

## Pathways Care Group Limited

# Rosedene

### Inspection report

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Kidderminster  
Worcestershire  
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Tel: 01562861917

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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

Rosedene provides accommodation for a maximum of six people requiring personal care. There were five people living at the home when we visited.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

There was a registered manager in post when we inspected the home. 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.

People were comfortable and at ease around care staff who understood how to keep people safe. Staff had received updated training and understood people's individual circumstances. Staff understood who to report concerns to as well as the risks to people's health. Staff understood people's health conditions and how they required supervision and support. The risks to people's health were reviewed regularly and updated based on the known risk to people's health. Staff working at the home had been subject to background checks before they started their employment at the home. Staffing needed to support people safely was reviewed and updated based on people's changing needs. People's access to medicines was reviewed and checked to ensure people received their medicines as prescribed.

Staff were supported through access to training and supervision and received feedback on their performance. Staff supporting people understood the importance of obtaining their consent before undertaking any support tasks. Staff supported people to maintain a healthy diet. People were also supported to attend appointments with healthcare professionals in order to aid their health and wellbeing.

People knew and liked the staff supporting them. Staff understood people's individual care needs and preferences. Staff involved people in their care by explaining choices and supporting people to make decisions about their care. People were supported by staff who demonstrated an understanding of supporting people with dignity and respect.

People were supported to pursue hobbies and interests that were important to them. Staff understood how to support people. People's care was reviewed and updated in response to their changing care needs. People understood they could speak with staff and the registered manager if they were unhappy about their care. Complaints were recorded and responded to in line with the registered provider's policy.

People knew and liked the registered manager. Staff spoke positively about working at the home and understood their role within the team. Staff felt able to seek help and guidance as well as contribute ideas to

care planning. Regular reviews of people's care ensured people's care planning was timely and up to date. The registered manager reviewed and updated people's care regularly and sought advice and guidance to improve the care people received.

## 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.

People felt safe and comfortable around staff. Staff understood what it meant to protect people from harm and had received refresher training in safeguarding. Regular checks were completed on equipment to ensure they were safe to use. Staff understood people's health conditions and the risks associated with their health. Staffing levels were monitored by the registered manager and recruitment checks included checks of the staff members background. Staff ensured people received support with their medicines. Staff understood the importance of reducing the spread of infection.

### Is the service effective?

Good ●

The service was effective

People were supported by staff that had received support and training to care for people. People were offered choices in the meals to maintain a healthy lifestyle. People were supported to attend appointments with healthcare professionals to maintain their health and wellbeing. People chose how their bedrooms should be arranged and people were supported in line with legal requirements.

### Is the service caring?

Good ●

The service was caring.

People liked the staff that cared for them and staff understood how to support people and respect people's dignity and human rights. People were involved in their care planning. People understood they could speak with the registered manager and staff if they were concerned about anything.

### Is the service responsive?

Good ●

The service was responsive.

The service was responsive people were involved in planning their care and people's care was reviewed and updated in

response to changing needs. A complaints process was in place to investigate and respond to complaints.

### **Is the service well-led?**

The service was well led

People and staff knew and liked the registered manager and that she was accessible. Staff understood they could receive support from the registered manager and were encouraged to highlight issues affecting people's care. The registered manager had a system in place for monitoring, reviewing and updating people's care. The registered manager worked with other stakeholders to develop people's care in response to their needs.

**Good** ●

# Rosedene

## 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 26 November 2017 and was unannounced.

There was one inspector in the inspection team.

The inspection was prompted in part by concerns that were shared with us about the home. The concerns related to whether the Registered Manager understood people's care and escalated concerns appropriately. We reviewed how people received care and spoke with a health professional supporting people living at the home in order to understand whether people received the appropriate care and support.

Inspection site visit activity started 26 November 2017. We followed the visit to the home, with phone calls to staff.

The provider was not able to complete a Provider Information Return because we brought forward the scheduled date of our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed three people's care plans, daily records and medical administration charts. We also reviewed checks the registered manager undertook as well as meetings with healthcare professionals, staff and family members. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

We last inspected the service in January 2016 when we rated this section as Good. As this inspection we found the service remained Good.

People told us they felt safe. We observed how people interacted with staff and saw that they felt at ease around care staff. We saw people frequently referred to staff for reassurance when they became anxious

In preparation for the inspection we reviewed notifications we received about safeguardings. We reviewed how action the registered provider agreed to take had been implemented into people's care. We saw people that had known risks, had for their own protection, items stored away from them. Staff we spoke with understood how to keep people safe. Staff could explain to us what it meant to safeguard people from harm and how that applied to each person at the home. Staff told us the registered manager explained to them each person's circumstances and how they needed to be kept safe. Staff also confirmed they had received safeguarding training and understood how to raise concerns both within the service and with other organisations such as the Care Quality Commission if they needed to.

