

The Rose Road Association

# The Rose Road Association (Outreach Service)

## Inspection report

Bradbury Centre  
300 Aldermoor Road  
Southampton  
Hampshire  
SO16 5NA

Tel: 02380721234

Website: [www.roseroad.org.uk](http://www.roseroad.org.uk)

Date of inspection visit:

11 January 2019

14 January 2019

Date of publication:

15 March 2019

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

The Rose Road Association (Outreach Service) provides support and activities for children and young people up to 25 years who may be living with a physical disability, learning disability or autism. It supports people in their own home, in the community and in a six bed residential respite unit. At this inspection, there were nine people who received the regulated activity of personal care in their home, and one person at the residential respite unit.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk).

People's experience of using this service:

- People received individual, tailored care and support which led to exceptional outcomes. Care and support met their needs, and reflected their diversity, preferences and choices. Feedback from people and their family carers always reflected very responsive care and support. There were individual and personalised measures in place to make sure people's communication needs were met.
- The provider had effective processes in place to make sure people received care and support safely. Safeguarding procedures took into account the complex needs of children and young people who were vulnerable as a result of their circumstances. There were systems in place to identify, assess and respond to individual risks to people's health and welfare.
- The provider's recruitment processes made sure staff were suitable to work in the care sector. The provider had made improvements to people's medicines care plans, how medicines were stored, and in making sure lessons learned when things went wrong were communicated to staff.
- People's care and support was based on assessments and care plans which took into account relevant standards and professional guidance. Staff were supported to deliver high quality care and support. Legal requirements were met with respect to consent, mental capacity and deprivation of liberty.
- People received care and support in a caring environment which promoted their privacy, dignity and independence. The provider took steps to make sure people could be involved in decisions about their care and support.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider worked with other organisations to develop and share good practice. There were effective management systems and processes to deliver high quality care and to drive and sustain improvements.

Rating at last inspection:

At the last inspection (12 July 2016) we rated the service good overall.

Why we inspected:

This was a planned inspection to check the service remained good.

Follow-up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

## 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 improved to good.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service had improved to outstanding.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service remained good.

Details are in our well-led findings below.

Good ●

# The Rose Road Association (Outreach Service)

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

One adult social care inspector inspected the service.

#### Service and service type:

The service is registered to provide the regulated activity of personal care in people's homes and to provide accommodation for people who need nursing or personal care.

The service had two managers registered with the Care Quality Commission, one for each regulated activity. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure registered managers and other staff would be available to speak with us.

Inspection site visit activity started on 11 January 2019 and ended on 14 January 2019. We visited the office location on these dates to see the registered managers and office staff; and to review care records, policies and procedures.

#### What we did:

Before the inspection we looked at information we had about the service:

- Provider information return
- We require providers to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- Notifications we received from the service
- The law requires providers to notify us of certain events that happen during the running of a service.
- The previous inspection report

During the inspection:

- We spoke with two people who used the service.
- We spoke with the chief executive officer, the two registered managers, and six members of staff.
- We looked at four people's care records.
- We looked at staff records, including training records.
- We looked at records of accidents, incidents and complaints.
- We looked at audits and quality assurance reports.
- We looked at other records, including policies and procedures.

After the inspection the provider sent us:

- Service improvement plans
- Case studies and written feedback from people's families
- Minutes of monthly safeguarding and health and safety meetings
- Examples of monthly staff communications
- Job description for safeguarding lead role

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe.
- One person said: "This is a special place. I feel absolutely safe."
- Staff said there was a very high level of safeguarding awareness.
- The provider had designated safeguarding leads (DSL) who had additional training, communicated changes and promoted good safeguarding practice.
- There were monthly DSL meetings and monthly safeguarding focus areas, such as mental capacity, safe recruitment and body mapping.
- The provider promoted the monthly focus areas using a range of communication methods, including a safeguarding notice board.
- Safeguarding was included in staff training and managers confirmed staff members' knowledge in supervision meetings.
- When safeguarding concerns arose, the provider followed agreed reporting and follow up procedures.
- The provider worked with the local authority to investigate safeguarding concerns and notified us of any allegations or concerns of abuse.

Assessing risk, safety monitoring and management:

- Individual risk assessments informed people's care plans.
- People's individual risks assessments considered the level of support they needed and their rights and freedoms, for example behaviours, accessing the community, and possible restraints such as bedsides and wheelchair straps. We saw staff followed guidance in risk assessments and kept people safe.
- Home care risk assessments identified environmental and other risks when working in people's homes.
- A monthly premises inspection checklist included external areas, evacuation, building, temperature, lighting and electricity.
- An annual health and safety audit, fire risk assessment, fire alarm checks and fire drills were in place.
- There were monthly talks on health and safety topics such as lone working for home care staff and correct use of equipment.

