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La Rosa Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 15 December 2015 and was unannounced.

La Rosa is a residential home that provides accommodation and support to up to seven people with mental health needs. At the time of the inspection there were seven people living at the service.

There was a registered manager in post. 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.

We last inspected the service on 19 June 2014 and the service met all areas we inspected.

Summary of findings

People received their medicines as prescribed and safely in accordance with good practice. There were robust systems in place to ensure the safe management of medicines. Staff had sufficient knowledge on medicine administration, storage and recording.

People were protected against the risk of abuse by staff that had sound knowledge on how to identify the different types of abuse and how to appropriately report any concerns of suspected abuse. People told us they felt safe living at La Rosa.

People were protected against identified risks. The service had comprehensive risk assessments in place to mitigate against known risks. Staff had clear guidelines on how best to support people when faced with known risks.

People had care plans that were person centred and tailored to their needs. People were actively encouraged to be involved in the development of their care plans. Care plans were reviewed regularly and updated to reflect peoples changing needs.

People were supported to access health care professionals to monitor and support their health and wellbeing. People were encouraged to maintain a healthy diet and were provided with sufficient food and drink to meet their nutritional needs.

The service demonstrated good practice and were aware of their responsibilities in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS aim to make sure that people in care homes, hospitals, and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only

deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner. At the time of the inspection, one person was under a general DoLS application.

People were supported by skilled and knowledgeable staff. Staff received on-going training in all aspects of care to ensure people's needs were met. Training included, safeguarding, health and safety, medicine management and mental health awareness.

People were supported by staff that had undergone the relevant checks to ensure their suitability to work. The service provided all new employees with a comprehensive induction programme to ensure they had the suitable skills and abilities to carry out their role effectively. The service had employed suitable numbers of staff to meet people's needs.

People received care and support from kind, caring and compassionate staff, who respected their privacy and dignity at all times. Staff received regular supervisions and annual appraisals and were able to reflect on the care and support they delivered and identified further training requirements.

The service encouraged feedback of the service provision to improve the quality of care provided. Quality assurance questionnaires were carried out and where appropriate action taken to address identified areas of concern.

People were protected against an unsafe environment. The service carried out regular health and safety checks of the environment to ensure people were safe from harm.

Summary of findings

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 safe. People told us they felt safe living at La Rosa.

People received their medicines safely. The service demonstrated good practice with regards to safely managing medicines. There were robust systems in place to ensure errors were identified quickly and action taken to mitigate against further errors.

People were protected against the risk of abuse. Staff were knowledgeable on how to identify suspected abuse and the correct procedures to report their concerns.

The service completed risk assessments to ensure known risks were mitigated against, enabling people to remain safe.

People were supported by suitable and sufficient numbers of staff. The service undertook the necessary checks to ensure only suitable staff were employed within La Rosa.

Good



Is the service effective?

The service was effective. People were supported by skilled and knowledgeable staff who met their needs. Staff received on-going training to carry out their roles.

People's consent was sought before receiving care. The service demonstrated good practice in line with legislation when seeking people's consent. People did not have their liberty restricted unlawfully. The service followed good practice to ensure people's liberty was only restricted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficient amounts to meet their nutritional needs.

People received support and guidance from the service and other health care professionals to ensure their health was monitored.

Good



Is the service caring?

The service was caring. People, their relatives and health care professionals told us the staff were supportive and caring towards people.

People were treated with dignity and respect at all times. Staff encouraged people to be respectful of others privacy.

People were encouraged to make decisions relating to the care and support they received.

Good



Is the service responsive?

The service was responsive. People received care and support that was person centred and tailored to their needs.

Care plans were comprehensive and contained significant details about people's history, preferences and care needs. Care plans were regularly assessed and updated to reflect people's changing needs.

People knew how to raise a complaint. The service provided people with information on who to contact if they had a concern or complaint.

Good



Summary of findings

Is the service well-led?