People's risks to their health and wellbeing were understood by staff supporting them. Staff explained these had been explained to staff and documented in care plans for staff to refer to. Where people had identified risk of choking, staff understood the person's condition and the substances to avoid. We also saw in minutes of staff meetings, the registered manager reminded staff of important information with respect to risks to people's health.

The registered manager explained that some people required more support than others with their care. They told us staffing levels were therefore based on people's dependency levels. We saw were people required the dedicated support of one person, the person was observed with a staff member at all times. Three staff we spoke with told us they thought staffing levels were adequate to meet the needs of people living at the home. The registered manager explained the recruitment process and how a background check was part of the process to ensure staff were suitable to work with people who lived at the home. A staff member who had recently joined the home told us they had not commenced work at the home until their background checks had been completed.

The registered manager showed us how they reviewed and checked people's medicines to ensure people received the support they needed. We also saw that the pharmacy supplying the medicines also undertook their own checks. We saw that there were protocols in place for using some medicines that were to be used as and when they were needed. Where appropriate, a manager's approval was needed to ensure it was safe for the person to have these medicines.

The registered manager explained how people were kept safe when some people exhibited behaviour that others may find upsetting or unwanted. We saw that when behaviours were identified, increased supervisions were put in place so that people were kept safe. Two staff we spoke with also shared with us how they used distraction techniques to settle the person when they displayed incidents of anxiety. Staff

understood the registered manager's process for seeking further advice and guidance from a duty manager if the registered manager was out of the office.

Accidents and incidents were recorded by staff for the registered manager to review. We reviewed the process for reviewing accidents and incidents and saw the registered manager reviewed these and also shared the details and frequency of these with the Area Manager and Registered Provider to monitor. We reviewed how learning from one incident in particular was shared with staff and we checked whether changes made in the person's care plan had been implemented. We saw that changes made to keep the person safe had been put in place and staff we spoke with told us they had been updated about the learning from the incident and how the person needed to be supported to prevent another occurrence.

We saw staff use gloves and aprons in order to reduce the spread of infection. The registered manager explained the checks they completed on a regular basis to identify if the risk of the spread of infection was being minimised.

## Is the service effective?

### Our findings

We last inspected the service in January 2016 when we rated this section as Good. As this inspection we found the service remained Good.

Staff we spoke with told us they received training and support and that they could access further training if they needed. One staff member, who had very recently joined the team, told us their induction had included shadowing other staff members to understand how to care for people. Staff we spoke with told us they had access to regular supervision and feedback on their performance. We reviewed how the registered manager monitored staff supervision and training and saw there was a process in place for monitoring this. The registered manager notified staff of training opportunities as and when they arose.

Staff we spoke with told us about how they had been trained to use distraction techniques to reduce how people presented their anxieties. We reviewed one person's care plan and spoke with the local authority about the person's care. The registered manager explained how the person's behaviour had changed and that staff were working with healthcare professionals to better respond to the person's care needs.

Staff told us they had completed training in the Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA. We saw that people were supported by staff to make decisions. Where appropriate family members or an independent advocate was involved to support decision making in the person's Best Interests. We saw how people's care was amended based on people's individual circumstances. Where people required constant supervision and support, this was provided.

We saw people were asked about their food preferences and offered a choice on the meals they received. Staff monitored people's food and liquid intake to ensure they didn't become dehydrated and so stayed fit and well. We saw people were assisted to make their own menu plans and supported to go shopping if they preferred.

People living at the home had a plan to address their health concerns. This included visits to the GP, dentist, optician and physiotherapist. Three care plans we reviewed contained information confirming people's attendance at the appointments. One person we spoke with told us if they weren't feeling well, staff would arrange for them to see a doctor. We saw from people's care plans that people had accessed a number of support services such as GPs, hospital consultants and speech and language therapists. Staff we spoke with spoke knowledgeably about people's care. Staff understood people's health conditions and the ongoing support they needed from health professionals. One health professional we spoke with told us they felt

assured that guidance for staff and the registered manager was followed through and that referrals to them were appropriate.

## Is the service caring?

### Our findings

We last inspected the service in January 2016 we rated this section as Good. As this inspection we found the service remained Good.

People told us they liked and valued the care staff. We saw people respond warmly to staff supporting them and offering embraces and tactile gestures. People told us they liked the staff supporting them.