Staffing and recruitment:

- People's family said: "[Care worker] is amazing with [young person]. It is a huge relief to have an experienced worker."
- A delegated healthcare task process matched young people with care workers who were signed off with the skills to support them.
- Assistant managers were trained and signed off to cover sickness and other absence.
- "Values based recruitment" made sure staff were suitable to work with children and young people who were vulnerable as a result of their circumstances.

- The provider kept the required records to show a robust recruitment process.

#### Using medicines safely:

- People received their medicines as prescribed and in a safe way.
- The provider had made improvements since our last inspection. Regular checks on the temperature of stored medicines were now in place. Care plans, including those for emergency medicines were now readily available for staff.
- Appropriate processes for receiving, storing, and administering medicines were in place.
- Medicines records were complete and up to date.
- Staff received training, follow-up and competency checks to administer medicines.
- Checks and audits were in place to monitor and sustain good practice.

#### Preventing and controlling infection:

- People were supported in a clean and hygienic environment.
- There were weekly, monthly and annual health and safety checks which included measures to manage the risk of infection.
- Appropriate processes were in place for the monitoring of refrigerator and food temperatures.
- Appropriate processes were in place for the use of personal protective equipment such as disposable gloves and aprons.
- We discussed with the provider the available government code of practice on preventing and controlling infection in care services. The provider took immediate steps to make sure they complied with this guidance.

#### Learning lessons when things go wrong:

- The provider had made improvements since our last inspection. There were now effective processes in place to make sure incidents, accidents and other events were followed up.
- A system of monthly meetings was in place to review incidents and accidents, identify lessons to learn and communicate these lessons to staff.
- The provider reflected on lessons learned in areas of their service which we did not regulate to identify possible improvements in how they managed the regulated activities.
- These improvements were recorded and tracked in service improvement plans.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The provider took account of professional standards and guidance when assessing and planning people's care and support.
- The provider employed a trained nurse to deliver specialist training and sign off competencies for care staff.
- The provider took advice from a speech and language therapist where people had complex communication needs.
- The provider took advice from other professionals, such as a physiotherapist, when assessing people's needs and developing their care plan.
- There was a system in place to review care plans once a year and if people's needs or choices changed.

Staff support: induction, training, skills and experience:

- People could be confident staff had support to gain and sustain the necessary skills.
- There was a wide range of training available for staff.
- Staff were complimentary about training and other support in place.
- There was an effective system for tracking training and competency sign-offs, and the provider followed up training in staff supervisions and observations.
- Training included specialist subjects such as autism awareness.
- Where staff received training in specialist areas such as diabetes care, a specialist nurse assessed their competency.
- Some staff repeated training if this was identified as a learning need in supervisions or observations.
- The provider made reasonable adjustments to improve the accessibility of training for staff, such as supporting them with English language skills mentoring.

Supporting people to eat and drink enough to maintain a balanced diet:

- Where the provider supported people to eat and drink, they took into account their needs and preferences, and advice on healthy eating.
- Staff supported one person to cook their own choice of food when they stayed in the respite unit.
- Where people had complex communication needs, staff used pictures and signs to identify their preferences.
- Menus took into account choices, such as vegetarian meals, and preferences arising from people's religious or cultural background.

Staff working with other agencies to provide consistent, effective, timely care:

- There was cooperation inside the provider's organisation with areas of their service not regulated by us

- Staff worked with other voluntary sector groups to make sure people had the benefit of shared skills and expertise and current good practice.
- The provider shared information with other organisations working with people with a learning disability or autism.

Adapting service, design, decoration to meet people's needs:

- The respite unit was purpose-built to meet people's needs.
- Where this was important to people, staff adapted people's rooms to be as similar as possible to what they were used to, for instance by positioning furniture and using soft furnishings.
- There was a sensory room available which was equipped to meet the needs of people living with autism and other similar needs.

Supporting people to live healthier lives, access healthcare services and support:

- Where needed, staff supported people to access healthcare services.
- Staff supported people to access services such as day care which improved their well-being.
- Staff supported people to take part in physical activities and exercise in the community, both indoors and outdoors, which helped them live healthier lives.

Ensuring consent to care and treatment in line with law and guidance:

- Staff were aware of and acted in line with legal requirements around consent when supporting children and young adults.
- Where people were at risk of being deprived of their liberty the provider had applied for authorisation in line with legal requirements.
- The supervising authority had not processed the provider's applications, so there were no conditions to take into account.
- The provider used standard forms to record consent for both children and young adults. This meant the language used on consent records for young adults was not always appropriate.
- We discussed this with the provider who agreed to review the forms used as part of a wider review of how they reviewed people's changing needs as they began life as an adult. They sent us records after the inspection to show they had started this.