The service was well led. People were supported by a registered manager who was inclusive and took accountability.

People, their relatives and staff were empowered to feedback their views on all matters relating to the care provided.

The registered manager demonstrated good leadership skills and had clear values and visions for the future of the service.

The service carried out regular audits of all aspects of the care provided.

Good



La Rosa Residential Care Home

Detailed findings

Background to this 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 was planned to check 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.

The inspection took place on 15 December 2015 and was unannounced. The inspection team consisted of one inspector and an 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.

Before the inspection, we gathered information we held about the service and the service provider. For example, we looked at statutory notifications, concerns, complaints, and registration requirements.

During the inspection, we spoke with five people, one relative, two care workers, a health care professional, the registered manager, marketing manager and the registered provider. We looked at four care plans, five medicine administration-recording charts (MARS), four staff files, policies and procedures, health and safety records and the accident and incident book.

Is the service safe?

Our findings

People told us they felt safe living at La Rosa and their relatives confirmed this. One person told us, “Yes, I do feel safe here, because the staff keep me safe”. Another person told us, “I have been here for 4 years and I have felt safe since the first day I got here”. A relative told us, “I do feel my [relative] is safe here, I feel [he/she] is safer here than [he/she] has been in other places”.

People were protected against known risks. People told us staff helped them kept safe. The service had robust and comprehensive risk assessments in place to minimise the impact of known risks. These covered all aspects of the care provided for example, mental health, self-harming behaviours, emotional abuse, financial abuse, behaviours others may find challenging and falls risk. The risk assessments took into account the identified hazard, the control measure, actions taken and any specific notes. Risk assessments were regularly reviewed and where needed updated to reflect people’s changing needs.

People were protected against abuse. Staff were able to tell us the different types of abuse and how to recognise the signs and who to inform should they suspect or observe actual abuse. Staff had clear and current knowledge of their role and responsibilities in relation to safeguarding and told us they would feel confident in raising their concerns. Staff had received safeguarding and whistle-blowing training.

People were protected against the risk of unsafe medicine management. People told us, “I can do my own medicine, I keep it safely with me at all times but when it’s time to take the tablets I do this in front of staff so they know I have taken it. The service demonstrated good practice in relation to medicine management. We looked at five medicine administration-recording sheets (MARS) and found these were all completed accurately. For example, all had the name of the person who the medicine was prescribed for, the name of the medicine, dosage, route

and frequency. All MARS were signed for by staff to say the medicine had been administered as prescribed. Medicine was stored in line with good practice with only staff having access. The service carried out medicine audits three times a day to ensure all medicine could be accounted for and where errors were identified these were addressed quickly. The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine (PRN) should be administered.

People were supported by sufficient numbers of staff to safely meet their needs. People told us, “There are enough staff here so I can get help but only if I want help”. However, another person told us, “Sometimes there’s not many staff which makes requesting things difficult generally”. We looked at the staff rota and found that there were consistent staffing levels on each shift to safely meet people’s needs. A staff member told us, “I believe we do have the correct amount of staff on shift at any one time to be able to do our jobs safely”.

The service employed suitable staff to meet people’s needs. We looked at staff files and found the service had a robust procedure to ensure the necessary checks were taken to ensure people were suitable to work at La Rosa. For example, each staff file contained photo identification, a criminal records check, two references and proof of address.

People were protected against an unsafe environment. The service carried out regular health and safety checks of the environment to ensure people were safe from harm. We looked at records relating to the maintenance of the service and found up-to-date checks were carried out, daily, weekly and monthly by care workers. For example, we looked at kitchen and food hygiene checks, medicine audits, fire equipment testing and water temperature checks. We looked at the maintenance record chart and found that this was not always completed, however we were able to confirm that work had been undertaken to rectify any areas of risk.

Is the service effective?

