The Disabilities Trust

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

The inspection took place on 21 March 2017 and was announced. At the last inspection on 21 October 2014, we identified areas of practice that needed improvement. This was because we identified issues in respect to training and supervision sessions for staff not being up to date. We saw that the required improvements had been made.

Rosewood is a community house supporting adults with learning disabilities and complex needs. It provides accommodation and personal care for a maximum of four adults. The service is located in a residential area in Burgess Hill. At the time of our inspection there were four people living in the service.

The service had a registered manager in post at the time of our inspection. 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.

Staff were skilled and felt fully supported by the provider to undertake their roles. They were given training updates, supervision and development opportunities. One member of staff told us "My induction was good and taught me about autism. It gave me a good insight into the people here and their condition". Another member of staff added, "Training is fantastic and we can access the West Sussex County Council training. My training needs are met".

The staff we spoke with were aware of their role in safeguarding people from abuse and neglect and had received appropriate training. We saw risk assessments had been devised to help minimise and monitor risk, while encouraging people to be as independent as possible. Staff were very aware of the particular risks associated with each person's individual needs and behaviour.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "Staff know I'm alright. If I'm not well, they come and help me. It makes me safe". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People's needs had been identified, and from our observations, people's needs were met by staff. There was a lot of emphasis on observations, especially for signs of any discomfort, as people could not always communicate their needs easily.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty

Safeguards (DoLS). The staff we spoke with had a good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. They were supported to maintain good health and have access to healthcare services. We looked at people's records and found they had received support from healthcare professionals when required.

There was very positive interaction between people and the staff supporting them. One person told us, "I get on well with all the staff". Staff spoke to people with understanding, warmth and respect and gave people lots of opportunities to make choices. The staff we spoke with knew each person's needs and preferences in great detail, and used this knowledge to provide tailored support to people.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the service and in the community.

The service had a complaints procedure, which was available in an 'easy read' version to help people to understand how to raise any concerns they might have. There was evidence that people were consulted about the service provided. We saw that house meetings took place for people to comment on their experience of the service.

The service asked other stakeholders to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements. There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

The staff members we spoke with said they really liked working in the service and that it was a good team to work in. The staff told us staff meetings took place and they were confident to discuss ideas and raise issues with managers at any time.

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.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included all relevant areas of risk.

The service had arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

The staff training showed that staff received training necessary to fulfil their roles along with other, relevant training specific to people's needs.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, and to have access to healthcare services that they needed.

Is the service caring?

Good

The service was caring.

There was positive interaction between people and the staff supporting them and staff used touch, as well as words and tone to communicate with people, to good effect.

People were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual

personal care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the service and in the community.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

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 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.

The inspection took place on 21 March 2017 and was announced. 48 hours' notice of this inspection was given, which meant the provider and staff knew we were coming. We did this to ensure that appropriate staff were available to talk with us, and that people using the service were made aware that we would wish to talk with them to obtain their views. At the last inspection on 21 October 2014, we identified areas of practice that needed improvement. This was because we identified issues in respect to training and supervision sessions for staff not being up to date. We saw that the required improvements had been made.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We had requested a provider information return (PIR) and the provider had completed one. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas and saw some people's rooms. We spoke with people and staff, and observed how people were supported. Some people had complex ways of communicating and some had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with two people living at the service, three care staff, the deputy manager and the registered manager.

Good

Is the service safe?

Our findings

Some people at Rosewood had complex ways of communication, however people we could speak with said they felt safe in the service. One person told us, "Staff know I'm alright. If I'm not well, they come and help me. It makes me safe". During the inspection we saw staff providing care and support to people and we observed that people were kept safe.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "We risk assess for people to access the community and manage their finances". We saw several risk assessments for people, which included the use of kitchen, making hot drinks, the use of knives, accessing food stores and providing personal care.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff to cover the shifts. We increase staff as and when we need to, for example if it suits someone's plans to have one to one care for an activity or their care needs". We were told agency staff were occasionally used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. A member of staff said, "We've got bank staff and part time staff who can pick up shifts and help out. There are enough staff". Another member of staff added, "I've never noticed a situation where there aren't enough staff here. There are always enough staff. You have time to think here, you're not running about".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained employment

