

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:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Safeguarding people who use services from abuse	10
Safety and suitability of premises	11
Requirements relating to workers	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 8 January 2014, 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

Rosewood was a large bungalow and was home for people with learning disabilities and complex needs. The home had been specially adapted for people who were wheelchair users and who required assistance with complex needs. The staff were highly trained and appropriate checks were undertaken before staff began work.

The provider had made reasonable provision for service users to have as full and diverse a life as possible given people's care requirements.

The home was comfortable with large rooms and a large outside area. Staff and service users engaged positively with each other and we observed warm and caring interactions.

One service user told us;

"It's marvellous, the staff look after us"

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The provider responded appropriately to any allegation of abuse.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

People were protected from the risks of inadequate nutrition and dehydration.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke to staff, relatives and one service user about people's care and welfare in the home. We also examined four care records. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

All of the care records we examined were comprehensive and of high quality. They contained a full assessment of the service user's needs and risks. The records contained a one page profile which summarised the needs each service user had and the care required to meet those needs. They had been reviewed regularly and every person had been assigned a key worker.

We saw evidence that the key worker updated the care plans where people's needs had changed. The risk management documentation was also of good quality and detailed the support people required. The care people received in all aspects of daily living was recorded in the daily record file.

One member of staff told us;

"I have been here for many years, the care is marvellous; people are so loved and we are a really good staff team."

We confirmed this when we observed service users who were engaged and comfortable with the care offered by staff. There was a lot of good humour and laughter between staff and service users.

Where people did not have verbal communication, staff were observed to use touch and non verbal communication methods which helped to ensure that service users were able to understand as much as possible about what care was being delivered.

This meant that care and treatment was planned and delivered in a way that was intended to ensure people's choice, safety and welfare.

We observed an activity programme in use at the home which detailed variety of activities which were undertaken with service users, such as games, movie nights and visits to local amenities.

We examined the business continuity plan for the service which included a disaster contingency plan which outlined the steps staff should take to reprovide the service in the event of emergencies such as fire or flood. This meant that there were arrangements in place to deal with foreseeable emergencies.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke to staff, relatives and one service user about how nutritional needs were assessed and met. We examined four care records and also inspected the kitchen and food storage areas. We also observed a lunch time.

Staff told us that they prepared, cooked and ate meals together with service users. This was confirmed when we observed lunch time.

Food likes and dislikes were noted in the care plans and we observed that food choices were also discussed.

Staff told us that most service users attended day placements. Therefore the main meal of the day was in the evening. For those service users who did not attend day placements, they either made their own food choices and prepared them independently or were assisted in the preparation of their lunch by staff.

Staff told us that every few days people were asked what their food choices were and staff assisted service users with daily shopping for food or ordered shopping online. We observed staff and service users eating together at lunch time and each service user was offered a variety of freshly made sandwiches, fresh fruit and drinks to choose from. Service users told us that they enjoyed the food on offer and always ate what they preferred.

This meant that people were provided with a choice of suitable and nutritious food and drink.

Within the care records there were regular recordings of weight and the Malnutrition Universal Screening Tool (MUST) was used to objectively measure service user's nutritional status. These gave objective guidance on actions for staff to take in cases where the service user's weight fell below or rose above certain levels.

We found the kitchen to be clean and hygienic. There were colour coded chopping boards for different food groups and cooked and raw meat. There was a separate dairy and fats fridge. All staff were in possession of food hygiene awards level two and this was confirmed by looking at two staff records.

This meant that people's health and welfare benefitted from good standards of food quality and hygiene.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found that the home had, had a number of safeguarding issues. We examined the documentation for these and were satisfied that the correct policies, procedures and investigations had been undertaken in cooperation with the local safeguarding board. We also found evidence that the home had notified the CQC in accordance with the registration requirements of the Health and Social Care Act (2008).

The home had a vulnerable adult's abuse procedure which was comprehensive and instructed staff on the actions they should take if abuse was suspected or reported to them.

All staff had undertaken safeguarding vulnerable adults training and this was evidenced when we examined training records for staff.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The home was a large bungalow located in a residential area close to local amenities. All service users had their own bedrooms. There were two assisted bathrooms with hoists and one assisted shower and toilet. The hoists had been regularly inspected and serviced. There were further toilets, two of which were large enough to accommodate wheelchair users.

We walked round the home and one person allowed us to view their room. It was decorated to a high standard and contained their personal possessions. The home had a comfortable lounge which was decorated to a high standard with comfortable furniture and a separate dining room.

We examined service records for all kitchen appliances and electrical and gas safety certificates which were current. Portable appliance testing had been undertaken regularly. The fire alarm and fire extinguishers had been serviced regularly.

We examined the business continuity plans which were in place for disruption of utilities, fire or flood. The maintenance file contained records of repairs needed, when they were undertaken and by which companies. There were details for emergency out of hour's contacts for property services, fire panel problems, and phone and information technology systems.

All areas were clean and well maintained.

This meant the provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We examined the personal files for four employees at the home and found that all had received enhanced criminal records bureau checks prior to their employment. This meant that staff had no recordable offences on the CRB database. The provider had sought and received references for all staff prior to their employment and all staff had undertaken an internal staff induction when they commenced their employment.

The provider had supported staff with appropriate training relevant to their duties and regular supervision of staff had taken place by the manager.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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