Our findings

People were supported by staff who had received an induction to ensure they could meet their needs. People told us, “I feel the staff are very well trained here and they know what they are doing”. A health care professional we spoke with told us, “They [staff] know the people they support well and know what it is they need”. Staff confirmed they received induction when they commenced employment and they found the induction to be useful to learn about the service and people who lived at La Rosa. Staff also told us that senior staff supported them to learn and they felt they could ask questions if they were unsure of anything. We spoke with the registered manager who told us, “We can extend staff induction depending on their level of understanding. We ensure that staff are ready and capable of working without direct supervision before completing their induction.”

People were supported by skilled and trained staff. Staff underwent on-going training to ensure they had the knowledge and skills to meet people's changing needs. Staff received mandatory training for example, safeguarding, communication, mental capacity act 2005, fire safety and medicine management. Staff also received training that was specific to people they supported for example, mental health awareness and mental health objectives. Staff told us, “If we want to have more training we can always ask the registered manager who will take it under consideration”. The registered manager told us, “After staff have received training we then check their competence. We are currently designing a document to evidence people's competency levels”.

Staff personnel files showed that staff received ongoing support and guidance from the registered manager in the form of supervisions and appraisals. Staff told us, “I find supervisions useful and I can raise concerns and give my opinions on things. If I need an additional supervision I can ask for one and would receive it”. Another care worker told us, “I have supervision every two months but I am able to have them more frequently if needed. I can talk about anything I need to say including things I'm pleased with and things that I'm concerned about”. Records showed that supervisions and appraisals gave staff the opportunity to reflect on the care they provided and highlight areas that required improvement and any training requirements they may have.

People's consent was sought prior to care being delivered. People told us, “Yes staff do ask my permission and I can say yes and no”. A health care professional told us, “Staff seek people's consent in everything they do”. Staff told us, “I always ask if they want me to do something with them, I don't just do it, we ask their permission”. We observed staff seeking people's consent throughout the inspection, for example, staff asked people if they wanted support with getting ready, cleaning their rooms and meal preparation.

Staff had good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were able to indicate their role and responsibilities within the legal framework and the importance of obtaining people's consent regarding all aspects of their care. Records indicated that most people were able to make informed decisions about their day-to-day lives. One person who had fluctuating capacity was in receipt of a DoLS authorisation. The service had documented and followed the correct processes with involvement with key health care professionals to ensure the person was not unlawfully deprived of their liberty.

People were supported to eat and drink sufficient amounts to ensure their nutritional needs were met. People told us, “The food is nice here; I get to cook sometimes too”. Another person told us, “I get to eat different types of food and I like eat out”. Throughout the inspection, we observed people accessing the kitchen to get food and drink with the support from staff. People had fridges in their bedrooms to keep additional foods in their rooms if they chose to. The service had a menu plan in place which was reviewed by people to add alternative meals if they wished. People were offered a choice of what they wished to eat and were encouraged to maintain a healthy diet. One person told us, “[Staff] try to get me to eat healthy food like vegetables and fruit so I don't put on too much weight”. Food and drink was available throughout the day for people to help themselves should they wish to have something outside of meal times.

People were supported by people both employed by La Rosa and other health care professionals to ensure they received appropriate care to meet their needs. The registered manager actively sought partnership working with other health care professionals for example, Dr's, opticians, care co-ordinators and the mental health team. A health care professional told us, “The service will always contact us if they have any concerns or require advice”.

Is the service effective?

Records held by the service confirmed that guidance from professionals was sought in relation to people's wellbeing. This meant that people were given the best possible access to a wide range of specialist to support their needs and improve the quality of care provided.

Is the service caring?

