

# Rosegarth

## Inspection report

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## Our findings

### Overall summary

We carried out this announced inspection on 27 June 2022. The inspection was led by a Care Quality Commission (CQC) inspector.

This inspection is one of a programme of inspections that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IoMDHSC) in order to develop an ongoing approach to providing an independent regime of inspection of health and social care providers delivered or commissioned by IoMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The inspection is unrated and areas for improvement can be found in the Recommendations or 'Actions we have told the Provider to take' sections of this report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Service and service type

Rosegarth is a residential care home providing accommodation with personal care for people with a learning disability and autistic people. Rosegarth is registered for up to three people. At the time of our inspection there were two people using the service and there were no plans for a third person to move into the home. The home is close to the centre of Ramsey. Each person had their own bedroom and en-suite shower room. There was a large kitchen / dining room, lounge, craft room and sensory room. The home had a large accessible back garden.

## **People's experience of using this service and what we found**

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

### **Our key findings**

The service was able to demonstrate how they were meeting the underpinning principles of culture, control and choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People participated in a range of activities, both within the home and in their local community. There were several staff vacancies at Rosegarth, which meant people's activities were adapted so they could go out with one member of staff. We have made a recommendation about staffing.

We observed people were comfortable with their staff support. Relatives were positive about the staff team and the support provided.

Staff had the training and support they needed to meet people's needs. They said they felt well supported by the management team. Staff supported and prompted people to be independent where possible. Staff were safely recruited. Staff knew how to report any concerns they had.

People were supported to make choices about their daily lives through communication systems, for example the Picture Exchange Communication System (PECS) and feelings boards. Staff worked with people to further develop their communication skills. Restrictions in place had been identified and agreed through the six-monthly reviews involving people's family and social worker.

Person-centred risk assessments and support plans provided detailed guidance and information about people's support needs and routines, including strategies if people became anxious. These were regularly reviewed and agreed with people's families and social care professionals. Support goals were identified to work towards increasing people's skills and independence.

People received their medicines as prescribed and these were regularly reviewed. People were supported to maintain their health and wellbeing and their nutritional needs were being met.

A quality assurance system was in place, with audits and checks being made by the staff team and at a provider level. A home improvement plan identified actions from these. Incidents and reactive approaches prevented, (where people had been supported to reduce their anxiety before

an incident occurred) were recorded and reviewed to identify any learning from them for future support strategies.

**We found areas where the service could make improvements. CQC recommends that the service:**

- Take action to recruit to the current vacancies and reduce the pressure on staff working additional shifts and enable each person to have their agreed support hours.

## The inspection

### About the service

Rosegarth is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. Both were looked at during this inspection.

Rosegarth had a manager in post who was registered with the Inspection and Registration Unit of the IoMDHSC.

### Notice of inspection

This inspection was announced as part of a comprehensive inspection programme which is taking place between April and September 2022.

### What we did before inspection

We reviewed information received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well, and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

### During the inspection

We spoke with both people living at Rosegarth and observed the support provided throughout our inspection. We looked at the environment of the home, with people's permission.

We spoke with four members of staff including the registered manager, senior support worker and support workers. We reviewed a range of records. This included two people's care records and medication records. We looked at eight staff files at Autism Initiatives head office in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We spoke with one relative by telephone to seek further views about the service and their experience of the care provided. We contacted a social care professional by email. We also reviewed a variety of records relating to health and safety and staff training.

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>

## Is the service safe?

We found that this service was safe in accordance with CQC's inspection framework.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

Risks people may face were identified and guidelines were in place to manage these risks. Staff knew people's needs and how to mitigate the risks they faced. A detailed positive behaviour support (PBS) plan provided clear guidance for the support people needed to manage their anxieties. The registered manager was a PBS trainer for the provider and advised staff teams across the organisation on their PBS plans and strategies for supporting people.

Records were written where staff had supported a person to reduce their anxiety without the person's behaviours escalating. These were called reactive approaches prevented (RAPs). Incident reports were also written when needed. These were reviewed by the senior support worker and registered manager to identify any patterns and what worked well and what did not.

