

Rosenmanor Limited

Rosenmanor 1

Inspection report

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16 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Rosenmanor 1 is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate and provide support for up to eight people in one adapted building. At the time of our inspection seven women with mental health care needs were using the service.

People's experience of using this service:

People's experiences of using this service has deteriorated since their last CQC inspection. The overall rating for this service has therefore changed from 'Good' to 'Requires improvement'.

This was because we found the provider had failed to ensure: medicines records were always appropriately maintained; records were always accessible to people authorised to see them; all the issues we found during our inspection had been picked up; staff had received basic life support training; and, the kitchen had been kept in a good state of repair and the garden clear of rubbish.

The negative points described above notwithstanding people using the service, their relatives and professional representatives told us they were satisfied with the standard of care and support provided by Rosenmanor 1.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Risks to people had been assessed and were regularly reviewed to ensure people's needs were safely met. Appropriate staff recruitment checks took place before new staff started working for the service. There were enough staff available to meet people's care and support needs. The service had procedures in place to reduce the risk of the spread of infection.

Staff had the right mix of knowledge, skills and experience required to meet people's needs. Staff routinely sought the consent of the people they supported ensuring they had maximum choice and control of over their lives. People were supported to maintain a nutritionally well-balanced diet. People received the support they needed to stay healthy and to access physical and mental health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff met people's spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

People's care plans developed from these assessments were personalised and routinely reviewed to ensure

they remained up to date. People had been consulted about their support needs and involved in helping staff develop their care plan. People were supported to participate in meaningful activities at home and in the wider community that reflected their social needs and interests. People were supported to maintain relationships with their relatives and other people that mattered to them. People's concerns and complaints were dealt with by the provider in an appropriate and timely way. People's end of life care wishes were recorded in their care plan.

Management support was available for staff when they needed it. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives, professional representatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

Rating at the last inspection:

At the last inspection the service was rated 'Good' overall (Report was published on 27 November 2018).

Why we inspected:

This inspection was brought forward by 24 months due to information of concern we received from an anonymous source concerned about the health, safety and welfare of people using the service. The information shared with Care Quality Commission (CQC) also indicated potential concerns about the way the service was managed, which we examined as part of our inspection.

Enforcement:

At this inspection we identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 regarding staff record keeping and the accessibility of records to people authorised to see them, and the way governance systems were operated.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in keeping with our inspection methodology.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 and therefore their rating for this key question has changed from 'Good' to 'Requires Improvement'.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always Effective and therefore their rating for this key question has changed from 'Good' to 'Requires Improvement'.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service remained Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-led and therefore their rating for this key question has changed from 'Good' to 'Requires Improvement'.

Details are in our Well-Led findings below.

Requires Improvement ●

Rosenmanor 1

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector was involved in carrying out this inspection.

Service and service type:

This service is a 'care home' that can provide support for up to eight adults with mental health care needs.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Our two-day inspection was unannounced on the first day and announced on the second day. Inspection activity started on 13 May 2019 and ended on 16 May 2019.

What we did:

Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications and our Provider Information Return. We used all this information to help inform our inspection planning.

During our inspection we spoke in-person with six people using the service, a visiting relative, the registered manager/owner, the new acting service manager who was in temporary day-to-day charge of Rosenmanor 1 and two support workers. We also made telephone or email contact with two relatives and two external health care professionals including, a GP and a community psychiatric nurse (CPN).

In addition, we looked at a range of records including; four people's care plans, four staff files and various

documents relating to the overall management of the service. This included medicines administration record (MAR) sheets, accidents and incidents reports, the complaints log and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement: 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.

Using medicines safely

- Medicines were not always managed safely. Although the service ensured people received their prescribed medicines as prescribed, staff did not always follow relevant national guidelines regarding the recording of medicines. This was because we found large numbers of omissions on medicines administration records (MAR) charts where staff had failed on numerous occasions to sign for medicines they had given people. None of the MAR charts we looked at represented a clear record of medicines administered contrary to the provider's medicines recording policy and procedures. This lack of accountability as to the process that was being followed by staff authorised to handle medicines meant we could not be sure people's prescribed medicines were being managed safely.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- This recording issue notwithstanding, people told us staff supported them to take their medicines as and when they should. One person said, "Staff are very good at telling me when to take my medicines."
- People's electronic care plans also included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included clear guidance for staff regarding the use of 'as required' behavioural modification medicines.
- Audits, which included checking running balances and stock checks of medicines, were routinely carried out by the service manager.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns if abuse occurred. One person told us, "I haven't lived here long, but I think it's safe enough...There's always a member of staff on shift, so that makes me feel safe." Another person remarked, "I do feel safe here, especially as the person I didn't get along with has now moved out."
- Staff had received up to date safeguarding adults at risk training and knew how to recognise abuse and protect people from the risk of abuse.
- The provider knew how to report abuse, if it occurred, to the local authority safeguarding team, the CQC, and where appropriate, the police. The registered manager/owner told us there had been no concerns raised about abuse or neglect involving people using the service since our last inspection, which was carried out six months ago.

