

Rosenmanor Limited

# Rosemanor 2 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 ●

# Summary of findings

## Overall summary

Rosemanor 2 is a 24 hour residential care service providing rehabilitation and recovery programmes for up to nine women who are suffering or recovering from mental health problems. At the time of our inspection there were seven people using the service.

Our inspection took place on 17 and 19 January 2017 and was unannounced. At the end of the first day we told the provider we would be returning to continue with our inspection.

The service had 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 carried out an unannounced comprehensive inspection of this service on 15 and 16 December 2015. Breaches of legal requirements were found in relation to the management of medicines, safe care and treatment and governance.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. During this inspection on 17 & 19 January 2017 we checked that they had followed their plan and confirmed that they had made improvements in all areas and now met legal requirements.

People using the service told us they felt safe at Rosemanor 2. They were encouraged to take part in some in-house activities and to continue to be part of their community. People were supported to maintain relationships with family and friends who were important to them.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe. Appropriate recruitment checks took place before staff started work. Staff told us they felt supported by the management team.

There were systems and processes in place to protect people from the risk of harm and improvements had been made to the way incidents and accidents were investigated and acted upon to help reduce the possibility of future events

People were supported to have their health needs met. Staff worked with people to access the GP and other local health services as appropriate to help make sure their individual health needs were met.

Staff received training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were asked for their consent to the care and support they received

People told us they received their medicine when they needed to. We saw improvements had been made to people's medicine records and medicine was now being stored securely and managed safely.

People's care records focused on their healthcare needs and the risks associated with them. The service had made improvements to how they recorded information on people's individual needs, history, their likes, dislikes and preferences.

Improvements had been made in how the service kept and monitored its records. Care and support plans were reviewed and updated regularly and regular audits were carried out to ensure records were complete. Internal audits and reporting mechanisms were now in place and so errors and risk could be highlighted and acted upon.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

We found that action had been taken to improve the safety of this service. People's medicines were now being managed and stored safely.

There were enough staff to meet people's needs. Recruitment processes were in place to help ensure people's safety. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

### Is the service effective?

Good ●

Improvements had been made to make the service effective. Food was suitable and nutritious and efforts had been made to record the food people liked and disliked and the meal choices they made.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

### Is the service caring?

Good ●

The service was caring. People were treated with kindness and their dignity was respected.

Relationships between staff and people using the service were positive. Staff knew people well and provided care and support in line with their wishes and preferences.

### Is the service responsive?

Good ●

The service was responsive. Staff were knowledgeable about people's care and support needs and improvements had been made to involve people and record important person centred information.

People were supported to be independent and to maintain contact with people who were important to them.

People using the service and their relatives felt able to raise concerns or complaints.

**Is the service well-led?**

The service was well-led. Improvements had been made in the way people's records were stored and reviewed. Internal audits and reporting mechanisms had improved. Staff felt supported in their role and said they did not have any concerns about the service.

**Good** 

# Rosemanor 2 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.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

This inspection took place on 17 and 19 January 2017 and was unannounced.

The inspection was carried out by one inspector. We spoke with four people who used the service, three members of staff, the registered manager and a healthcare professional. We conducted observations throughout the inspection. We looked at three people's care records, three staff records and other documents which related to the management of the service, such as training records and policies and procedures.

# Is the service safe?

## Our findings

During our last inspection we found people's medicines were not always being stored, recorded and managed in line with policy, procedure, current legislation and guidance. One person's medicine was being kept in an unlocked filing cabinet, another person had 'as required medicine' but there was not guidance for staff about how much to give or what the medicine was required for. A risk assessment was not available for one person who took their medicine independently and another person did not have a picture on their medicine records so staff not familiar with them may not have been able to easily identify the person who the medicine was prescribed for.

During this inspection we found improvements had been made, people's medicines were being stored securely and appropriately. The Medical Administration Records (MAR) we looked at were completed correctly with no gaps or errors. Risk assessments were in place where needed and information about peoples 'as required medicine' was detailed and readily available for staff to use. The service was working closely with the local pharmacy and acting on advice and recommendations given by them during their regular medicine audits.

During our last inspection we found after an accident or incident had occurred the service did not always record the outcomes or action taken to reduce or prevent future risk. We were not able to see how the incident had been investigated, what action was taken to remedy the situation and what action was taken to prevent future occurrences. There were no records of how the experience was shared with the person concerned or with staff to promote learning or prevent future harm.

