

The Bridgings Limited

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

This inspection took place on 13 June 2017. The service was last inspected on 14 July 2015, the service was rated Good. At this inspection we found the service remained Good.

Rosewood is a care home which provides care and support for adults with learning disabilities, some of whom also have associated physical disabilities. The home is registered to provide accommodation for up to eight people. The home is a detached bungalow set in its own grounds, and parking is available.

People were kept safe and free from harm. Risk assessments identified individual risks to people's health and safety and there was information in each person's support plan showing how they should be supported to manage these risks. Risks to people arising from the premises were assessed, and plans were in place to minimise them.

There were systems in place to ensure that people received their medication as prescribed.

There was enough staff to meet people's needs. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role and received additional training to ensure they could support people's needs. Staff were given effective supervision and a yearly appraisal.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. We observed people had a choice of what to eat and when to eat.

The service worked with external professionals to support and maintain people's health.

Staff protected people's privacy and dignity. All interactions between staff and people were caring and respectful, with staff being consistently patient, kind and compassionate as well as being fun. We observed lots of laughter and singing throughout the day. Staff demonstrated affection and warmth in their contact with people, which was clearly reciprocated.

Support plans ensured staff had all the guidance and information they needed to enable them to provide individualised care and support. People and their family members were consulted and involved in assessments and reviews.

People had access to a wide range of activities, which they enjoyed. Staff were clearly passionate about providing meaningful activities and spent a lot of time on a one to one basis with people.

The service had a clear complaints policy that was applied when issues arose.

The registered manager was a visible presence at the service, and was actively involved in monitoring standards and promoting good practice. The service had quality assurance systems in place which were used to drive continuous improvements.

Further information is in the detailed findings below:

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained safe.	Good ●
Is the service effective? The service remained effective.	Good ●
Is the service caring? The service remained caring.	Good ●
Is the service responsive? The service remained responsive.	Good ●
Is the service well-led? The service remained well led.	Good ●

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 13 June 2017 and was announced. We announced the inspection the night before to make sure people would be at the service. This was due to the people and support workers often going out for the day.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with all of the eight people who lived at the service, two relatives who came to speak to us and a further two relatives over the phone following the inspection. We looked at three people's care plans, and Medicine Administration Records (MARs). We spoke with seven members of staff, including the provider, the registered manager, support workers and a domestic staff member. We looked at four staff files, including recruitment records.

We also completed observations around the service.

Is the service safe?

Our findings

Not everyone using the service could communicate verbally with us, but through observations we could see people were comfortable with the staff. People we could speak with said they felt safe at the service. One said, "I am safe and I like living here." Relatives we spoke with said, "[Relatives name] is definitely safe they have someone with them nearly all the time."

One staff member said, "People are safe as staff are thorough and very good at auctioning things that are needed. All our equipment is fully maintained as well." We saw evidence that all equipment such as hoists, wheelchairs and specially adapted 'comfy' chairs were regularly serviced and monitored.

Risks to people were assessed and detailed plans were put in place to minimise them. We saw risks assessments for mobility, poor appetites and decline in mental health. Signs of decline in mental health were recorded along with how staff to manage and monitor this. People were encouraged to be independent and risks associated with this had been assessed and where possible steps taken to reduce the risk. Risks to people arising from the premises were assessed and monitored.

Records showed that all necessary checks were carried out on equipment and installations such as gas and electricity. This ensured they were safe and in good working order. All the staff and people who used the service had taken part in a fire drill in the last year to make sure they understood what to do to keep people and themselves safe. Fire safety was discussed at each 'residents meeting.' Each person had an up to date personal emergency evacuation plan (PEEP). These were kept in an easily accessible place and included important information about the support each person needed in the event they needed to evacuate the premises in an emergency. This ensured continuity of care for people.

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

The registered provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed them. Medicines were stored securely and safely. Medicine administration records [MARs] were completed correctly. Staff were trained to administer medicines and had their competency checked yearly. Information and guidance on each medicine was available which described safe dosages, reason the medicine was prescribed and how to recognise any adverse side effects.

Staff understood safeguarding issues and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff also received safeguarding training. Staff had a clear understanding of the whistleblowing (telling someone) procedures. Staff we spoke with said, "We are here to protect them [people using the service] and for their safety, I would report anything without a shadow of a doubt." Another staff member said, "It is our responsibility to ensure the

safety of the people and the staff."

