had current guidance to support people in the right way.

There was a registered manager at the service who had been in post for just over one year. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The five people who lived at this home had learning disabilities and some people had limited communication. This meant they could not tell us their views about the service. Relatives told us people felt "safe" with the staff and were "happy" at the home.

Staff had up to date training in safeguarding adults. They were aware of their responsibilities to report any concerns and were confident these would be dealt with by the provider.

There were enough staff on duty to help keep people safe and to go out into the community. Most staff had worked at the home for several years or had transferred from other homes operated by the provider. There had been only a small number of new staff members start work here since the last inspection. The provider carried out the right checks to make sure new staff members were suitable to work with vulnerable people.

Staff supported people with their medicines. There had been mistakes with medicines management over the past year. The staff had worked closely with healthcare professionals to manage medicines in a safer way. Some staff had been retrained and there were more robust checks of medicines.

Staff understood the Mental Capacity Act 2005 for people who lacked capacity to make a decision and

Deprivation of Liberty Safeguards to make sure they were not restricted unnecessarily. For example five people needed staff support and supervision when out in the community because they had little understanding of road safety. Two people had support from an independent advocate to make sure their rights were protected without compromising their safety.

Relatives said people enjoyed the meals at their home. They were supported with their nutritional health and staff prepared meals which met their individual dietary needs. People were supported to be involved in shopping, choosing and preparing meals where possible.

There were good relationships between people and staff. People were encouraged to make their own choices and decisions about their day to day lives, wherever their capabilities allowed. Staff were respectful of people's individual and diverse needs. Relatives and care professionals said people were treated with dignity and respect.

Relatives told us they felt people were well cared for in the home. Staff were very knowledgeable about people's individual preferences and communication methods. People received personalised care that put them at the centre of the service.

There had been a good improvement to the range and opportunities for people to take part in activities, especially in the local community. These included swimming, cinema, line dancing, shopping trips, craft shops, horse riding and a hydrotherapy pool.

Relatives and care professionals were very positive in their comments about the open, approachable management style of the registered manager. The registered manager and provider had made improvements to the service people received. The provider had effective quality assurance processes that included checks of the quality and safety of the service.

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 knew how to report any concerns about the safety of people who lived there.

There were enough staff to support people in a safe way. The provider checked potential new staff to make sure they were suitable.

Risks to people were assessed and managed. Medicines were managed in the right way.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported in their roles.

Staff understood the Mental Capacity Act so they knew how to make sure people were not restricted unnecessarily.

Staff worked with health and social care professionals to make sure people's health was maintained.

Is the service caring?

Good

The service was caring.

People were relaxed and comfortable with staff.

Relatives felt staff were friendly and helpful towards their family members.

People were treated with dignity and their choices were respected.

Is the service responsive?

Good

The service was responsive.

Relatives felt staff understood each person and supported them in a way that met their specific needs.

People were offered daily activities, either individually or in small groups.

People were able to show if they were dissatisfied and relatives had information about how to make a complaint.

Is the service well-led?

Good

The service was well led.

The home had a registered manager.

Relatives and staff felt the service was well-run.

Checks were carried out of the safety and quality of the service for the people who lived there.

Rosedale/Rosewood

Detailed findings

Background to this inspection

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

This inspection took place on 21 December 2016. A second day of inspection was carried out on 20 January 2017 to talk with relatives. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We contacted the local authority commissioning officers. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with three people living at the service. We spoke with two relatives and contacted an independent advocate. We spoke with the registered manager and three care staff.

We reviewed two people's care records and two people's medicines records. We viewed three staff files for recruitment records, as well as supervision and training records for all staff members. We looked at other records relating to the management of the service. We looked around the building and spent time with people.

Good

Is the service safe?

Our findings

The five people who lived at this home had learning disabilities and some people had limited communication. This meant some people could not tell us their views about the service, but we spent time with three people. They had lived at this home together since it opened in 2001. People expressed they "liked" the home.

We asked relatives for their views about whether people were safe at this service. One relative told us, "I've always felt it's been safe there, and have done all the time they've lived there. I never let them know when I'm visiting and it's always very good when I get there." Another relative described the service as "safe". They also told us, "I have no concerns at all about it – it's brilliant."

Staff told us, and records confirmed, they had training in safeguarding adults. The staff we spoke with were clear about what might constitute abuse and how to report any concerns. They were confident the registered manager and organisation would respond appropriately to any concerns they raised.

