

Review of compliance

The Bridgings Limited Rosewood	
Region:	North East
Location address:	Church Lane Grangetown Middlesbrough Cleveland TS6 6TP
Type of service:	Care home service without nursing
Date of Publication:	November 2011
Overview of the service:	Rosewood is a care home which provides care for people with learning disabilities. Some of the people who live at the home also have physical disabilities. The home is registered to provide accommodation for up to eight people.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Rosewood was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 31 October 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

During our inspection visit we were able to speak with one person who used the service. They told us they felt they were able to make choices about how they spent their time and the care they received. The told us that they do voluntary work in the community and had been having computer lessons in the home. At the time of our inspection, three people who used the service were on day placement. The majority of the people who were at the home during our visit were unable to verbally communicate. We observed care provision. People appeared settled and content.

What we found about the standards we reviewed and how well Rosewood was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

We found that people were treated with dignity and respect and involved, as appropriate, in making decisions about their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

We found that people experienced safe and appropriate care and support that met their needs.

Outcome 07: People should be protected from abuse and staff should respect their

human rights

We found that appropriate systems and processes were in place to safeguard people who used the service.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

We found that staff had received appropriate training, supervision and appraisal.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

We found there were effective systems and processes in place to assess and monitor the quality of the service provided.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

During our inspection visit we were able to speak with one person who used the service. They told us they felt they were able to make choices about how they spent their time and the care they received. They told us that they do voluntary work in the community and had been having computer lessons in the home. At the time of our inspection, three people who used the service were on day placement. The majority of the people who were at the home during our visit were unable to verbally communicate. We observed care provision. People appeared settled and content.

Other evidence

During our inspection, we observed the care provided to people who used the service. We observed that people were treated with dignity and respect. We saw that people were offered choices and staff were seen to treat people as individuals. During our inspection visit, a Halloween party was being organised for later that day. The environment was decorated and people were in fancy dress and appeared to be enjoying themselves.

We reviewed the care records of two people who used the service. We found the records contained personalised details of people's life histories. We found that reviews of the care plans had been held with the person using their service. The person had

signed to agree their plan of care, where they were able.

We found that people were involved in the community, where appropriate. We saw that one person had been keen to be involved in the community and had been supported to obtain a voluntary community placement. Other people in the service had day placements.

We found regular meetings were held for people living at Rosewood. We reviewed the notes of the meetings. This did not identify any concerns and demonstrated that people were involved in choosing activities and involved in how the service was run.

Our judgement

We found that people were treated with dignity and respect and involved, as appropriate, in making decisions about their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

During our inspection visit we were able to speak with one person who used the service. They told us they were happy with the care they received. At the time of our inspection, three people who used the service were on day placement. The majority of the people who were at the home during our visit were unable to verbally communicate. We observed care provision. People appeared well cared for and settled.

Other evidence

We reviewed the care records of two people who used the service. We found the records contained personalised assessments, risk assessments and care plans relevant to the identified care needs. We identified that one person had bed rails in place for safety reasons. This was recorded in the care plan and risk assessment; however we discussed the need for a more detailed risk assessment in line with national guidance. The manager advised that further training and information on the use of bed rails was arranged and the risk assessment documentation would then be reviewed.

The care records we reviewed, provided personalised information on peoples' abilities and their preferences about how the care they needed was delivered. We found that the care plans had been reviewed. The interval between the reviews was a maximum of six months. The manager informed us that more frequent reviews are held if someone's needs changed. We saw evidence that this was the case. We found a daily record of care for each individual was maintained.

During our inspection visit, we saw evidence that care was delivered in accordance with the care planned.

We found that each individual had a health action plan in place.

Our judgement

We found that people experienced safe and appropriate care and support that met their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

During our inspection visit we were able to speak with one person who used the service. They told us they were happy with the care they received and felt safe living at Rosewood.

Other evidence

During our inspection we saw that a safeguarding protocol was available.

We looked at staff training records. All staff had undertaken training in the last few months regarding the safeguarding of vulnerable adults.

We spoke with three members of staff. They confirmed they had undertaken recent training and could demonstrate they were aware of what constituted a safeguarding concern and could describe what action they would take. No one that we spoke with had any current safeguarding concerns.

There was no evidence that restraint was used at Rosewood. Where bedrails or lap straps (in wheelchairs) were used, it was clearly recorded in the care plan that the use of the equipment had been assessed as necessary to maintain safety.

Our judgement

We found that appropriate systems and processes were in place to safeguard people who used the service.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We did not gain peoples views regarding this outcome.

Other evidence

During our inspection we reviewed staff training records. We found that the majority of staff had undertaken mandatory or essential training, with the exception of food safety training. Training regarding food and nutrition has been delivered, however it was unclear if this covered food safety. There was evidence that staff had undertaken food safety training previously and the need to review this training was discussed with the manager at the time of our inspection.

A training matrix was in place to identify staff training. Additional training, appropriate to meet the needs of the people using the service, such as training in epilepsy and tube feeding had also been provided.

We looked at staff files and found that staff were supported to undertake additional training, such as National Vocational Qualifications in Health and Social Care, level 3.

We reviewed the staff supervision planner and found that staff had received regular supervision sessions. We reviewed the content of supervision sessions and found these identified personal development and training needs of staff. Annual appraisals had also been undertaken.

We spoke with staff who told us that they felt they had very good access to training and support.

Our judgement

We found that staff had received appropriate training, supervision and appraisal.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not gain peoples views regarding this outcome.

Other evidence

We found that the manager assessed and monitored the quality of service provision. They undertook observational reviews of staff, including medication assessments and night visits. There was documentary evidence that feedback had been provided to the members of staff to enable any learning or to reinforce good practice.

In addition to the monitoring by the manager, we found that service reviews are undertaken by a manager from another home in the company on a regular basis. We viewed the report from the last unannounced service review which took place on 12 September 2011. This identified some minor issues which were being addressed.

We found that quality monitoring questionnaires had been collated in April 2011. These provided feedback from both relatives of people who used the service and visiting healthcare professionals. We reviewed the feedback and found this to be very positive about the care provided at Rosewood.

We reviewed the accidents, incidents and complaints records. We found that records of accidents and incidents were maintained and there was evidence that trends for individuals had been identified and action plans had been developed to prevent recurrence. There had not been any complaints about the service at Rosewood.

Our judgement

We found there were effective systems and processes in place to assess and monitor the quality of the service provided.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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