Assessing risk, safety monitoring and management

- People's care plans continued to include detailed risk assessments and management plans to help staff reduce identified risks people might face. For example, it was clear what action staff must take to reduce risks associated with people being verbally or physically aggressive, using sharp knives in the kitchen,

smoking, eating and drinking, accessing the care home and the wider community safely, and managing their own money.

- Staff demonstrated a good understanding of what signs and triggers they needed to look out for which indicated a person might be becoming distressed and the action they needed to take to manage the risk.
- People using the service and staff routinely participated in fire evacuation drills of the building.
- Staff had received fire safety training.

Staffing and recruitment

- There were enough staff on duty to support people safely.
- One person told us, "Sometimes there's not enough staff about to take me out because they're too busy", although most people said the service was usually adequately staffed. Typical comments included, "There's always someone on duty in the home", "I regularly visit my [family member] and always see the staff are highly visible in the communal...No issues with staffing" and "I think the service has had a lot of new staff lately, but there's usually plenty of them [staff] about to help my (family member) when she needs it".
- We observed staff were available when people wanted them. For example, we saw different staff on several occasions respond quickly to people's requests to access the local community or have a cigarette.
- The provider operated safe staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at prospective new staff's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support.

Preventing and controlling infection

- People were protected by the prevention and control of infection.
- The provider had an infection control and basic food hygiene policies and procedures in place.
- Staff were trained in infection control and had access to supplies of personal protective equipment and knew how to prevent the spread of infection.
- Staff had access to equipment to maintain good food hygiene standards and had received basic food hygiene training. This helped ensure food was prepared and stored in a way that reduced risks to people of acquiring foodborne illnesses.
- The service had been awarded the top food hygiene rating of 5 stars by the Food Standards Agency in January 2019.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- When things went wrong we saw the registered manager responded appropriately and used this as a learning opportunity. For example, with the involvement of external mental health care professional representatives and staff one person had been helped to move out to live more independently in a more suitable placement with less staff support was needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training that was relevant to their roles. For example, it was mandatory for all staff to complete mental health awareness training and receive a comprehensive induction that was linked to the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff demonstrated a good understanding of their working roles and responsibilities and spoke positively about the training they had received. One member of staff told us, "The induction I had when I first started working here was excellent and I've been on lots of useful courses since."
- Staff were also given regular opportunities to review their individual work and development needs.
- However, staff had not received any up to date basic life support training. This meant there was not at least one suitably trained member of staff working on each shift who could meet people's basic life support needs in an emergency, contrary to recognised best practice.
- We discussed this issue with the service manager who told us they were aware of this training shortfall and had already arranged dates with the providers training manager to ensure sufficient numbers of staff attended a basic life support course within the next three months.

Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

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

- The interior of the care home including, people's bedrooms and communal areas were decorated and furnished to a reasonable standard.
- However, we saw a number of cupboard doors and draws were either damaged or missing from units in the kitchen and we found a number of large items of uncollected rubbish in the rear garden, including a filling cabinet and disused timber.
- We discussed these issues with the service manager who told us a time specific action plan had been agreed to renovate the kitchen units and for rubbish left in the rear garden to be collected.

Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

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 with appropriate legal

authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People's care plans clearly described what decisions people could make for themselves.
- The service manager had applied for DoLS on behalf of people using the service. We saw clear records of restrictions that had been authorised by the supervising body (the local authority) for people's protection and in their best interests, which were kept under regular review.
- Staff had completed MCA and DoLS training, understood who they supported lacked capacity and always asked for people's consent before commencing any personal care tasks.

