

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Rosewood

Church Lane, Grangetown, Middlesbrough, TS6
6TP

Tel: 01642463306

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	The Bridgings Limited
Registered Manager	Ms. Theresa Paula Massey
Overview of the service	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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We were unable to communicate verbally with the majority of the people at the home, however we were able to speak with one person who lived at the home, who told us they liked living there and they liked the staff. We also spoke to two relatives of people who use the service, who said "my relative always looks happy and contented"; "I'm happy with the service" and "the staff are more like family really." People told us they had not had to make a complaint, but would feel comfortable doing so if the need arose. The home had a complaints procedure in place.

We observed that staff interacted with people living at the home in a relaxed, friendly manner, and had the time to engage people in hobbies and activities. People looked well cared for.

We looked at the care plans for three people who live at the home. Records for each person showed that the home had carried out sufficient assessment of the needs of each person, to enable appropriate care and support to be given.

Staff told us they enjoyed working at the home, and had been given sufficient training to enable them to be confident in their roles. Staff said there were sufficient numbers of staff always on duty and they had time to carry out care tasks and interact with people living at the home.

We looked at medication administration records and checked some people's medication to make sure that the records were correct, The home had sufficient procedures in place to ensure medication was managed safely.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We spoke to one person living at the home, and two visiting relatives. All told us that the home involved them in their, or their relatives care and support, and that their consent and views were sought in relation to this. Comments included "I've been to a review and I feel able to raise any concerns" and "I feel like I have an input."

We looked at care plans for three people living at the home. We saw from these that people's consent was sought where possible. Where people were unable to give consent we saw from the care plans that the home had worked closely with relatives, social workers, learning disability teams and other professionals, in accordance with legal requirements. This included best interest decision making and regular reviews involving the family and mental health professionals.

Care plans contained details about a person's likes and dislikes, and stated what time a person would like to get up or go to bed, and what routine they liked to follow during the day. Care plans recorded how people could express dislike non-verbally so that staff could recognise this. We saw informal examples of consent being sought, such as staff asking a person if it was ok to move them. People were able to move freely round the home and the home had a 'no restraint' policy.

Staff had attended training on the Mental Capacity Act and deprivation of liberty safeguards, and were able to demonstrate an understanding of these areas. This helped to make sure that staff understand their legal requirements and protect people who lack capacity.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People using the service looked well cared for, settled and happy. We were able to speak with one person who said they liked living there and liked the staff. Relatives told us "the care always seems really good"; "my relative always looks happy and contented" and "my relative is always clean and tidy whenever I visit."

We observed that people who use the service were calm and relaxed during our visit. Staff had the time to sit and interact with people living at the home, and at the time of our visit people were engaged in jigsaws and musical activities, while one person was taken out to the shops and others were out on community placements.

The care plans we looked at recognised what life skills people had, such as being able to get dressed with minimal help. Care plans were person centred and contained information on peoples likes, dislikes, and preferred routines.

Care plans for each person showed that the home had carried out sufficient assessment of the needs of each person, to enable appropriate care and support to be given. The care plans were tailored to the individual and contained information about people's communication and physical needs, and medication. These had been reviewed regularly, although in some minor cases it was not immediately clear whether the information had been reviewed, as this information was in the 'health action plan' rather than the care plan itself.

We saw that the home had involved a number of other professionals such as nurses and psychologists in people's care. This helped to improve their health outcomes, and ensured staff knew how best to care for the person. When we spoke to staff they were knowledgeable on each person's health needs, and how they liked to be cared for.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the administration, recording, storing and arrangements made by the home to ensure that people's medication was administered properly.

We were unable to observe people receiving their medication at the time of the inspection, as there was no medication round due, however we looked at the medication procedures for staff and these were sufficient in detail.

Only staff who had received specific medication training were allowed to dispense the medicines. We saw from training records that staff had attended medication training and also undergone an in-house competency test.

Medicines were stored correctly in a locked cupboard or fridge, and temperature monitoring was carried out to make sure the medicines were stored at the recommended temperature.

We looked at medication administration records and checked some people's medication to make sure that the records were correct. The numbers of medicines in stock tallied correctly with the records, and staff had signed correctly to say when medication had been given to a person. This meant that systems were in place to ensure people who lived at the home were receiving their medication safely and at the correct times.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at staff rotas which showed sufficient numbers of staff on duty. The manager explained they could ask existing staff to cover extra shifts in someone rang in sick, and did not have to use agency or bank staff.

We spoke to three members of care staff during the inspection, who said staff levels were sufficient to allow them to look after people, and they were not rushed in their jobs. Comments included "I absolutely love it, it's the best job I've ever had" and "there's always enough of us on, and we're really well supported." Relatives of people living at the service said "I can't fault the staff" and "they're worth their weight in gold."

Observations made during our visit suggested that there were sufficient staff on duty to meet people's needs.

Records showed that appropriate checks were undertaken before staff began work. Staff files also held copies of training certificates that staff had attended and records of supervision and appraisals.

Staff said they had been well trained, and we saw training records for subjects such as safeguarding, challenging behaviour, medication, infection control and the Mental Capacity Act. This meant that there were enough qualified, skilled and experienced staff to meet people's needs.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

Relatives of people using the service said "I've never had a problem" and "I've never had the need to complain." They also said they would be confident raising a complaint if the need arose, and felt they would be supported in this by the service.

All the members of staff we spoke with said if a complaint was brought to their attention they would report it to the manager and attempt to resolve it immediately.

The complaints procedure was clearly displayed in the front lobby. The manager kept a book for complaints and analysis, but had so far not received any complaints.

We saw from care plans that relatives were involved in service reviews, and could feed back their views. This meant that the home had effective procedures for identifying and responding to complaints or concerns.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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