Staff we spoke with spoke knowledgably about people and their individual care needs. Staff could explain to us how each person needed the support they did. We saw one person had anxiety and needed to understand what day it was and what was scheduled for the day. We saw staff had worked with the person to develop an information board that listed the information they needed to help reduce the person's anxiety. We saw one person required support and encouragement from a dedicated member of staff and saw the person receive this.

People were involved in their care We saw staff involve people in their care and make day to day decisions. For example, staff explained to people what they were doing and explained to people what had been planned for the day. Staff waited for people to express themselves in order to demonstrate they were happy to take part in the planned activity. Where people declined, this was respected by staff and an alternative offered.

We saw that people's independence was promoted by staff. One person told us about how independence to them was about being able to go to the shop on their own. They shared with us how this was important to them to be supported to do things they wanted. They told us they enjoyed doing that.

We saw that friendships within the home were encouraged. People were supported to maintain friendships by finding activities people liked and that they could attend together.

We saw when one person needed support with personal care a staff member immediately supported the person. Staff we spoke understood people's care needs and how support was required. We saw staff discreetly support people when they required help.

Staff we spoke with told us they were involved in updating people's care needs. We saw that staff had access to people's care records, but that care records were kept in a locked area in order to maintain people's confidentiality.

## Is the service responsive?

### Our findings

We last inspected the service in January 2016 and found people were not involved in the choice of their activities and rated this section as Requires Improvement. At this inspection we found the service had improved.

People we spoke with told us they enjoyed taking part in activities. We saw one person leave to go to an activity during the inspection. They shared with us how they liked the activities they took part in. Another person told us they liked going on a trampoline and attended a garden centre. A further person told us they liked going shopping with staff and that they had just returned with staff.

Since our last inspection, the registered manager told us they had worked with people and their families to identify goals in terms of the hobbies and interests. We saw that care planning included information about the person's background and family as well as their personal preferences.

We reviewed people's care plans and saw that people's care had been reviewed in line with their changing needs. A health professional we spoke with also told us they thought that people's care was appropriately reviewed. They said staff sought advice and guidance as appropriate. We saw that if staff were concerned about a person's change in health, additional observations were made and action taken to amend people's care.

People we spoke with told us about they were supported to maintain relationships with their families. We reviewed people's care plans and saw how visits to people's families were arranged and how staff worked with families in order to help maintain visits to their family. Staff we spoke with understood people's family networks and who it was important the person kept in contact with.

People were encouraged to share their thoughts about the home and their care. People worked with key staff to identify things about their care they wanted to change. Staff we spoke with told us sometimes when verbal communication was limited, staff tried different things and noted which things people liked.

People we spoke with told us they could speak to the registered manager if they were concerned about anything. One person told us, "I could speak to [registered manager]." We reviewed how complaints were documented and how they were investigated. We saw that there was a process in place for responding to complaints with a satisfactory conclusion for people using the service. The Area Manager told us all complaints were shared with the registered provider so that the registered provider had oversight and any trends could be identified. We saw where complaints had been logged, the complaints had been investigated and solution worked through.

## Is the service well-led?

### Our findings

We last inspected the service in January 2016 when we rated this section as Good. As this inspection we found the service remained Good.

People we spoke with knew and liked the registered manager. One person told us, "I like [registered manager]." We saw people look at ease around the registered manager. We saw people chat and exchange a warm hug.

The registered manager spoke confidently about people's care and recent changes to their health and demonstrated a clear understanding on people's current needs. Staff we spoke with understood people's care and felt the registered manager was clear in their communication with staff about people's care. One staff member that had recently joined the team could relay people's specific care needs and explained they had been given all the information by the registered manager needed to support people.

In order to understand the culture of the home and about the care people received we spoke with a medical professional about the home and the welfare of people living there. The medical professional felt assured that the registered manager, "Does follow guidance and does raise concerns if residents are not progressing as expected". Staff we spoke with told us that care plans were updated regularly so that staff had the information they needed to support people.

The registered manager had been in post for approximately two years. We reviewed notifications and saw that where required the registered manager had completed statutory notification as required to the Care Quality Commission. The Area Manager confirmed that the submission of any Statutory Notifications, were discussed with them. The Area Manager also explained how they reviewed how the registered manager ran the service and managed staff in order that the service people received was acceptable to them.

The registered manager undertook regular checks of the service. We saw checks the registered manager undertook on people's medication, equipment, environmental, and infection control checks. The registered manager told us care plans were also updated to reflect what key workers had supported people to achieve.