The registered manager understood her responsibility in relation to safeguarding matters and had taken appropriate safeguarding action over some medicine errors last year. The registered manager had worked collaboratively with the local authority and pharmacy services to minimise the risk of any further errors and in order to safeguard the people who lived there. At the time of this inspection the care professionals we contacted told us they had no current concerns about the service.

Risks to people's safety and health were assessed, managed and reviewed. People's records included individual risk management plans which included information about identified risks and the action needed to minimise the risk. For example, people needed to be supervised when in the kitchen preparing meals, or out in the community because they lacked road safety awareness.

The accommodation for people was warm, modern and comfortable. There had been improvements to the premises since the last inspection, including refurbished bathrooms. There were no health and safety hazards noted during this inspection. The provider used contractors to carry out required maintenance checks, servicing and repairs. The required certificates for the premises were up to date, such as gas, electric and fire safety. The staff carried out routine health and safety checks, including hot water temperatures and fire safety.

There was an emergency response file in the home that included all the details of how to respond to emergencies. This included contingency arrangements for evacuation and individual personal evacuation plans for each person.

The relatives and care professionals we spoke with felt staffing was sufficient to provide safe support. One relative commented, "There always seems to be enough staff on." A care professional also described how staffing had been flexibly increased for a period to support the specific behavioural needs of one person.

The staffing levels at this time were typically two staff for the three people living in one bungalow and two staff for the two people who lived in the other bungalow. One person had two-to-one support on some days. Staff told us this was an improved level of support for people to get out more. Staff also felt their colleagues were good at covering any sickness or holiday which meant there was continuity of care for the people who lived there.

There had been only a small number of staff changes since the last inspection. The provider had robust recruitment processes to make sure staff were suitable to work at the service. These included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. New staff had probationary reports at six weeks and three months. This meant people were protected because the home checked to make sure new staff were suitable to work with vulnerable people.

The provider had carried out a number of changes to how people's medicines were managed to reduce the risk of errors. Each person's medicines were now received from the pharmacist in their original boxes. These were securely stored in each person's own bedroom. This meant staff and the person could focus on each medicine when it was due. Medicines given were recorded on medicines administration records. Also a countdown record was used to make sure the remaining amounts of medicines tallied with the records of those given.

Staff understood what people's medicines were for and when they should be taken. There were clear guidelines for staff to follow about each person's medicines including 'as required' medicines. Staff were trained in safe handling of medicines and had competency checks in managing medicines. These included three observations of their practice then an annual competency check.

Good

Is the service effective?

Our findings

At the last inspection of this service in August 2015 we found the provider had breached a regulation about staff training and support. This was because staff had not received training in essential health and safety matters. Also staff had not had opportunities for individual supervision meetings with a line manager. This meant staff had not been supported with their professional competence and development.

We found there had been improvements in this area. Since the last inspection all staff now had up to date essential training. For example, this included safeguarding, medicines management, emergency first aid, moving and positioning, infection control and food hygiene. The registered manager kept track of when each member of staff was due to complete refresher training so this could be booked in.

Staff had also attended specific training on the individual needs of the people they supported. For example, this included training in dysphagia (swallowing problems), epilepsy and oral hygiene. The people who lived at the service had joined in some of the training and staff said this had made it highly relevant and more meaningful.

New staff completed the Care Certificate (a national set of outcomes and principles for staff who work in care settings). Half the staff team had achieved a national qualification in social care and the remainder were either working towards this or being enrolled onto the course. One care professional told us, "Staff appear skilled and competent in their dealings with the clients."

Staff also felt supported in their roles through regular individual supervision sessions, called 'u can catch up', three times a year with the senior support worker. Supervision provides an opportunity for individual staff members to have a two-way discussion with a manager about their role, expected practices and training needs. Each staff member also had a mid-year review and an annual appraisal of their performance and development with the senior support worker and registered manager.

A relative commented, "I really rate the staff. I think the best staff skill is if people are happy and enjoying life – and my [family member] seems to be."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. We saw the staff had made appropriate DoLS applications to the local authority in respect of the five people who lived there. This was because they needed 24 hour supervision and also needed support from staff to go out.

Staff were trained in managing aggression but no-one needed physical intervention to support them with their behaviour. Staff were supported to use low arousal, diversion and awareness of their own behaviour to support people to manage their behaviour. A care professional described how staff always took a positive and caring approach to people's behavioural needs. For example, one person required consistent boundaries in place to help manage their behaviour. Staff were appropriately firm but patient, and also made sure the impact of those behaviours did not mean the other people received any less support. The service sought support and worked with the behaviour team and the consultant psychiatrist to assist with appropriate management strategies.