The Mental Capacity Act 2005 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 with appropriate legal authority. In care homes this is usually through Mental Capacity Act application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the Mental Capacity Act, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People and their family carers told us staff were caring and treated people well.
- One person said, "All the staff care for us like their own family. You can see it in their eyes."
- Another person's family carer said, "[Name] was very happy with the care. It has made [Name] realise just how much they needed the help and they could not praise the workers enough for what they do and how well they do it. [Name] is very happy."
- Another family carer said, "You have all been an amazing support network for us and [Name]...I can say wholeheartedly that [Name] has enjoyed every minute they have spent in respite over the years, it enabled them to socialise with his friends, make new friends, and I know they have a special bond with quite a few of the support workers, especially those who have been with them over the years!"
- Another carer said, "I've witnessed the way [Name] responds with ... staff too, and the way the staff interact with them. They are treated like 'one of the family' and that's what Outreach are like, it's like having an extended family."
- Equality and diversity were fundamental to the provider's policies and processes.
- Staff training included awareness of unconscious bias, unintentional judgements influenced by background and experiences.
- The provider took into account the religious needs of both people who used the service and staff who supported them.

Supporting people to express their views and be involved in making decisions about their care:

- People and their family carers told us people were supported to make decisions about their care and support.
- One person said, "They go the extra mile. I count down the days to when I can come back."
- Another person's family carer said, "[Care workers] have been extra sensitive to my needs the past few months when my health has been poor. They have demonstrated flexibility and understanding."
- People's care plans included guidance on how staff could communicate with the person, specific communication needs and any other information, such as the person's preferred method of communication.
- One person's care plan stated, "Although [Name] has not physically written in the care plan due to their coordination, they have a lot of verbal input. All decisions in the care plan are [Name's] own and they are shown and read the care plan to ensure they agree with what has been written."
- Examples of methods used to communicate with people included the use of signs, symbols and pictures, including a card system designed specifically for children with autism.
- Staff were trained to use touch signs to communicate with a deafblind person.

Respecting and promoting people's privacy, dignity and independence:

- The provider had in place a dignity and respect policy and training in equality, diversity and inclusion.
- People's care plans contained guidance for staff on how to promote people's privacy and dignity, such as making sure other family members left the room during support with personal care.
- Another person's care plan had guidance intended explicitly to improve their dignity and reduce their anxiety.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service understood the needs of different people and groups of people, and delivered care and support in ways that met those needs and promoted equality.
- People received individual care and support which led to exceptional outcomes.
- One person told us, "I can't put into words how The Rose Road has changed my life. They have helped me be a more confident adult.
- The provider realised their vision of "a world where disability is not a barrier" in ways which allowed people with autism or a learning disability to live as full a life as possible and achieve positive outcomes.
- People and their family carers all told us the service was focused on providing person-centred care and support. They gave examples of how their individually tailored care and support had exceptional impacts.
- One person's family carer said, "I have watched [Name] grow in confidence over the years and I know a huge part of this is down to them attending The Rose Road. You did things with them that I never thought they would enjoy or tolerate and this gave me the courage and confidence to try new things with them."
- Another family carer said, "Thanks to The Rose Road, [Name] has experienced so much, from visiting places of interest like Finkley Down Farm where she experienced sheep racing, Longleat, a bike ride in Eastleigh, and the Science Museum to bowling at Hamble Social Club.! [Name] is always coming back with a sticker and a report of where they have been. They experience \*life\*. They have FUN. It is incredible."
- Staff used individual and tailored ways of involving people and their family carers in their care and support, which was reviewed and changed as people's needs changed.
- A family carer said, "The way you all understand [Name] is worth a million times more than getting one-size-fits-all boxes ticked."
- Staff supported a young person to take part in a Christmas nativity play, which allowed them to interact with other young people in addition to individual sessions with their support worker. This gave them the opportunity to interact with other young people.
- The provider responded positively to people's changing needs in emergencies.
- Following one person's family carer having an accident, the provider worked at short notice on a Friday to arrange an emergency stay in the respite unit.
- Staff agreed to work additional hours supplemented by agency support, and the provider put the necessary risk assessments in place.
- This meant the young person was with staff who knew them during the weekend, and they were able to take part in an outdoor games event, bake cookies and have a film session with friends.
- Staff supported another person while they were in hospital and recovering at home. The person

experienced continuity of care from care workers they knew.

