One Housing Group Limited

Roseberry Mansions

Inspection report

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London
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

What life is like for people using this service:
People using the service and their relatives gave us positive feedback about the service. They thought the service was well managed and in general they were happy with the support received.

People had their care needs, preferences and potential risks assessed. The system currently used by the service to record these needs and risks was complex and the gathered information was not always readily available to staff. The registered manager assured us that action would be taken to address this.

The service had systems in place to ensure people were protected from harm. These included safeguarding policies and procedures and appropriate recruitment practice. There were sufficient staffing levels to ensure people's needs were met. Suitable health and safety and infection control practices were followed by staff. Medicines were managed according to the current guidelines and people received their medicines safely and as prescribed

Staff who supported people had appropriate skills, training and experience to provide effective and safe care. Staff were supported to carry out their roles through regular supervision, spot checks and yearly appraisal of their skills.

People were supported to live a healthy life. When required staff supported people to have sufficient food and drink and the support provided was in line with people's dietary needs, cultural and personal preferences. When people's health deteriorated staff ensured people had prompt access to relevant health services.

Care and treatment were provided in line with the principles of the Mental Capacity Act 2005. People could choose how care was provided to them and staff asked for people's consent before supporting them.

People were encouraged to be as independent as they could and be involved in making decisions about their care. People thought staff were caring and they said they had the opportunity to discuss their care needs and wishes in monthly meetings with their care worker.

Staff had good understanding of people's individual needs, preferences and chosen ways of living. People were supported to adhere to their cultural and religious beliefs as well as be open about their sexual orientation or gender identity.

People were encouraged to give their feedback about the quality of the service they received. There were various forums at the service where people could express their opinion and it was listened to. The complaints policy was in place if people chose to make a formal complaint and these were dealt with promptly.

The management team provided clear lines of responsibility and accountability. The management team and care staff knew what was expected from them. Staff felt the service was well led and management had been supportive and easy to approach when they needed to discuss any issue.

There were systems in place to monitor the quality of the service delivered. The registered manager was proactive in addressing issues of concern and drove improvements to ensure lessons were learnt and the possibility of problems reoccurring was reduced.

External health and social care professionals gave positive feedback about the service. They said staff were caring and had sufficient skills to support people. They also said the management team was transparent and honest about the service provided to people.

We made one recommendation related to effective care planning.

Rating at last inspection: Good (report published 13 April 2016)

About the service: Roseberry Mansions is a supported living scheme that provides 40 flats for older people. At the time of our inspection There were 25 people receiving support.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service and we will revisit it in the future to check if they continue to provide good quality of care to people who use it.

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 was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Roseberry Mansions

Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by two ASC inspectors, a pharmacy inspector and one Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Roseberry Mansions provides care and support to people living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did when preparing for and carrying out this inspection:
Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

What we did during the inspection:
An inspection site visit took place on the 7th, 8th and 13th November 2018. It included speaking to the registered manager, a deputy manager, a care coordinator, a support officer and four staff members. We also spoke with six people who use the service and three relatives. During the inspection we reviewed six people's care records, which included care plans, risk assessments and daily care notes. We also looked at Medicines Administration Records (MARs) for six people. We also looked at six staff files, complaints and quality monitoring and audit information.

During our visit we also spoke with and received feedback from six visiting professionals.

What we did after the inspection:
Following our visit, we contacted a number of health and social care professionals who worked regularly with the agency. We received feedback from five of them.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• Risks to people's health and wellbeing had been assessed. In people's files we saw information related to the risk around manual handling, the risk of falls, eating and drinking, individual fire risk assessments and pressure ulcers and behaviour that could challenge the service.
• We noted that the service had used two types of documents to record information about identified risks to people. This included a shorter "simple care plan" that incorporated description of risks and its management strategies and a longer comprehensive risk assessment document recently introduced by the provider. We observed that between both documents there was sufficient information about people's risks. However, because, as stated by the registered manager, staff had only used a "simple care plan" to gain information about people there was a risk that staff would not have enough information on how to keep people safe.
• We saw that in one case staff were not provided with information about a person's behaviour that could challenge the service and how to manage it. Members of the management team assured us that staff had been aware of risks as this had been discussed with them, however, not recorded.
• We discussed these issues around the risk assessment process with the registered manager on the day of our inspection. They agreed that appropriate action would be taken to ensure all information about risk to people was recorded and easily available for staff to view.