There were enough staff on duty to meet people's needs and provide personalised care and support with activities. Staff sat with people throughout the day and if someone wanted to spend time in their room staff would also spend some time with them if they wanted company. Staff we spoke with said there was always enough staff on duty. One staff member said, "We have enough staff to make sure people are comfortable and we have time to do things with them."

Recruitment procedures were in place to ensure suitable staff were employed. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of the applicants' identity. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults. As part of the staff recruitment process, the interview process included how the person applying for a job related to people and how people responded to the person was observed and considered before a decision to offer employment was made. Three people who used the service were also part of the interview panel and asked questions that were important to them. This made sure people felt comfortable and safe with staff that would be supporting them. Most of the staff had worked at the service for more than eight years. Staff said, "No staff ever leave, no one wants to." New staff were being employed to provide more one to one care.

Is the service effective?

Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. Staff told us they could ask for any training they required and the registered manager would access this training. For example one member of staff raised that they wanted to do diabetes training and it was delivered to all staff. Staff had also received a yearly refresher on percutaneous endoscopic gastrostomy (PEG).

We asked relatives if they thought the staff had the training needed to meet people's needs. One relative said, "The staff get a lot of training, they are always away on a course or doing some in house training."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. Training included epilepsy, data protection, dignity and respect, MCA and DoLS and food hygiene. The registered manager also checked staff competence on subjects such as medicines and information handling.

New staff completed a comprehensive induction. One staff member said, "My induction was pretty good, I came prior to my start date to get to know the staff and the residents. When I started I shadowed staff supporting the same person until I was familiar with them and got to know all their likes and dislikes, I would then start shadowing staff with another person, this went on for each person until I was confident, then I was observed, I found this to be really good and supportive."

Staff were supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff we spoke with said they found the supervision useful. One staff member we spoke with said, "The supervisions are great, it is a good chance to speak to the manager and see how you are doing. Also you can see what training is needed, I asked for diabetes and the next day I got it."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. At the time of inspection there were three people who had DoLS authorisations.

People who used the service were happy with the choice of food. Each week the people would have a

weekly menu meeting. One staff member said, "They [people who used the service] love the weekly menu meeting, they plan it all then go shopping for the food, plus whatever takes their fancy whilst shopping." One person took the minutes of the meeting and showed us the pad they used to write all the information discussed. People chose what they wanted to eat the next week. However if people changed their mind this was not a problem they could just chose an alternative.

We saw on the day of inspection people ate what and when they wanted. For lunch people either went out or had a sandwich. One person and a staff member had made an assortment of quiches for the evening meal with a choice of beans or salad. A couple of people went out for a carvery. One person had a sleep in and refused breakfast. Staff tried different ways to encourage the person to eat such as 'Ooh I am going to have some lovely toast with melted butter, so you want some?' or 'we have some lovely soup, I am having some do you want some? The person refused then decided to try some toast. Another person had a PEG [feeding tube] in situ, when this person did not feel well they would go off their food, staff could administer food via the tube in this situation. This person took all their fluids via the tube. One staff member said, "They are eating brilliantly lately and we have not had to use the tube for feeds for months, it's great to see them enjoying their food." One relative we spoke with said, "[Relatives name] eats loads of different things since they moved into Rosewood and have a varied diet."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, speech and language therapist and occupational therapists.

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were extremely caring. One person we spoke with said, "The staff are nice, I really like living here."

A relatives we spoke with said, "The staff are absolutely brilliant, they cater for all my relative's needs, my relative is spoilt." Another relative said, "The staff are fantastic, [relatives name] hasn't half come on since living there." And a third relative said, "The staff are absolutely fantastic, they are always happy, friendly and smiling, the staff are happy and bubbly and we couldn't get anywhere better for [relatives name]."

Staff we spoke with told us they all enjoyed working at the service. One staff member said, "It is so lovely working here." Another staff member said, "It is a pleasure working here." And another said, "We are guests in their home, whatever they want they get."

Staff promoted people's privacy and dignity. We observed staff knocking on people's doors and waiting to be invited in before entering. Staff made sure people were dressed the way they wanted for example one person always liked to wear lipstick and jewellery and we saw they were wearing this.