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

- People told us the quality and choice of the meals at the service remained 'good'. Typical comments included, "I like the food here", "We can choose what we eat" and "Sometimes I help staff cook the evening meal".
- People's care plans included assessments of their dietary needs and preferences.
- People were encouraged to eat and drink sufficient amounts to meet their nutritional needs and wishes.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay physically and emotionally healthy and well.
- People's care plans set out for staff how their specific physical and mental health care needs should be managed.
- Staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPN), dentist and chiropodist.
- Staff told us if they had any concerns about a person's physical or mental health they would immediately notify the registered manager and service manager, so that appropriate support and assistance could be sought from the relevant external health care professionals.

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

- People's needs were assessed before they started using the service. These initial assessments were used to develop an individual's care and risk management plans as staff learnt more about the person.
- Care and support was planned and delivered in line with the individual assessments described above.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected.
 - Staff spoke about people they supported in a respectful and positive way.
 - However, we saw some of the language used to describe people in their daily notes was inappropriate. For example, staff frequently recorded people were 'compliant' in terms of their mood or appetite. We also found a member of staff had described a person as being 'demanding' in their electronic daily notes log.
 - We discussed this issue with the service manager who agreed to review staff records keeping practices and where appropriate amend any inappropriate language staff had used to describe people, as well as remind them not to use words with such negative connotations in future.
- Progress made by the service to achieve this stated aim will be assessed at their next inspection.

Ensuring people are well treated and supported; equality and diversity

- Feedback we received from people using the service and their relatives was positive about the standard of care and support they or their loved one received from staff working at the care home. People typically described staff as 'kind'. Comments included, "I think the staff have loving hearts... Firm, but always fair is how I would describe staff", "The staff are nice... I'm satisfied with the care they give my [family member]" and "The staff are fine... They treat my [family member] really well. No problems with any of them [staff] to be honest". In addition, an external health care professional told us, "There are currently no concerns that have been raised regarding the care of my clients who live at Rosenmanor."
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by warmth.
- People's spiritual and cultural needs and wishes were met.
- Information about people's spiritual and cultural needs and wishes were included in their care plan.
- The meal options on the weekly menus, which had been chosen by people using the service, reflected their ethnic diversity and cultural heritage. For example, we saw black British Caribbean style dishes, such as rice and peas and plantain, were offered as a meal choice on most of the weekly menus we looked at.
- Staff had received equality and diversity awareness training and demonstrated a good understanding of people's diverse cultural and spiritual needs and wishes.
- Records showed staff regularly supported people to attend services at local places of worship people had expressed a wish to visit.
- People were supported to be as independent as they could and wanted to be. One person told us, "I often go out on my own to visit a friend who lives locally or do some shopping." Another person remarked, "I often cook pasta because I know how to do that."
- People's care plans reflected this enabling approach and included detailed information about what

people could and could not do safely for themselves.

- Staff gave us examples of how they supported people to maintain and develop their independent living skills, which included helping people prepare their own meals, budget their money, do their laundry and travel independently in the local community.

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

- People using the service, and where appropriate their relatives and external mental health care professionals, were encouraged to help staff plan and develop the package of personal care and support they received at the service.
- Care plans included people's views about how they wished to be supported.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support which was responsive to their needs and wishes.
- People's care plans were person-centred and included detailed information about people's unique strengths, likes and dislikes, communication needs and preferences for how they wanted their care and support to be provided. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health care needs.
- If people's needs and wishes changed their care plan was reviewed and updated accordingly to reflect this.
- People were supported to make informed choices about various aspects of their daily lives. People told us they could choose when they got up and went to bed, when they had a shower, what they wore, what, when and where they ate their meals and what social activities they engaged in.
- During our two-day inspection we observed on half a dozen occasions staff respond quickly to people's requests to have the front door opened so people could access the wider community, have their money or a cigarette to smoke in the rear garden.
- The service identified people's information and communication needs by assessing them. Guidance for staff was provided in care plans to help ensure they could understand people and be understood.
- However, the service could not always provide important information people might find useful in accessible versions. For example, although people with a learning disability were living in the care home who would be able to understand easy to read pictorial formats of their care plan or the services complaints procedure; we found these documents were only available in standardised written versions. This meant these people might not be able to access essential information the documents described above contained, which might limit their opportunities to be actively involved in making decisions about the care and support they received at the service.
- We discussed this with the service manager who agreed where appropriate easy to understand pictorial and plain English versions of the 'Service Users' guide, the providers complaints procedure and people's care plans would be developed and made accessible to people living in the home with a learning disability.

Progress made by the provider to achieve this stated aim will be assessed at their next inspection.