Supporting people to stay safe from harm and abuse from others
• All people and relatives we spoke with said that people were safe with staff who supported them. One person told us, "Yes. Staff presence makes me feel safe really." A family member said, "Ever since my relative came here, he has been well cared for and they check on him if he goes out. I cannot praise the staff enough, they look after him well and the staff have been constant since my relative arrived."
• Staff had received safeguarding training. Staff we spoke with had a good knowledge of various types of abuse and they knew what action to take if they felt people were at risk of harm.
• People received appropriate support with the management of their finances. There were procedures in place for the safe handling of people's money. A financial protocol was in place for each person. We saw that people's finances were subject to a regular audit at regular intervals by the responsible person to reduce the risk of financial abuse
• We saw that the management team had been working alongside the local authority safeguarding team and the Commission to ensure any allegations of abuse had been investigated and that action had been taken to ensure people were protected from harm from others.

Recruitment Practice
• Safe recruitment practices were followed before new staff were employed to work with people. In staff

personnel files we saw evidence that pre-employment checks had been carried out to ensure new care workers were of good character to work with people. Checks included, at least two references, proof of identity, right to work in the UK and Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable staff.

Staffing levels
• People's needs were met by sufficient staff who had the right skills, knowledge and experience. Rotas showed that there were usually an average of eight care staff on duty during the day and two care workers during the night, which was in keeping with planned staffing levels and helped to ensure each person was allocated the same care worker as far as possible. Additional staff were rostered should they be needed to assist with supporting people to visit their families and hospital appointments. The service had agency staff who were familiar with the service and could be called to cover any gaps on the rota. Our observations during the inspection showed that there were sufficient numbers of staff available to meet people's needs.
• People confirmed there were enough staff to support them. Some of their comments included, "Staff visits quite often. They are always on time" and "I see them every day, staff pass from office through lounge and rest room until bedtime.". All people we spoke with told us staff had enough time to chat to them when they visited.

Using medicines safely
• The provider had a medicines policy which reflected current guidance. Medicines were administered and recorded by staff that had been trained and assessed as competent in medicines administration.
• We found that people's medicines risks, allergies, and preferences had been documented so that staff knew how to safely give medicines in a way that suited people.
• Medicines Administration Records (MARs) that we looked at had no gaps in the recording of medicines administered. This provided us with assurance that people received their medicines safely, consistently and as prescribed. There were separate charts for people who had topical medicines prescribed to them (such as for dry skin). These were filled out appropriately by staff. There was a process to update MARs when medicines were started, changed or stopped and the care staff were responsible for this.
• On MARs we saw that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. Staff were trained about when to offer these medicines including looking for non-verbal cues and symptoms. This was documented in the PRN protocols that we saw. Staff we spoke to were able to demonstrate the reasons for giving these medicines, what dosage to give, what to expect and what to do in the event the medicine did not have its intended benefit.
• We saw (through audits) that prescribed medicines were available at people's homes and this assured us that medicines were available at the point of need and that the provider had made suitable arrangements about the provision of medicines for people who use the service. Medicines ordered by the provider were checked by the care staff for accuracy before administration and any discrepancies were followed up with the GP or pharmacy.
• We saw evidence of MARs audits that were done regularly to monitor care and treatment. Issues identified in these audits had been followed up with the care staff to ensure people had received their medicines. Medicines errors were discussed in regular meetings and learning shared amongst the rest of the team.