Staff encouraged people to be as independent as possible. Staff we spoke with said, "We try to support people to be as independent as possible, we find out what they like and can do and we build on this and introduce new skills such as keep fit, patience and confidence. If they can't do something it's no big deal we are all very relaxed in here." Another staff member said, "We encourage them and ask if they want a hand, we are there to support if needed."

We observed staff promote independence from small things to offering a tissue for someone to wipe their mouth the staff member put the tissue in their hand and moved their hand to wipe the person's mouth. Another person used to be mobile and able to go to the kitchen to get food or a drink as and when they wanted, they were now in a wheelchair. During our inspection this person wanted a sandwich for lunch. The staff member brought a tray with bread, butter, and ham so the person could make their own sandwich. The staff member said, "They can no longer get what they want from the kitchen so we bring the kitchen to them." The staff member did not attempt to take over from the person until the person asked for support with cutting the sandwich. This person then wanted a yogurt, the staff member brought three different types of yogurt deserts so the person could choose, they were not just handed a yogurt of the staff member's choice.

Each person had their bedroom decorated the way they wanted. One person had comic strip wall paper, another red glittery flowers and pictures of Elvis Presley and another in their favourite football team. One staff member said, "They all helped to decorate the rooms, even if they just painted a small square we encouraged them to be involved."

One staff member said, "We find out what they like and live the day how they want to, we look into everything they ask for."

We saw people had choice for what they wanted to do and when. Some people liked a lie in, one person was up and staff asked if they wanted to go into the bath, this person said they would like to go back to bed for a lie down then have a bath. Staff had no problems with this and the person went for a lie down.

One staff member explained how they embedded equality and diversity into people's lives. "We treat everyone with respect and understand everyone is equal but not everybody is the same. We support them [people who used the service] in what they want to do and their beliefs."

Throughout the inspection we observed staff interacting with people with care and kindness. Staff sat with people and chatted, laughed and sang. Staff showed extreme patience when they were asked the same question or their name over and over, they answered as if they had only been asked once.

We observed staff never assumed anything and always asked the person for their preference, for example one person came into lounge in a wheelchair, and the staff member asked them where they wanted to sit. One staff member said, "We talk and ask people what they want rather than assume."

People were encouraged to maintain their role in their family life and staff supported people to maintain relationships with family and friends. People often went home to family for weekends and holidays such as Christmas. Family members we spoke with were still very involved in their relative's lives. One relative said, "We pick [relatives name] up from day centre most days, this is a time for us to be together and to keep in contact with the day centre staff." And "We are welcome here anytime, you don't have to ring first, the staff are great and have become family, we have just been invited to stop for tea today."

One relative we spoke with said, "I have never known care like it they look after [relatives name] very well for me."

One person had recently needed to stay in hospital. The registered manager said, "A staff member from Rosewood went to the hospital and they spent the day's with [person's name] we did not want them to be on their own without familiar faces. The hospital staff really appreciated this and complimented us on this."

People had access to advocates as and when they needed them. Advocates help to ensure that people's views and preferences are heard.

At the time of inspection no one was on end of life care. Care plans did document people's wishes and preferences in this area.

Is the service responsive?

Our findings

Staff understood what is meant and how to deliver person centred care. Person centred care is care that is centred on the person's own needs, preferences and wishes. Staff knew how to approach people, how to speak to people and when to leave people alone. Staff also knew people's routines, where they preferred to sit and what times they preferred to do things. For example one person needed to lie down in bed for a certain time due to their posture. Staff knew exactly how to position the person and the support cushions which were needed.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. We looked at care plans and assessments and saw these were comprehensive and included people's likes and dislikes and life stories.

We looked in detail at the care plans for three people who used the service. The support plans were written in an individual and person centred way. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. Care plans were specific in detailing the support people needed. For example, one person needed support with mobility and could struggle to walk through doorways, staff were to hold this person's hand as support. Another person's care plan stated they needed constant reassurance, we saw evidence of this throughout the day. Staff stayed with this person throughout the day, even sitting next to them or very nearby whilst they were in bed.

Each plan contained guidance for staff to ensure people received the support they required consistently and covered all aspects of people's care and support needs including personal hygiene, physical well-being, diet, weight, sight, hearing, falls, medicines and personal safety and risk.

One staff member said, "The care plans are great and if I don't understand something that is in them I ask, we can tweak them so they are fully understandable, we are all open."