- Arrangements for social and leisure activities were tailored to people's individual needs, and meant people could live as full a life as possible.
  - Staff supported people to take part in a wide range of leisure activities which reflected their choices and interests.
  - One person's family carer said, "I also feel that [Name] has a holiday at the centre as the staff make sure that all their needs are catered for. They have their own room with a wall mounted TV/DVD, their diet catered for, access to soft play, sensory room and pool as well as going on outings. The staff are always happy for me to ring in daily for an update as well."
  - Another person said, "They take me wherever I want."
  - Other activities included shopping, cinema, meals, zoo, and walks.
  - The provider also arranged a family quiz night which allowed people to enjoy an event with their loved ones.
- 
- The service had taken innovative steps to meet people's information and communication needs.
  - The service identified, assessed and met people's communication needs.
  - Staff communication leads received extra training and supported colleagues by passing on and promoting best practice. This included knowledge and practice in "sign along", a system using speech, signs and descriptions tailored to people's individual needs, particularly people with autism, Down's syndrome and other language impairments.
  - Other communication techniques used included single words, sentences, sign language, photos, body language, signs, card systems, objects of reference and eye pointing.
  - The service met people's communication needs in individual ways which exceeded the requirements of the Accessible Information Standard.
- 
- The service took a key role in the local community and was actively involved in building and sustaining links with community resources and support networks.
  - The Rose Road Association was one of the Mayor of Southampton's charities for 2018/2019. This had allowed the provider to reach out to the community, for instance by coffee mornings in the mayor's parlour.
  - Other local organisations and firms had supported the provider with fund raising and voluntary help, such as maintaining the gardens and helping with sporting events.
  - The provider had a team of "ambassadors" who lived or worked in the local community and assisted with fund raising, and other practical advice according to their skills and expertise.
  - The provider had a team of volunteers who assisted, for instance by making toys and clothes to sell to raise funds.
  - The provider maintained contact with the local community by means of open days, fayres and other events which publicised the service and encouraged volunteers.
  - The provider took part in formal networks such as a learning disability partnership, and organised a local parent carer forum.
- 
- Staff had opportunities for learning, development and reflective practice on equality and diversity, which influenced how the service developed.
  - New staff induction included a session with the CEO to explore how to promote the provider's values with respect to human rights, inclusion and fair and equal treatment.
  - Staff were encouraged to record their impressions following observations and shadowing exercises for use in reflective practice on equality and diversity. These were followed up in line management reviews after three and six months.
  - There was a voluntary staff focus group tasked to review policies, procedures and training to ensure

inclusivity for staff and people using the service who identified as belonging to the LGBTQ+ community (lesbian, gay, bisexual, transgender, queer or questioning).

- The provider's equality, diversity and inclusion training included areas such as unconscious bias and the impact on people's well-being of not taking protected characteristics into account.
- Practical outcomes from this training included improved menu planning for different cultures, faith requirements and preferences. Personal care routines took into account sensitivities arising from people's religious background. Translation and communication services had been developed for people and families whose first language was not English.

Improving care quality in response to complaints or concerns

- There was a complaints process in place.
- Instructions on how to complain were available in formats that met people's individual communication needs.
- There had been one complaint in the 12 months before our inspection. It had been dealt with professionally.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider had a clearly communicated vision and values which included "working together, person centred, trust and respect, pride and passion, and quality and standards".
- There was a clear management structure and staff understood their roles and responsibilities.
- A family carer complimented "not only the lovely people we see quite often, who do the hands-on work ... but all the Rose Road Staff behind the scenes, in the departments like admin, accounts, etc and the trustees and fundraisers".
- A senior manager of another organisation who visited The Rose Road said, "I was taken aback by the service, not just the physical environment but the person centred care, compassion and passion for the work you do."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There were two registered managers, each having responsibility for the management of one regulated activity.
- The registered managers understood their regulatory responsibilities, including the requirement to display our ratings clearly.
- Managers and other staff had job descriptions which clearly defined their roles.
- A quality monitoring panel (QMP) provided oversight of quality processes and met monthly.
- Chaired by the chief executive officer, the QMP included external members with relevant experience as well as senior managers in the organisation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The provider involved people, their families and staff to improve the quality of the service.
- Feedback from the provider's annual quality survey was positive.
- Measures in place to engage with people's family carers included a suggestion box, a newsletter, coffee mornings and social media.
- Family carers had a representative on the board of trustees and parent carer forums.
- There were monthly "pride and passion" awards for staff.
- Training had been put in place for staff with English literacy needs.

Continuous learning and improving care:

- There was a strong focus on continuous improvement.
- The provider engaged an external consultant to carry out a mock inspection and identify areas for learning and improvement.
- The provider engaged experienced ex-social care workers to help identify gaps and improve quality.
- Findings and suggestions from internal and external audits and inspections fed into service improvement plans (SIP).
- SIPs included the responsible manager, date for completion, progress reports and final sign off of each action by the CEO.

#### Working in partnership with others:

- The provider worked in partnership with a range of other organisations to improve their own service and to drive up standards more widely.
- There was an ongoing programme of student internships which allowed the management of the service to benefit from fresh ideas.
- The provider had shared their experience of values based recruitment with other social care providers, and a local authority organisation.
- The provider was working with other organisations on an induction programme for new senior staff.