Relatives told us people were supported with their meals and enjoyed them. For example, one relative commented, "My [family member] likes to eat and they get plenty there!"

The care records about each person included information about their eating and drinking needs. Staff kept a record of people's weight so they could check their nutritional well-being. None of the people who lived there had any special dietary needs, but one person had their meal pureed so they could swallow it easier. This person was supervised by a staff member at each mealtime to make sure they were safe when eating their meals. They had input from speech and language therapists about this. Another person was on fortified foods to help them put on weight.

Another person was trying to lose weight for their health and staff were supporting the person to do this. A care professional commented, "Staff are careful about (person's) weight and ensure that (person) eats healthily. They sensitively encourage (person) to eat fruit rather than biscuits so as not to draw attention to (person's) weight or diet. Low calorie biscuits were provided for all of us having coffee – again ensuring attention was not focussed on (person)."

The staff used a four-week menu planner as a guide for grocery shopping but people chose what they wanted depending on how they felt or what else they had done that day. For example, if people had been out for a large lunch they may just choose a sandwich for tea. Staff encouraged people to be as involved as they could in preparing meals and drinks.

People's care records set out how their health care needs were met. People were supported to access local community health care services such as GP, dentist, chiropodists and opticians. There were records of any contacts with community or specialist healthcare professionals, such as speech and language therapists.

Good

Is the service caring?

Our findings

During this inspection we spent some time with people who lived there and staff members. People who were able to express comments said they "liked" the home. Relatives told us their family members were happy at the service. For example one relative said, "It's their home and they really enjoy it."

Relatives said their family members enjoyed good relationships with staff members. One relative commented, "The staff are very nice and my [family member] gets on very well with them. Every time I see or speak with my [family member] they are very happy there."

We saw there was friendly, warm and appropriate interaction between staff and people. Staff were familiar with people's communication methods and there was a great deal of cheerful chatter between them.

A care professional told us, "The residents appear to relate well to the staff – they can ask for drinks when they like, choose clothing, activities they want to do. I have observed staff respond positively to this."

Staff told us people were now being encouraged to do more for themselves where capabilities allowed to support their independent living skills and a fulfilled lifestyle. One staff member commented, "It's more person-centred and we're encouraging people to do more things." During this visit we heard staff gently encourage people to make their own snacks and drinks.

People were encouraged to be fully involved in making their own choices. People with limited communication skills were supported to make informed choices by visually showing the person the options available (for example at mealtimes) or using picture cards that were meaningful to the person.

We saw staff constantly included people in conversations and decision-making discussions. One care professional described how people had been fully involved in making decisions about the recent redecoration in the home, including wallpaper designs and colour schemes.

Where people had limited communication skills there were detailed communication support plans which described how people expressed various emotions and the sensory inputs they enjoyed.

Relatives told us people were treated with respect by staff. One relative told us, "Staff are very good with them – very patient." Another relative commented, "They've always been very good with my [family member]."

One care professional told us, "During regular visits to the home a positive relationship has been observed between staff and residents. Residents seem to be treated with kindness and respect."

The staff members we spoke with were empathetic and compassionate when describing people's needs and abilities. Staff felt their colleagues were caring towards the people who lived there. One staff member commented, "You have to be caring to do this job. The residents become part of your life, part of your

extended family."

The relatives we spoke with felt the service kept them informed about their family member's well-being. Two people used an independent advocate to support them with decision-making and to protect their rights.

Good

Is the service responsive?

Our findings

At the last inspection of this service in August 2015 we found the provider had breached a regulation about governance. This was because some people's care records were out of date, incomplete and had not been reviewed for some years. Some care records no longer reflected the needs of those people and were not personalised. This meant people might receive inconsistent or unsuitable care.

During this inspection we found significant improvements had been made. People's care records were now personalised, up to date and kept under regular review. A new care plan format had been introduced by the provider which included a one-page profile of people likes, dislikes, preferences and how they expressed themselves. People's care records were written in a positive and valuing way. For example one person's one-page profile stated, '[Name] has an amazing smile, (their) smile and giggles are contagious and (they) are a lot of fun to be around!'

Each person had personal outcomes about their own involvement in their daily support needs. These were written in a personalised way and included areas such as 'my health', 'my control over daily life', 'my personal cleanliness and comfort', my food and drink' and 'my social participation and involvement'. For example one person's personal outcomes included being 'more involved in choosing (their) own meals through developing (their) communication aids to support (their) choices as much as possible'.

We saw support plans were now very detailed and personalised. These described how to assist people with daily tasks, what toiletries the person liked to use, how they were involved in expressing choice and control, what their usual preferences were and how they expressed those wishes.