One relative we spoke with said, "I went through [relative's name] care plan and it matches their needs, we did this before they started living here and again once they had been living here a while." And "The staff asked us about [relative's name] routines, likes and dislikes."

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well. For example, one person had certain objects they carried around with them, staff were well aware of the importance of these and the background to some of them.

Daily notes were comprehensive and we saw staff sit with the person to write them, asking their input on what they had done that day.

People attended a wide range of activities outside the service such as attending day services, attending

church coffee mornings or going shopping. One person enjoyed shopping but one shop they had to go to was Greggs. One staff member said, "[Person's name] may not be able to communicate verbally but they soon let us know when they see Greggs, they love Greggs sausage rolls, so we always have to get one."

The activity coordinator said, "I am always trying to find different things for people to do, we have loads of activities we can do in the garden such as bubbles, wheelchair football and we have a specially adapted swing that we can attach wheelchairs onto, people love it." And "We have barbecues in the nice weather, we have lots of lights and bubbles its great."

One person who used the service said, "We have all been growing plants I am growing a chilli plant, I have a watering can to water the garden." A staff member replied, "Yes we are going to use the chillies in a curry, well a bit of them so it's not too hot." The person went onto say, "I am going on holiday, I am saving up to go to Euro Disney, I like Mickey Mouse, roundabouts, the hotel and swimming." Another person said, "I went to Blackpool, it was fun we watched a show." One person love knitting and had their own knitting routine which they completed throughout the day.

We saw people were also growing lettuces and tomatoes and had painted bird houses which were hanging up in the garden. One person loved to sit in the sun and staff opened the patio doors so they could sit and enjoy the sun.

We were told people went out a lot to the local pub, football matches, concerts or out for meals. Staff also arranged in house activities such as bingo, karaoke nights, jigsaws and arts and crafts.

One relative said, "They are always taking [relative] out, they are off to Thornaby tonight."

Two people went out to the local carvery for tea, one staff member said, "We will also be having a pudding they love the cakes at this place."

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. It also contained information on external bodies' people could complain to if they were dissatisfied with the service's response. The service had not received any complaints however relatives we spoke with knew how to make a complaint. One relative said, "I have no complaints, if I was not happy you would hear me shouting." Another relative said, "We have no complaints, no problems whatsoever."

The service promoted a comprehensive transition for people who were new to the service. One relative we spoke with said, "As soon as saw this place we adored it, it's perfect. [Relatives name] had a gradual introduction to the service, came for tea, got to know staff, then stayed one night, then a couple, then a week. It was perfect for me so staff got to know them. They [relative] have settled in lovely."

Is the service well-led?

Our findings

The service had a registered manager in place that had been registered with the Care Quality Commission since 2014.

Staff we spoke with were complimentary about the leadership and management of the home. Staff we spoke with said, "The manager is great you can discuss anything with them." Another staff member said, "[Registered manager's name] is very supportive, they are a very likeable person, very knowledgeable and so good with the residents, they come first." And another staff member said, "All management are supportive, [registered managers name] is lovely, we talk about everything and I feel comfortable talking to them."

Relatives we spoke with said, "The manager is smashing, very friendly, anything we need to know they let us know." Another relative said, "[Managers name] is fantastic, they are knock out."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager carried out daily, weekly and monthly checks of areas including medication, health and safety, staffing levels, infection control and kitchen.

Feedback was sought from people and their relatives through annual questionnaires. We saw all feedback was positive. Comments included, "My relative is very well cared for and loved. I have every faith and trust she is looked after to her every need, it is a pleasure to see how much she is spoilt." And people who used the service said, "I am very happy," and "I like my room and living here," and "They [staff] take me on holiday."

Staff told us the culture of the home was good, open and honest. One staff member said, "We talk about everything." Another staff member said, "We have a culture of being friendly, family orientated and have good values."

Meetings took place each week for people who used the service to discuss menus, then another meeting every two months where they would discuss any forthcoming birthdays, activities, a check on how each person was feeling and discussed what to do in the event of a fire. One person who used the service took the minutes of each meeting and proudly showed us their book they used.

Staff meetings took place every two months and topics discussed were key working, training, communication and the people who used the service.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The

registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Staff we spoke with were very proud to work at Rosewood. Staff we spoke with said, "I would in a heartbeat be happy for one of my family to live here." Another staff member said, "It is lovely working here, no staff ever leave."