Our findings

People were supported by kind, compassionate and respectful staff. People told us, “I like the staff they help me when I need it”. Another person told us, “I really like [staff member] [he/she] has really helped me since I moved in and I don’t want to move out now”. A health care professional told us, “There’s a lot of things the staff do that are positive, [staff] really try to understand [name of person’s] needs and they have built a good relationship with [him/her]”. Throughout the inspection, we observed staff interacting with people in a kind and caring manner. Staff took time to engage with people in a manner that people understood for as long as people wanted to maintain the interaction. Staff had a clear understanding of the people they supported and were able to read the non-verbal cues when people no longer wanted to interact.

Staff had a good understanding of people’s history and were aware of areas of discussion that should be avoided in order to minimise the risk of people engaging in behaviours that would unnecessarily cause people anxiety. Staff were observed speaking with people about their lives and things that mattered to them in their life both positive and negative. When asked staff were able to tell us about people’s lives prior to residing at La Rosa, this meant that staff had taken the time to review people’s care plans and were aware of people’s backgrounds.

People were supported by staff who could effectively communicate. Throughout the two-day inspection, we observed staff interacting with people using various techniques. Staff were patient when talking to people and afforded them the time to respond at a pace that suited them, without feeling hurried. One person chose to speak in another language at times during the inspection and staff who were fluent in that language would communicate with them. Staff were also observed speaking very softly to those who preferred that method whilst other staff used a more upbeat and humour laced communication method with others that appeared to prefer that manner. Staff had a clear understanding of the communication needs of the people they supported.

People had their dignity respected. People told us, “This is my room and [staff] always knock if they want to talk to me,

they never walk in without me telling them they can come in.” We observed staff knocking on people’s door to seek permission to enter and when this was declined, staff were seen to be respectful of people’s choices. Staff were also observed reminding people who were at times in danger of having their privacy compromised to understand the importance of maintaining their privacy and dignity. Staff did this in a compassionate and respectful manner.

People were protected against having their confidentiality breached. The service had robust systems in place to ensure staff were aware of the importance of maintaining people’s confidentiality. We spoke with staff who told us, “We only share information with people that have authorisation to know.” Records indicated that staff spent time speaking with people encouraging them to only share information with people that needed to know, in order to minimise a breach in their confidentiality when accessing the community. Records were kept in a secure office where staff had the key; this meant that only authorised people could assess confidential information.

People were encouraged to maintain their independence where appropriate. People told us, “I help in the kitchen and I’m good at cooking. I like going out on my own, but the staff help me to stay safe”. During the inspection, we observed staff encouraging people to do things for themselves whilst offering support if needed. For example, staff supported people to access the kitchen to make drinks and to prepare for community-based activities. Staff encouraged people by raising their self-esteem and sense of self-worth.

People were kept informed of what was going on at all times and were encouraged to make decisions relating to the care and support they received. People told us, “ [Staff] do tell us things, I don’t know if they tell us everything but I know when my meetings are happening”. A health care professional told us, “The service inform us of what is happening and are good at communicating with the people they support”. We observed staff giving information and explanations regarding the plans for the day and changes to plans that needed to take place. Staff shared the information in a way that was inclusive and open to dialogue. Staff had a clear understanding of people’s preferred communication methods.

Is the service responsive?

Our findings

People received care and support that was tailored specifically to their needs. People told us, “I get to go to the church every Sunday and I play the drums as part of the choir”. A health care professional told us, “The staff try to know [name of person’s] needs at all times; they work according to their needs”.

People were not always aware of their care plans and its content. One person told us, “I know I have a care plan, I have seen it on the computer but I don’t have a copy.” Records indicated that people had received a copy of their care plan and were involved in their support plan. People were encouraged to discuss their expectations of their care plan, what progress they had made in the last three months and what further progress and support they felt they required. We spoke with the registered manager who told us people had received a copy of their care plan and would ensure a new copy would be provided to people. Care plans were person centred and looked at all areas of care and support people required. Care plans documented people’s preferences, health care needs, history, pre-admission information, support plans and meeting minutes.