Support plan records provided specific guidance and instruction for staff about how to support people in the right way. For instance, people's medication support plans included details of each medicine they took and its use. The support plan for one person who had limited communication skills described to staff when they might need to consider whether the person required their 'as needed' pain relief medicine. The support plan stated, 'This medicine is for pain management. [Name] will indicate they are in pain by holding or pointing to the area. They may also be more tactile than usual, seeking out physical comfort from staff.'

The staff members we spoke with were very knowledgeable about people's preferences and how they would respond to different circumstances. For example, one staff member was able to describe how a person's autism spectrum condition impacted on their ability to process information and make decisions. They described getting three lots of outfits out for the person to choose from so they were not overwhelmed by too many options.

Relatives felt the staff were familiar with people's needs. One commented, "I like the way they look after my [family member]. They seem to know exactly how to support them." Relatives felt the service kept them informed about their family member's well-being.

The staff and external care professionals we spoke with felt there had been a good improvement to the

range and opportunities for people to take part in activities, especially in the local community. These included swimming, cinema, line dancing, shopping trips, craft shops, horse riding and a hydrotherapy pool. One staff member commented, "We do loads with them and they're out every day."

Some people were keen to show us photographs of the places and holidays they had enjoyed. One staff member told us, "We're doing so much with people now and getting people out." Staff and relatives commented positively on the 'garden project' which involved people and staff in developing their back garden and this was providing a meaningful activity for people.

A care professional told us, "Wherever possible the home has tried to promote activities based on individual choices and the staff have widened the range of opportunities and activities available to the residents."

The complaints procedure was on display in the hallway and in each person's file so it was accessible to people and visitors. It was discussed at individual people's key worker meetings and at house meetings so people had regular reminders of what to do if they were unhappy with the service.

The provider kept a record of complaints. There had been no complaints received since the last inspection. The relatives we spoke with said they had no complaints but felt they could approach the registered manager or staff members if they were dissatisfied with the service.

Good

Is the service well-led?

Our findings

People were unable to express a view about the running of their home but we saw they were comfortable in the presence of the registered manager. Relatives told us the home was well-run and attributed this to the way the service was managed. One relative told us, "[Registered manager] is very nice, and she seems to be managing it well. She keeps me in touch with anything I need to know."

The registered manager had been in post for just over a year. Prior to that there had been a number of management changes which had not supported clear or consistent leadership in the service. Staff felt there had been improvements to the management of the service. One staff member told us, "I think [registered manager] had their work cut out for them to get all the things sorted after all the changes of manager before." Another staff member commented, "The manager and senior are really approachable and I feel I can say things in confidence."

A care professional reported to us, 'The manager and senior have provided much needed consistency and stability within the service. They are open and approachable and are very keen for feedback from people who visit or use the service so that they can continue to develop the service. The manager has also implemented a number of audits and ways of capturing information which are used to assist quality assurance.'

People were asked for their views at their house meetings which had been held every three months. Although some people were unable to express their views verbally they were able to indicate if they liked or disliked anything. At the last meeting people had discussed the fire procedure, activities they would like, decoration and holidays. People also had individual meetings with their keyworkers where they could discuss their goals for the following month. At this time there was no record of whether the actions to achieve those goals had been achieved. The registered manager stated this was something that could be discussed at future meetings.

Staff meetings were also held. This gave staff an opportunity to meet as a group to discuss strategies for supporting people and also to receive consistent direction from the management team. One staff member commented, "It's good we're having meetings now so we have a forum to talk about things and different ways of working." The registered manager also attended peer support meetings with other managers as part of their leadership training.

Relatives said they felt informed and involved in the service. A care professional commented, "[Registered manager] has a presence within the home – she knows the residents and supports the staff with management of them. She encourages fundraising and includes family, friends and previous other residents to events and parties."

The provider had a quality assurance system to check the quality and safety of the service. Staff carried out a number of audits to ensure the safety of the service. These included monthly health and safety checks of the premises as well as medicines audits. The registered manager also completed monthly management

reports for the senior manager of the organisation which included details of any accidents, incidents and staffing issues. The organisation's 'quality and excellence partner' carried out comprehensive audits of the service. These included action plans for any areas that required attention and these were reviewed at the next audit.

Staff felt the provider was committed to making improvements to the service that would benefit the people who lived there. Since the last inspection we saw the service had received a number of compliments from relatives and care professionals. These included comments about improvements to staff practices, positive relationships with other professionals and the homely atmosphere.