- People were supported to follow their social interests and be involved with the local community.
- People told us they had opportunities to engage in meaningful activities both inside and outside the home. Typical comments included, "I often go out on my own to visit friends or go shopping", "I like playing board games with the staff" and "We all went on holiday together last year to Butlins, which was great."
- Care plans reflected people's social interests and needs.
- Activities people routinely engaged in included visiting as knitting, gentle exercise sessions, gardening,

meals out and walks in the local park.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of care and support they received at the service, and felt the process was easy to follow.
- A relative told us they had been satisfied with the way the service had dealt with concerns they had raised, including the outcome and actions taken by the provider.
- The providers complaints procedure was displayed in the service and set out clearly how people could make a complaint and how the provider was expected to deal with any concerns or complaints they might receive.

End of life care and support

- None of the people currently living at the care home required support with end of life care, although people's end of life care wishes were recorded in their care plan or clearly stated they had declined to comment.
- The service manager said they would liaise with the persons GP, the mental health team and local palliative care professionals to provide people with the end of life care and support they had expressed they wanted, if and when it was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

Continuous learning and improving care

- The provider was not effectively assessing and monitoring the quality and safety of the home care service people using their service received and learning how the care home could be improved.
- Although the provider had governance systems in place; we found these were not always operated effectively because they had failed to identify many of the issues we found during our inspection. For example, despite the service carrying out monthly audits on the way staff managed medicines on behalf of people using the service; we identified large numbers of omissions on MAR charts where staff had failed to sign for medicines they had administered. In addition, on the first day of our inspection managers and staff were unable to show us a number of key records we had requested and were authorised to see. This included records relating to a fire risk assessment of the building, peoples fire evacuation plans, the outcome of complaints raised, staff recruitment checks and staff training and supervision.
- The provider was able to show us copies of all the missing records described above by the second day of our inspection. However, failure to access these records promptly on the first day meant essential information staff needed to effectively perform their roles and responsibilities was not always available to them.

This represents a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- This monitoring issue notwithstanding, we found the provider had established some good governance systems. This included having an external auditor to routinely carry out quality monitoring checks on the service. We also saw the service manager regularly carried out checks on to people's care plans and risk assessments, medicines, health and safety of the environment, fire safety, infection control, accidents and incidents, and staff training and supervision. In addition, the registered manager/owner told us they routinely undertook unannounced spot checks at the care home to observe staff's working practices.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service continued to have the same manager registered with us, who was also the owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered people'. 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.
- There were clear management and staffing structures in place. The registered manager/owner remained

the registered manager of another mental health care home they also owned in South London. The registered manager/owner told us they divided their time equally between the two mental health services they owned and managed, which meant they usually visited each of them two or three times a week. In addition, each service had a designated service manager who was responsible for the day-to-day operation of the care home where they permanently worked. The care homes permanent service manager remains on long-term sick leave. Since February 2019 a new service manager has been in temporary day-to-day charge of Rosemanor 1.

- The new service manager demonstrated a good understanding of their legal responsibility to notify the CQC without delay about incidents that affect the service and people using it.
- People using the service, their relatives and staff spoke positively about the way the service was managed. A person using the service said, "The managers are very nice." A relative told us, "I like the owner and I've got a lot of time for the new service manager...I like her calm approach."

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

- The provider promoted an open and inclusive culture which sought the views of people using the service and their representatives including, relatives and external mental health and social care professionals.
- The provider used a range of methods to gather people's views which included, regular individual meetings with their designated keyworker and group house meetings with their fellow service users, care plan reviews and satisfaction surveys.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with their line manager or team meetings with their co-workers.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service manager was aware they were required to clearly display their latest CQC rating in the care home and on their website following the publication of this report. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The managers were both aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Working in partnership with others

- The provider worked closely with various local authorities and community health and social care professionals and bodies to ensure staff followed best practice.
- The registered manager told us they were in regular contact with people's mental health and social care professional representatives and welcomed their views on service delivery. They gave us a good example of how they had worked closely with a GP and Community mental health teams to review one person's changing mental health care needs. This resulted in a more suitable placement being found for this individual with the mutual consent of all the interested parties including, the person using the service.
- The provider had good links with external resources and organisations including, local GP surgeries, the London Borough of Lambeth's mental health teams, Springfield University Hospital and the mental health organisation MIND.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always operate effective systems to assess, monitor and improve the quality and safety of the service they provided people.</p> <p>The registered person did not always maintain complete and accessible records in respect of people using the service, staff they employed, and the management of the care home. Regulation 17.-(2)(a)(c)(d)(i)(ii)</p>