People were encouraged to participate in activities of their choice. The service had activities both in house and community based for people to engage in. People told us, “I get to go to the shops, the cinema, church and visit relatives when I want to”. Another person told us, “Activities are writing, board games, that’s it really”. One person we spoke to told us they worked part time in a local shop which they enjoyed and were undertaking a post graduate degree. A care worker told us, “We ask people if they would like to engage in an activity but they have the right to say no if they prefer not to”. At the time of the inspection

people were preparing to attend a Christmas party organised by the provider in a local hall, one person was preparing a selection of music for the party and was the DJ. The service was also organising another party for a person’s upcoming birthday. People were encouraged to organise the event to their liking.

People were encouraged to make choices about the care they received. People told us, “I do get asked my opinion”. Another person told us, “I can choose to do what I want”. Staff told us, “We always ask people what they want to do or if they want to help do something”. A health care professional we spoke with told us, “People are given choices about their care; consent and choice are always sought”. Throughout the inspection, we observed offering people choices regarding all aspects of their lives. Staff were respectful of the choices people made.

People were aware of how to raise their concerns and complaints and felt they would be listened to. A person told us, “If I had a complaint I would go to the staff, I want to stay here because I like it”. Another person told us, “Yes [staff] listen to me when I’m worried or not happy about something and they try to help me fix things”. Staff had a good understanding of the correct procedure to follow if someone raised a concern or complaint with them. Staff told us, “I would inform the registered manager and the provider without delay. I would try to help resolve the issue myself first but that’s not always possible, but I would always tell my [registered] manager”. The service had a robust system in place to deal with complaints. There was a poster in the main hall which signposted people to the appropriate people should they wish to make a complaint. We looked at the complaint folder and found that complaints were documented and responded to in a timely manner in line with the company policy.

Is the service well-led?

Our findings

People, staff and a health care professional told us they felt the service was well led and that the manager promoted positive outcomes for people. One person told us, “We all love the manager [registered manager] here. He gets on well with everyone including the staff and I think that makes the staff better too, which makes everything better at the end of the day”. Another person told us, “He’s [registered manager] very kind to me, he helps me learn what I should and should not do. He likes to make sure I am safe when I go out.”

People could access the registered manager at any time. The registered manager operated an open door policy, whereby people, staff and others could meet with him at a time that was convenient to discuss anything they wished. Staff told us the registered manager was a visible presence in the service and would be available to them for support and guidance should they need it at any time. The registered manager confirmed this, and told us he moved the office downstairs so that he was available to people, relatives and staff at all times. Throughout the inspection, we observed people and staff speaking with the registered manager asking advice and guidance. This meant that people were comfortable approaching the registered manager whenever they wished.

The service had clear values that were shared by the registered manager and the staff alike. When asked what the values of the service were the registered manager and staff told us, “To respect and value each other at all times. To not sit back and relax, we get everyone involved and strive for better. We welcome suggestions and feedback and we then discuss these together to make changes happen”.

People were supported by staff that received ongoing support and direction from the registered manager. Staff told us they felt supported by the registered manager and could share with them any suggestions or ideas they had and that they would be listened to. One staff member told us, “He [registered manager] is always training us to ensure we give people the best care possible. He carries out spot checks to make sure we are doing things correctly and is respectful when giving us feedback”. The registered manager told us he supported staff to continually learn and improve the delivery of care provided.

People were supported by a service that actively sought feedback on the quality of the service. The service carried out regular audits to question practice and drive improvement. We looked at three completed quality assurance questionnaires the registered manager had sent to people, their relatives, staff and other health care professionals. People had responded positively to the care and support people received, and all questions were given either an ‘excellent’ or ‘good’ result by people. The registered manager told us that if there were negative comments he would act quickly to address the identified issues. At the time of the inspection, there were no areas of concerns that required action by the registered manager.

We also looked at records the service held relating to health and safety, records, activities, finances and medicines and they showed they were regularly reviewed and monitored. This meant that the service could identify areas of concern swiftly and take timely and appropriate action.