Preventing and controlling infection
• Staff received training in infection control and there was an Infection Control policy to guide staff on how to prevent infection.
• Staff confirmed they followed appropriate infection control practices by using personal protective equipment (PPE) to help prevent the spread of infections.

Good

Is the service effective?

Our findings

Effective – this means 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
• People's care needs and choices had been assessed before services were provided. One person told us, "I came from hospital, they knew all about me from the hospital."
• Each person had a care needs assessment completed which reflected their current care needs and preferences. We saw that information gathered during these assessments had formed a base for people's individual care plans.

Staff skills, knowledge and experience
• Staff were supported to have the skills and knowledge to carry out their role. New staff had completed an induction programme according to the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. They also shadowed experienced members of staff until they felt confident to provide care independently. A staff member told us, "I have been here for a number of years. The support is great. I have learnt a lot from much more experienced staff."
• There was on-going training, including first aid, basic life support, safeguarding adults, fire safety, Mental Capacity Act 2005 (MCA 2005), medicines awareness, food hygiene and equality and diversity. Training records confirmed that the care staff were up to date with their training. Staff had also received specific training in relevant areas of their work, including pressure ulcer management and falls prevention. A relative told us, "I can only comment on the staff I have seen and they seem to know what they are doing."
• Staff received regular supervision. Staff thought supervisions were useful and confirmed they were held regularly. They told us this gave them the opportunity to meet with their line manager to discuss areas for improvement and other matters of concern.
• Staff also received spot checks with an annual appraisal. We saw that the registered manager explained priorities and objectives to care staff at the beginning of the year. This was then reviewed at the end of the year.

Supporting people to eat and drink enough with choice in a balanced diet
• People received support to have enough food and drink. One person using the service told us, "I have support with breakfast, I get a tea time call. They do assist with the meals if required. So, you are not left vulnerable."
• Information about the level of support people required around meals had been recorded in their care files. This included details of people's health conditions, related to their nutritional requirements as well as people's personal and cultural meal preferences.
• Risks related to people's dietary needs had been assessed and staff were provided with guidelines on how to support people safely. In people's files we saw guidelines from a speech and language therapist (SALT) on

food that a person could eat and should avoid, directives on how to use a food thickener when serving drinks and a description of risks related to having diabetes. We saw that in one case staff had regularly supported a person with food shopping. However, there was little information about this person's specific dietary requirements in their care file. The person had the capacity to make decisions about what they ate and they often provided food for themselves. Therefore, we assessed there was no direct risk to the persons health. However, the registered manager agreed that staff would be provided with more information about the types of food suitable for this person.

Support to live healthier lives, have access to healthcare services and receive access to healthcare support
• People said staff supported them to get access to external health professionals when needed. One person told us, "Yeah, yeah, they provide good care." Another person said, "There is a house doctor if not they call an ambulance."
• Records showed that the service supported people with ongoing health appointments and when necessary staff were deployed to accompany people at these appointments.
• People's files had evidence of various communication with external health professionals which included speech and language therapist (SALT), dietitian and gastroenterologists.

Ensuring consent to care and treatment in line with law and guidance
We checked if the service worked within the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) 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 felt involved in making decisions about their care. One person told us, "Yes they do [involve me in decisions about my care]. Every so often the co-ordinator comes to discuss your care." All people we spoke with said staff asked their permission before providing care and support.
• The majority of people using the service had the capacity to make decisions about their care and treatment. However, when required we saw that mental capacity assessments had been carried out, and best interest's meetings held to ensure people received support they needed.
• Staff received training in the principles of the MCA and they had good understanding of their roles and responsibilities when supporting people with reduced capacity. A staff member told us, "Every person has capacity and if not, they can still make some decisions. For example, what to wear and what to eat."

Good

Is the service caring?

Our findings

Caring – this means 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.