references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of the medicines storage area. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "Sometimes I have my silly head on and I need the staff to help me calm down. Getting back on top form is what we call it". At the last inspection on 21 October 2014, we identified areas of practice that needed improvement. This was because we identified issues in respect to training and supervision sessions for staff not being up to date. We saw that the required improvements had been made.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training such as medication, first aid and infection control and that training was current and up to date. Staff had received training that was specific to the needs of the people living at the service, this included caring for people with epilepsy and autism. Staff spoke highly of the opportunities for training. One member of staff told us, "Training is fantastic and we can access the West Sussex County Council training. My training needs are met". Another member of staff added, "I've done plenty of training, they make sure we are prepared".

Staff received support and professional development to assist them to develop in their roles. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "I get supervision. We talk about how I'm getting on and plan forward".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Rosewood and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "My induction was good and taught me about autism. It gave me a good insight into the people here and their condition". Another member of staff said, "The induction was helpful. They told me to ask as many questions as I liked, they were very supportive". The registered manager told us that new staff take on the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

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).

We checked whether the service was working within the principles of the MCA. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice.

One member of staff told us, "I've had training around the MCA and DoLS, I've been involved in best interest meetings". Another member of staff added, "You assume people have capacity and always give them a choice". The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu based on people's choices and people could eat at their preferred times, and were offered alternative food choices depending on their preference. People were complimentary about the meals served, and we saw detailed documentation of people's choices of meals and whether they wished to prepare them themselves or have assistance from others.

People had clear healthcare plans and staff told us that people had regular health checks. The registered manager described how people were observed in relation to their general wellbeing and health. Each person had a profile detailing how they communicated their needs. This included how they expressed pain, tiredness, anger or distress. This helped staff to know when to seek support from health care services, when people were unwell. Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals, such as dieticians and GP's.

Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. One member of staff told us, "We recognise if people are ill. Some people will deny that they feel unwell, but we carry on asking and explain to them that it's fine to be unwell. We increase their confidence to tell us. We also recognise the signs of discomfort, like holding their head". We saw that if people needed to visit a health professional, such as a GP, then a member of staff would support them.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I get on well with all the staff".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people. A member of staff told us, "We really get to know people and build a rapport with them".

Staff demonstrated a strong commitment to providing compassionate care. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what they liked to do, the activities they took part in and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests. A member of staff told us, "We use communication books with pictures, so for a service user who is non-verbal, they can choose activities they want to do and what they want to eat and cook".

People looked comfortable and they were supported to maintain their personal and physical appearance. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs. We saw details in people support plans as to how they wished staff to approach their rooms, such as knocking first, explaining the purpose of their visit and agreeing that they could enter. A member of staff told us, "We always knock on doors". Another member of staff said, "All doors are knocked on, we wouldn't enter until we are told".

People's care plans included information that demonstrated how they were supported with making day to day decisions about their care. We saw examples whereby staff knew that mealtimes were very important to one person and they assisted them to plan their day around these. The people who lived at Rosewood had complex needs. Some used non-verbal communication to articulate their likes and dislikes. Staff told us they used their observational skills and the knowledge of the person to determine whether they were happy with the care provided. A member of staff told us, "We give good opportunities to people and we always involve them in near enough all the decisions in the house. It's all about their wishes and offering lots of choices". Another member of staff added, "When we go out, I ask which route people want to take and do they want to drive or get the bus. It's their day, I'm just here to make sure they are safe and happy". We saw staff were meeting people's needs and protected their rights to be involved.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, "We encourage people's independence. There are cooking classes and people

have their own tasks to do for the house like making the squash and washing up. One person likes to run their own bath, but kept filling it up too much, so we have drawn a line on the bath to show where the water should go to. This means he can safely do this himself. Staff are always supporting them onto their next step of independence". We saw other examples of people assisting with day to day chores, such as cooking and cleaning, and people took it in turns to devise the weekly menu and visit the shops to buy food for the service. Care staff informed us that they always encouraged people to carry out tasks for themselves. One member of staff told us, "People have certain chores and tasks that they want to do in the house. We could tidy up after them, but we encourage them to". Another member of staff said, "Everyone has a rota of tasks they need to do and we make sure they are happy and safe to do it".