During this inspection we found records concerning incidents and accidents were complete with actions taken to reduce future risk. We noted people's support plans had been amended when necessary and we were shown examples where the service had involved other healthcare professionals where needed to review the ongoing risk to people and how any relevant advice had been followed. Monthly audits were completed to review accidents and incidents and analysed to look for triggers or trends.

People who used the service told us they felt safe. One person said, "It's OK here." Another person commented, "I am happy to stay here." Staff told us, and records confirmed they had received training in safeguarding adults from abuse. They knew the action to take and who they would report concerns to in order to protect people using the service. Staff felt confident that managers would take appropriate action to keep the people using the service safe. Safeguarding was discussed during staff meetings and we saw details of safeguarding contacts available for staff. A policy was available with information for staff about safeguarding.

Care records contained assessments of risks associated with people's support such as personal security, accessing the community, financial vulnerability and aggressive behaviour. Staff knew about peoples risk assessments and what they needed to do to help keep people safe. For example, one staff member explained how one person could only use certain items under supervision because they were particularly vulnerable to self-harm at that time.

The provider had systems in place to promote a safe environment. The home was well presented and safely maintained and there were records to support this. The building and surrounding gardens were adequately maintained and communal areas including the kitchen and toilets were clean. Cleaning chemicals were kept securely in locked cupboards. People had their own personal emergency evacuation plan (PEEP) and systems were in place to ensure fire safety was maintained at the service. Health and safety and fire checks were routinely carried out at the premises.

People told us there were enough staff on duty to meet their needs. Three support staff were on duty during the day and one waking staff and one sleeping on duty overnight. The manager explained staffing levels were flexible and would rota more staff when needed to help with outings or medical appointments.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.



# Is the service effective?

## Our findings

During our last inspection we found the provider did not always provide food that was suitable or nutritious. People's likes and dislikes were not recorded and how people made their choices of food was not clear. During this inspection we found the service had improved. People told us they thought the food was satisfactory. We noted menu options were available and that each person had a food diary where their choices were recorded. We noted food was kept appropriately in fridges, with a clear labelling system in place so out of date food could be disposed of appropriately.

Staff said that they received the training they needed to care for people and meet their assessed needs. The provider used the Care Certificate as part of their induction and mandatory training. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide good quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings.

Records were kept of the training undertaken by staff. The manager showed us how they monitored their system to ensure all staff had completed their mandatory training within the specified time scales. Training consisted of a mixture of on-line and face to face training and included subjects such as, basic life support, food safety, infection control, manual handling, health and safety and safeguarding. Most staff had completed all of their mandatory training and we saw overdue training had been identified and was being addressed. Staff received additional specialist training to meet people's needs such as understanding and dealing with learning disability and observation and engagement in mental health. Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings. We saw records of staff supervision and noted these were held regularly through the year.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood. Records confirmed where applications had been made and authorisations received.

People were supported to access the healthcare services they required when they needed to. We saw from care records that there were good links with local health services and GP's. There was evidence of regular

visits to GPs, consultants and other healthcare professionals. Records showed that staff supported people to attend appointments with their GP and other specialist health services when required.

## Is the service caring?

### Our findings

We asked people about the service and the staff who supported them. People said they liked living at Rosemanor 2, that staff treated them politely and with dignity and respect. One person said, "The staff are OK," Another person told us, "Staff are nice."

Observed interactions between people and the staff supporting them were friendly and respectful. People looked relaxed and comfortable with the staff during our visit and they could choose what to do and where to spend their time. Most people spent time in their rooms and some people went out independently throughout the day.

Staff knew people well and during our inspection they spoke with people in a familiar friendly way. Staff were able to tell us about people's individual needs, preferences and personalities. We heard examples of how staff listened to and helped people using the service. This included the best methods of communication with people. Staff told us how important it was to communicate with people, understand them and know what made people unhappy or happy. One staff member told us, "There has been a massive improvement in [person's name] since I've been here, staff have worked really hard." A health care professional told us about one person who was quite unwell when they first arrived but had improved greatly since being at the service. They felt this was down to staff and the way they related to residents. They told us. "[Name of resident] told me she trusts the staff here, for her to say she trusts something...the difference is remarkable."

People felt they were able to make their own decisions about how they spent their day. During our inspection people were going out and arriving back from various trips and spending time in their rooms. People told us how they spent their time, for example watching television, listening to music and going for walks.