Supporting people to express their views and be involved in making decisions about their care
• People told us staff involved them in making decisions about the care and support they needed and wanted. One person told us, "If I need something they help me.". Another person told us that they had an opportunity to discuss their needs in monthly key working meetings. However, they felt discussions were not always acted on. We looked into this matter during our visit. We noted that although all key work sessions had been recorded there was no current system for reviewing and recording of actions taken following these meetings. Therefore, we could not always say if people's wishes and requests had been followed on. We spoke about this with the registered manager who was receptive to our feedback. They assured us that an effective system would be introduced to ensure actions agreed during key-working sessions would be recorded, reviewed and monitored.
• People's equality, diversity and human rights had been considered in relation to their values, beliefs and culture. We saw that there were practical provisions for their differences to be observed. For example, the service had a same-gender care policy. This made provisions for people who preferred to get care from same gender staff to have their needs met. We saw that where a preference had been identified this was respected.

Ensuring people are well treated and supported
• People and relatives spoke positively about staff. People told us they felt respected and cared for. One person said, "Generally I think [staff treats me] with respect." A family member stated, "The ones I have seen are caring, they check on him twice a day or more often."
• People's individual preferences were respected. Their care plans contained detailed information so that care workers could understand their preferences. This included people's likes and dislikes, gender, interests and culture. This information enabled care workers to involve people as they wished to be. We saw evidence the service matched care workers according to people's preferences. A deputy manager told us, "We try as much as is practicable to match with staff that can effectively carry out the task at hand." We saw examples where care workers were matched according to culture and religion. Consequently, we saw that rotas were organised so that people received care, as much as possible, from regular care workers.
• People received compassionate and supportive care. For example, we saw that the home had provided additional space to ensure a relative continued to look after their loved one whilst they were receiving care at the service. This ensured this person and their relative continued to live a normal life as possible. Following the death of this person, a funeral service was held at the home as requested by the person and their relatives. There were other examples of compassionate and supportive care.

Respecting and promoting people's privacy, dignity and independence
• People were treated with privacy, dignity and respect. Staff told us that they ensured people were covered

up during personal care and enabled them to be as independent as possible. They were also mindful of the information they received about people and upheld confidentiality about any documentation they completed. We saw that information was kept confidential. Care records and staff files were stored securely, both in the office and electronically. The service had updated its confidentiality policies in August 2018 to comply with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good:□People's needs were met through good organisation and delivery.

Personalised care
• Each person had a care plan and we saw it was reviewed within the last 12 months. The majority of people using the service told us staff knew their needs and how to support them effectively. One person told us, "They [staff] know all about me." On person told us that one staff member was not aware of their specific health condition. However, they also said they had discussed this with the management to ensure all staff were aware of their condition.
• The service used two care plan formats to reflect people's care needs and preferences. There was a lengthy, online care plan and a simple care plan that had been used to allow staff quick access to information about people. We saw that both documents were person centred and between them they described people's needs sufficiently. However, the management team told us, and staff confirmed, that staff had only been required to use a simple care plan to gather information about people and their needs. This meant they did not have access to information recorded in the online care plan. Because the majority of people using the service were happy with the support they received and they said staff knew their needs, we assessed that people's needs were met. However, the complex care planning system and spread of information about people between two types of care plans posed the risk that important information about people's care would be missed by staff who supported them.

We recommend that the service seeks further guidelines and support from a reputable source about effective care planning.
• Staff we spoke with had good understanding of people's individual needs. They told us, "I always read a person's care plan as it may change" and "I meet a person for a key work once a month. We discuss their needs in these meetings."
• People's heritage, personal beliefs and chosen ways of living had been respected. Staff had completed or were scheduled to attend equality and diversity training, to have the skills needed to ensure people's rights were protected. There was an LGBT champion (Lesbian, Gay, Bisexual and Transgender) within the service. The LGBT champion and the registered manager attended LGBT conferences and events, including Open Doors London (ODL). ODL works with Londoners aged 50 years and over. One person using the service was also attending. People were supported to be open about their sexual orientation or gender identity. One person was supported to access culturally and socially appropriate activities and to integrate within the wider LGBT community, including Gay Pride. Commenting about the open and inclusive nature of the service, the deputy manager told us, "Let us not invade. Let just be open and transparent and support people."
• People of various heritage were well supported to maintain their cultural and religious observances. This included opportunities and support to attend their place of worship and to make choices around diets. The deputy manager discussed with us examples where care workers were matched with people based on cultural or religious grounds.