Staff felt well supported after an incident by the registered manager and their colleagues. We saw changes had been introduced following an incident in response to suggestions made by the staff team. Where required, a post incident review would be held. One support worker said, "It's not saying you've done that wrong. It's so you can look back and see if you could do things differently; to look what might work better next time." Staff also told us they would discuss incidents as a team to contribute ideas on how further incidents could be reduced.

A social care professional told us, "I think [Name] is happy within the home, which is evident in the small number of incidents and RAPs which they have been involved with."

Equipment within the home was regularly checked by members of staff and was serviced in line with manufactures guidance. External risk assessments for Legionella disease and fire had been completed. Any issues identified had been actioned.

### **Staffing and recruitment**

There were staffing vacancies at Rosegarth. Bank staff were used to cover the rota where possible, however, we were told that one person regularly did not have the two to one staffing they were assessed as needing. When this happened, a range of activities had been assessed as being safe to do with one member of staff supporting them. A support worker said, "[Name] doesn't need two to one staff all the time. If it's a new activity, it's better with two staff as [Name] can get anxious. If it's a regular activity, it's okay with one staff." However, a staff member also told us, "You can feel burnt out sometimes as we do long days and can have incidents."

People's support needs had been re-assessed following an incident and a second sleep-in staff had been agreed. Rosegarth had a 'buddy' system with another of the provider's homes that was close by. This meant the staff teams could support each other if needed, for example in the event of an incident.

Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.

### **Using medicines safely**

People received their medicines as prescribed. Assessments identified the support each person needed to take their medicines. Staff had annual medicines administration training and a competency assessment was completed.

Guidance was in place for medicines administered 'when required' (PRN). However, not all of these identified how the person would communicate, either verbally or non-verbally, that they needed the PRN medicine to be administered. The registered manager added this information to the PRN protocols during the inspection.

### **Systems and processes to safeguard people from the risk of abuse**

Staff had completed training in safeguarding vulnerable adults. They knew the signs of potential abuse and how to report this. Staff were confident the registered manager and senior support worker would respond to any concerns they raised. The provider had safeguarding and whistleblowing policies which gave guidance for staff in raising any concerns they had.

### **Preventing and controlling infection**

The home was clean throughout. Cleaning schedules were in place for staff to follow. Staff had completed training in infection control. A cleaning audit in May 2022 showed a high level of compliance.

Current guidance was being followed for the use of personal protective equipment. Staff took regular tests for COVID-19. We were assured that the provider's infection prevention and control policy was up to date. We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

## **Is the service effective?**

We found that this service was effective in accordance with CQC's inspection framework.

### **Staff support: induction, training, skills and experience**

Staff received the training they needed for their roles. Face to face courses were being re-introduced following the COVID-19 pandemic when training moved to on-line meetings. Training in autism was part of the initial induction and the positive behaviour support training. One support worker said, "The sensory perception training was really good; it was eye opening."

New staff completed a week-long induction, completing the required training, and then shadowed experienced staff for two weeks. This meant they could get to know people, their support needs and how they communicated. All support staff were enrolled on a level three health and social care course when they had completed their probationary period.

Support workers said they felt well supported by the registered manager, senior support worker and colleagues. There was a small staff team at Rosegarth and we were told the communication within the team was good. A support worker said, "I feel supported, definitely, by all the staff team not just [registered manager Name] and [senior support worker Name]. They're all very approachable and I can go to anyone if I've got a concern."

Regular team meetings were held, which had regular agenda items for discussing the support people needed, different strategies they could use in different situations and tasks around the house. Staff had regular supervision meetings with either the registered manager or senior support worker.

### **Ensuring consent to care and treatment in line with law and guidance**

As far as possible, people should be enabled to 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 when this is in their best interests and legally authorised under Manx legislation. Best practice in care homes, and some

hospitals, is for example through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the good practice on mental capacity.

Restrictions in place at Rosegarth were discussed and agreed at the six-monthly reviews with the person's family and social care professional that they were in the person's best interests. However, there was no evidence of a corresponding capacity assessment for these restrictions.

We observed staff offering day to day choices and options about their care and support throughout the inspection. A support worker said, "When I started [Name] had one choice board and three choices. Now they have four choice boards. We try to give them as much choice as possible."