Good

Is the service responsive?

Our findings

An assessment of people's needs was carried out prior to them moving into the service to make sure their needs could be met. Individual care and support plan and risk assessments were then set up. The plans were person centred, in that they were tailored to meet the needs of the person.

People's plans covered areas such as their communication, health care, personal care, mobility and activities. Each person had workers assigned to them. There was evidence that people had had been involved in their reviews as much as possible and the plans and reviews included pictures to assist with people's engagement and understanding. People who were important, such as members of their families, friends and advocates were invited to review meetings and we saw that people's wishes were at the centre of the review process.

People had very detailed assessments and care plans, so there was good quality information to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. For example, one person's care plan stated that staff are to ensure that paper and a pencil always available, as the person prefers to answer questions that way and would give more considered and reliable responses. Another care plan stated how a person was afraid of dogs in the community and that staff needed to be mindful of this. A member of staff told us, "I read everything in the care plans and then review it. It's not enough to just read the plans, you have to get to know the person and then read it again". Another member of staff added, "I read the support plans on the first day I started. I wanted to have an understanding of the people living here. Some people have specific routines and ways of doing things and I wouldn't know about these unless I'd read the support plans".

There was evidence that people engaged in activities, in the service and out in the community. On the day of the inspection some people were out in the community doing activities. One person told us, "I like going out for walks, it doesn't matter who takes me. My key worker helps me make plans. My Mum is coming here for my birthday. My key worker and me are planning what we will do for the day". They added, "We have meetings. We took some things off my planner that I don't want to do any more, but we added some new things too". A member of staff said, "We match people and activities to staff, so certain staff go on certain activities to get the most out of them for the service users". We saw evidence of people enjoying lots of trips and activities in photographs and detailed in people's care plans. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, one person wished to take a helicopter ride and this had been organised. We saw that with support from staff, people had taken trips to nearby cities and themed attractions. Whilst showing us their room, one person told us, "I spend most of my free time in my room and use my mobile phone". People were also supported to enjoy meals together in restaurants, attend cookery classes and go bowling and swimming. A member of staff told us, "[Person] likes to go for lunch on a Thursday. We help him research on his I-pad where to go and look at the menus and work out the costs".

There were systems and processes in place to consult with people, relatives, staff and healthcare

professionals. Regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the meetings and surveys was on the whole positive.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the registered manager. The procedure for raising and investigating complaints was available for people. The procedure was displayed in an 'easy read' version. Staff told us that they would assist people to raise concerns.

Good

Is the service well-led?

Our findings

People and staff spoke highly of the service and felt that it was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions.

People and staff were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing colour schemes and themes for their rooms. People gave regular feedback on activities and food and had been involved with making garden furniture for the service. We saw that from recommendations from staff, the service had implemented photo albums for people to showcase their activities and achievements.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "We support people in an open and transparent way". A member of staff said, "I love it here. Having seen the guys [people using the service] from when they first came here to what they can do now, it's a real sense of achievement". Another member of staff said, "This home gives people independence and choices with the right support that's needed. It makes them live a normal life. We make a difference".

Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I'm supported, they treat staff well". Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "There aren't any issues whereby staff wouldn't raise questions with me". A member of staff said, "The registered manager is here quite a lot. If there are differences of opinion, we talk about it and come to an agreement for the best for the service". Staff told us that meetings took place regularly and they were confident to discuss ideas and raise issues, both with the registered manager individually and at staff meetings. One member of staff told us, "There are regular staff meetings". Another said, "Any questions I have, I raise with the management. They listen to me".

Management was visible within the service and the registered manager took a hands on approach. The registered manager told us, "I am an open manager. I don't come in and try and take over. I wouldn't get under the staff's feet, but I'm hands on with support". The service had a strong emphasis on team work and communication sharing. Information sharing was thorough and staff had time to discuss matters relating to the previous shift. One member of staff said, "There is good communication, it is a good service". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "I can speak to anyone here if there is a problem, we always ask questions".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and

social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication and care planning. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The registered manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Up to date sector specific information was also made available for staff, including updates on available training from the Local Authority. We saw that the service also liaised with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. Additionally, the service had shared their work with local schools, to raise awareness of the health and social care sector.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.