Improving care quality in response to complaints or concerns

• There was a complaint policy in place and it was available to people they knew and in the communal area of the service. People and relatives, we spoke with said they never had to complain, however, they knew who to talk to if they had any concerns.

• We saw that the service had a log of complaints received. This included information about the nature of complaint, what action had been taken to resolve it and what lesson has been learnt to reduce the possibility of a similar complaint reoccurring. We saw that all complaints had been dealt with promptly and according with the providers policy.

End of life care and support

• At the time of our inspection the service had not provided end of life care.

• In people's files we saw that if people agreed, staff carried out discussions with people who use the service on what their wishes and preferences would be in case of a sudden death.

• End of life training was also available through the provider.

Good

Is the service well-led?

Our findings

Well-Led – this means 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.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

• In July 2018 the Local Authority stopped commissioning a reablement service to people who needed short term care and support. This brought changes within the management team who were in the process of establishing roles and responsibilities for its members. Although some managers reported to us a certain level of uncertainty related to this change we saw that the current management structure was clear.

• The management team provided clear lines of responsibility and accountability. Care workers knew what was expected from them and they thought the service was well led. They told us, "The service is well managed. The manager listens to staff, visitors and customers" and "We are well managed. The managers are thorough and she ensures that things that must be done are done."

• There was a variety of information for staff about various procedures, meetings and other essentials of their role. The management team had regularly monitored the performance and the skill set of care workers. This was completed through regular supervision, managerial observations of practice and annual appraisals. We saw from records that good practice was acknowledged.

• There were handovers, team meeting and briefings on a range of topics related to the care provision and the service delivery. This ensured staff were informed about changes, improvements and lessons to be learnt in relation to the service delivery.

Provider plans and promotes person-centred, high-quality care and support,

Continuous learning and improving care

• The registered manager was proactive in addressing issues and ensuring lessons had been learnt following identified shortfalls in the service delivery. We saw a number of training materials and briefings created by the registered manager to support staff in reflecting practice and further development of their skills and knowledge around providing safe and effective care.

• There were quality assurance systems in place to monitor the service provided. These included various checks carried out by the registered manager, members of the management team as well as the provider's compliance team. We saw that some areas of the service delivery, such us monitoring of daily care notes or follow up on actions from key-works had not been picked up by the current audits. Therefore, existing monitoring systems needed further development. We discussed this with the registered manager who was responsive to our feedback. They agreed to review the monitoring system to include these areas.

Engaging and involving people using the service, the public and staff

• The provider encouraged people to give feedback about the quality of the service provided. In people's files we saw that each person had been invited by the provider to be involved in various groups and forums run by the provider. At these forums people could discuss shortfalls and improvements to the service. However, if people did not want to participate, this was respected.

• There was a customer survey carried out in March 2018 and suggestions raised by people in this survey had been heard by the service. For example, the service had introduced meet your neighbours gathering on Tuesdays where people could meet and socialise with other tenants at Roseberry Mansions.

• People could also provide their feedback via satisfaction questionnaires. We looked at a sample of ten recently submitted questionnaires. We saw that the feedback was generally positive and the majority of people were satisfied with the support received. The registered manager told us they were in the process of analysing the questionnaires and formulating an action plan to ensure any concerns or suggestions raised were responded to.

Working in partnership with others

• External health and social care professionals gave us positive feedback about the service. Some of their comments included, "The service encourages involvement with the local community and have developed effective links with local organisations", "The service is well managed. They can own up to their mistakes and apologise if needed", "There is nice atmosphere at the service. Clients are happy and well looked after."