### **Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care**

People were supported to maintain their health and wellbeing. People's health needs had been identified and care plans provided guidance for staff for meeting these needs. Each person had a health action plan which detailed their health needs and documented all medical appointments.

Staff had worked with medical professionals to ensure people were able to attend appointments. For example, one person used a social story to explain about any medical appointments they were due to attend. Social stories are short descriptions and picture symbols of a situation, event or activity, which include specific information about what to expect in that situation and why. This meant the person did not get anxious about the appointment as they understood where they were going and why.

People also had a hospital support plan, which detailed their communication and support needs if they needed to be admitted to hospital.

A monthly report was sent to each person's social worker, which included information about what people had done, any health issues, incidents and changes in support needs.

### **Supporting people to eat and drink enough to maintain a balanced diet**

People's nutritional needs were assessed, and they were supported to maintain a balanced diet. A malnutrition universal screening tool (MUST) was completed for one person. This was to monitor their eating and weight as this changed depending on their anxiety levels.

### **Adapting service, design, decoration to meet people's needs**

Rosegarth was a large house that had separate areas set up for different activities, for example an education and exercise room and sensory room. There was a large back garden with a trampoline, which one person used daily.

A member of staff had supported one person to start growing their own vegetables and to start to maintain the garden with support.

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

Each person's needs were assessed and reviewed every six months or when there were any changes in their needs or activities. People's family and social worker were involved in the

reviews. Progress on achieving current goals was discussed as well as any new goals people wanted to work towards.

The registered manager completed assessments for people referred to the provider by social services. This was used to ensure they were able to meet the person's needs. At the time of our inspection the registered manager said there were no plans for new people to move to Autism Initiatives due to the need to recruit more staff first.

## Is the service caring?

We found that this service was caring in accordance with CQC's inspection framework.

### **Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence**

Staff knew people and their individual needs well. A comprehensive 'All About Me' document provided details of people's likes, dislikes, communication and personal history. This provided a clear overview of people's support needs.

Staff clearly explained how they supported people with dignity and respected their privacy. A support worker said, "I treat people how I would expect my family member to be treated. We give as much choice as possible and respect people's privacy; they need their own space as well at times." We observed positive interactions between people and members of staff throughout the inspection. People were comfortable with the staff support they had.

We observed support workers prompt and encourage people to do the things they were able to themselves, for example getting a snack and watering the vegetables in the garden. Support plans clearly identified where people were to be prompted to be independent and where they required more support. A senior support worker said, "[Name] likes time to themselves and will say 'leave me to it'. I ask if they want me to sit in the lounge with them or go elsewhere."

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

We observed staff supporting people to make choices about what they wanted to do, both verbally and through picture communication systems. This involvement was clearly identified within people's support plans and daily routines. A relative said, "The staff are very attuned to [Name] and the strategies in place to support them."

## Is the service responsive?

We found that this service was responsive in accordance with CQC's inspection framework.

### **Meeting people's communication needs**

Best practice in communication (for example the Accessible Information Standard) describes how to tailor communication to people with a disability or sensory loss, and in some circumstances, their carers, so that they get information in a way they can understand it. It also says that people should get the support they need in relation to help them communicate.

People used the Picture Exchange Communication System (PECS), choice boards and social stories to communicate. PECS is a way for autistic people to communicate without relying on

speech. To communicate, people use cards with pictures, symbols, words or photographs to ask for things, comment on things or answer questions.

An extensive number of pictures and symbols were used so a person could see what was planned each day and so they could make choices between different activities. New PECS symbols were added when people went to a new place or activity.

We observed the PECS being used throughout our inspection. PEC strips were clearly displayed so people could see what was planned for the morning or afternoon. Support plans including where PECS was to be used as part of people's daily routines. A relative said, "Staff know [Name's] needs and how to communicate with them."

A 'feelings board' had been developed to support one person to communicate how they were feeling, for example hot or hungry. This enabled the staff team to provide the appropriate support.

Positive behaviour support plans also detailed how people may communicate they were in pain or anxious and the strategies staff were to use to manage these.