Staff spoke positively about the service provided, one staff member told us, "For me the most important thing is helping the girls move on". Another staff member said, "The best thing are the service users, to be honest, everyone is different". Staff gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received any assistance in private.

People told us that they were supported to maintain relationships with family and friends outside of the service and people told us of their visits home or meeting friends in the community. Due to the vulnerability of some people living at the service some visits from friends and relatives were restricted. This was discussed at resident meetings and staff told us people were informed of possible restrictions when they first started to use the service.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. We looked at people's care records. They included details of people's likes and dislikes, cultural and religious needs, family relationships and previous life history including employment and education. People had care and support plans in place which were personalised and contained detailed information about people's identified needs, what could be done to achieve agreed outcomes, who would give support. There was guidance on how staff could best support people to achieve their outcomes. For example, one person's goal was to become better at controlling and managing their emotions. Another person required staff to help them build their confidence so they could engage in the activities they wanted to do.

All of the care and support records we looked at had been updated regularly to reflect people's needs. For example, changes in people's medicine or healthcare needs. A healthcare professional explained the service would always contact them if they had any questions or needed clarification about one person's needs. Handovers, daily notes and the communication book helped to make sure that staff had access to the most up to date information about the people they supported. The daily handover had brief details of events over each shift in addition to staff allocation to tasks around the service such as cooking or cleaning.

Each person had a keyworker who met with them regularly to talk about their care. Keyworker reports covered issues such as people's progress, any problems or issues and activities and medical appointments. Staff told us how meetings with the people they were a keyworker for gave them the opportunity to discuss how people were feeling and the support they needed. Staff told us they felt the meetings helped build relationships, improve communication and their understanding of how to meet people's needs.

When we spoke to people about their daily activities they generally felt there was not much to do, one person said, "It's boring." Another told us, "I go out for fresh air, different scenery but there is nothing to keep myself busy." Staff told us people were encouraged to participate in activities at the service and in the community but sometimes people did not want to get involved in group outings or activities. Some people were mostly independent and went out for walks or trips to the shops or visited friends and relatives while others stayed at the service. During our inspection we observed staff supporting people to attend healthcare appointments, clean their rooms and get ready for the day. We noticed the age range and health needs of those people living at the service varied so not all activities would appeal to everyone. We spoke with the registered manager about the activities available and what could be done to tailor these to meet people's specific needs.

Information on how to make a complaint was available for people in the reception area. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. The manager confirmed that no complaints had been received in the last 12 months.

## Is the service well-led?

### Our findings

During our last inspection we found examples where records were incomplete or missing. Reviews of people's care records were not in place, records had been lost or misfiled on the computer system and one person's records were found filed in another person's file. We were concerned that records were not complete or maintained with accurate up to date information. We found that some internal reporting and monitoring systems were weak and when problems had been identified they were not always acted upon and resolved.

During this inspection we found the service had made improvements. All the records we viewed were complete and up to date. Care plan audits were in place to ensure reviews were complete. Other audits included environmental checks such as infection control, sharps, chemical cleaners, kitchen cleanliness and food hygiene. Monthly and weekly fire audits and checks took place and an overarching monthly audit confirmed all audits had been completed and any issues identified had been acted upon. We saw that records were maintained and held securely.

People were asked about their views and experiences of the service. People were asked to complete a monthly feedback forms asking about their views on staff, if they felt like they were being treated with dignity and respect, if they felt staff listened to them, the food they likes and any choices they had together with any other suggestions. Completed feedback forms seen were positive and from comments made people appeared to be happy with the staff and the way the service was managed. People were also encouraged to be involved in the service through regular meetings. We saw minutes from these meetings covered issues such as the house rules, menu changes, activities, health and safety issues and keeping safe.

There was a registered manager in post who was also registered with the CQC for three other services in the surrounding area and split their time between the four locations. Rosemanor 2 had team leaders in post who were responsible for the day to day running of the service. Staff said they felt supported by their managers and were comfortable discussing any issues with them. Staff told us, "Any concerns I have, even silly question's the manager takes time to explain to me. I am very comfortable here", "I feel supported... listened too, it's always been the case but it's better now" and "I get the support I need, the manager will always answer the phone." Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about people's general wellbeing, updates including new legislation staff should be aware of and guidance on the day to day running of the service.