### **Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them**

People had structured days with clear routines for different times of the day, for example in a morning and in the evening. Autistic people often need a structured day to reduce their anxieties. People had regular contact with their families. This was agreed so that the contact was at regular times of the day and week to maintain consistency. One person used the computer to write out their plans for the next day and went through this with the staff team.

Within this structure people were given choices of what they wanted to do using the PECS system and choice boards. This included a variety of indoor and outdoor activities, for example going swimming, for a walk, using the computer or having 'time out'. Activity choices were tailored for one person depending on their mood and whether there were one or two staff on duty.

When choices had been made a PECS strip was used so the person could refer to it and see what was planned for the day. We observed people being supported to make a choice of what they wanted to do and then doing what they had chosen. A member of staff said, "[Name] will get their own PEC out as to what they want to do; it's their own choice."

### **Planning personalised care to ensure people have choice and control and to meet their needs and preferences**

Detailed person-centred support plans were in place and were regularly reviewed. These provided step by step guidance for support workers for different routines and activities. The support plans identified what people were able to do themselves, depending on their mood and levels of anxiety, and what support staff should provide.

People also had agreed support goals they were working towards. These were personalised goals agreed with the person, their family and social worker. For example, a goal for one person was to recognise money. We saw staff working with the person for this goal.

### **Improving care quality in response to complaints or concerns**

The provider had a complaints policy in place. There had been no formal complaints made in the last year. There was regular communication with people's relatives, which meant any issues could



be resolved informally. A relative said, "I've raised a couple of things in the past; but overall Autism Initiative has been a very positive experience."

### **End of life care and support**

At the time of our inspection no one was receiving end of life care. The people living at Rosegarth were young adults and so discussions had not taken place with people's families about any end of life wishes or decisions.

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

We found that this service was well-led in accordance with CQC's inspection framework.

### **Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements**

A quality assurance system was in place. Regular audits were made of the care files, medicines, and health and safety. A monthly service report was written detailing what people had been doing, any incidents and staffing.

The registered manager felt supported by the area manager, although they didn't visit the home too often. They said they were able to contact them by phone whenever they needed to and met regularly as part of their positive behaviour support training role.

A 'responsible person' visit was completed by the area managers every six months. This checked files were up to date, medicines, staffing and looked at the environment. Peer to peer reviews were also completed by the manager of a different Autism Initiatives home, which looked at a range of areas within the home. A house action plan was written to identify all actions needed. These were seen to have been completed.

All staff were clear about their roles at the service. There was a delegation of tasks each month to named members of staff. The staff therefore learnt about all the different tasks required in the home.

The provider held a monthly meeting with the area managers to discuss all Autism Initiatives homes on the Isle of Man. This enabled learning from one home to be shared with other homes. They also had regular meetings with colleagues based in England and were able to access specialist support in mental health through Autism Initiatives.

### **Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people**

The staff were all positive about working at Rosegarth and supporting people to take part in activities and increase their independence skills. One support worker said, "It's seeing the progress they make. They're out doing stuff all the time; I get so much from them."

A 'quality of life' document recorded the successes people had had in gaining new skills since living at the home. These included getting a voluntary job, communicating feelings and reducing prescribed medicines.

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

Staff enjoyed working at Rosegarth and said they worked well together as a team. Staff felt well supported by the senior support worker and registered manager. Support workers were able to contribute ideas and openly discuss people's support and different strategies during the regular team meetings. One support worker said, "If I have any ideas I'm encouraged to try and see if they (the people supported) like it. I started doing the gardening with [Name], a veg plot, involved in cutting the grass and doing the weeding. It gives a sense of achievement."

There was regular contact with families and communication between the staff and the families was positive. Relatives were positive about the support provided at Rosegarth. A relative said, "We've not had any issues with any of the staff and how they support [Name]."

### **How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong**

The registered manager knew the types of incidents that needed to be notified to the Registration and Inspection Unit, for example serious injuries. They understood their role in terms of the regulatory requirements.

### **Working in partnership with others**

A monthly report was sent to each person's social worker, detailing updates in progression towards agreed goals, changes in health and any incidents. The social worker was also involved in the six-monthly reviews and said, "[Name's] reviews are highly detailed, and the reports are a real celebration of what they have achieved the last six months." The service worked with a range of professionals, for example dentist and GPs.