

Aitch Care Homes (London) Limited

Rosebank Lodge

Inspection report

82-84 Mitcham Park
Mitcham
Surrey
CR4 4EJ

Date of inspection visit:
06 July 2016

Date of publication:
24 August 2016

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
|---------------------------------|--------|

| | |
|----------------------|--------|
| Is the service safe? | Good ● |
|----------------------|--------|

| | |
|---------------------------|--------|
| Is the service effective? | Good ● |
|---------------------------|--------|

| | |
|------------------------|------------------------|
| Is the service caring? | Requires Improvement ● |
|------------------------|------------------------|

| | |
|----------------------------|--------|
| Is the service responsive? | Good ● |
|----------------------------|--------|

| | |
|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

Summary of findings

Overall summary

This inspection took place on 6 July 2016 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the home was carried out on 18 December 2014 when we rated the service as 'Requires Improvement'. We also imposed a requirement notice that we checked during a focused inspection on 5 November 2015. We found the provider was meeting the regulations we looked at, but we did not amend our rating as we wanted to see consistent improvements at the service.

Rosebank Lodge is a care home that provides accommodation and personal care for up to 13 people who have physical disabilities, some of whom also have learning disabilities. At the time of our visit there were 13 people living at Rosebank Lodge. The service provides a range of accommodation for people including studio type accommodation. Historically this has resulted in a range of people being admitted to the service, some people were independent in meeting their needs, whilst others require one to one support. The registered manager told us there was a longer term strategy to support those people who were more independent to move onto other services.

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.

People we spoke with were generally positive about the service, although we did receive some comments from people who felt it could have been better. We also completed an observation during lunchtime and noted staff could have been more caring when supporting people. We raised this with the registered manager who agreed there were shortfalls and agreed to review what had happened over lunchtime. Our observations of the evening meal showed a much calmer and congenial atmosphere.

Staff we spoke with were knowledgeable about what they needed to do if they suspected someone was at risk of harm. The provider had recruitment systems in place to make sure only suitable people were employed by the service.

Staff were well informed about people's individual preferences. People were encouraged to make choices about how care was provided and to be as independent as possible. The provider trained staff so they could support people in line with their needs and best practice. Staff also received on-going support through team and one to one meetings so information was readily shared in the interests of people who used the service.

We saw the home provided care that met people's diverse needs. People were able to choose a range of activities either in the community or within the home. Staffing levels were sufficient to meet people's needs. People were encouraged to maintain links with their relatives.

Staff had a knowledge and understanding of the Mental Capacity Act 2005. The Act helps to ensure that

people who were unable to make decisions for themselves are legally protected. The provider had trained staff so they had the knowledge to work within the remit of the Act. People were asked for their consent prior to care being provided.

People were supported to access appropriate healthcare services as and when they needed them. They were encouraged to eat and drink sufficient amounts to meet their needs. People received their medicines as they had been prescribed.

The provider had a clear process for recording and monitoring accidents and incidents. They ensured these were analysed and where patterns were identified action taken to minimise future incidents. Information in people's care records was up to date and regularly reviewed.

People told us the registered manager was open and transparent. People were given a variety of ways to comment on the service which included anonymous questionnaires or making formal complaints. They told us they were confident that issues would be taken seriously and addressed.

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 ●

The service was safe. People told us they felt safe living at Rosebank.

The provider ensured they safeguarded adults at risk. This was through staff training and by completing appropriate recruitment checks prior to employment. Medicines were also administered as prescribed. Staffing levels were sufficient to meet people's needs.

Accidents and incidents were comprehensively assessed and reviewed to identify possible patterns and to put measures in place to minimise re-occurrences.

Risk assessments in relation to people's care and treatment had been completed and were reviewed regularly.

Is the service effective?

Good ●

The service was effective. The provider trained staff and offered them on-going support, so they in turn offered support in line with best practice.

People's consent was sought prior to care being provided. The provider met the requirements of the Mental Capacity Act 2005 to help ensure people's rights were protected.

People received care and support they needed to maintain good health, this included ensuring they had sufficient amounts to eat and drink.

Is the service caring?

Requires Improvement ●

The service was not always caring. Most people were generally positive about the care they received from Rosebank, but a few were not. Our observations during lunchtime showed people were not always treated in a very caring way.

Staff were supportive and knowledgeable about the people they were caring for. People were treated with dignity and respect. People were encouraged to be as independent as they could be.

The provider was able to meet people's diverse needs which included providing information in a format suitable for people to access.

Is the service responsive?

Good ●

The service was responsive. People were involved in a range of activities which suited their individual interests.

People received personalised care that met their needs. The plan of care was reviewed regularly so it was up to date and reflected people's current needs and wishes.

People felt able to raise any issues or concerns with the registered manager and were confident their views would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led. The registered manager was open and transparent.

There were a number of audits and checks in place to monitor the quality of the service provided, this included the use of questionnaires.

The registered manager was aware of their role and responsibility to notify CQC of events that affected the well-being of people who used the service.

Rosebank Lodge

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.

This inspection took place on 6 July 2016¹ and was unannounced. The inspection was undertaken by an inspector.

Prior to the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications contained information about significant events the service is required to inform us about.

On the day of the inspection we spoke with two people who lived at the home and a relative who was visiting. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot talk with us. We also spoke with two members of staff, two representatives from the provider's psychology service, the registered manager and regional manager. We looked at records relating to four people who lived at the home, and four staff files to review the recruitment process and training records. We also looked at other records relating to the running of the service, these included the administration of medicines and quality assurance information.

After the inspection we had telephone contact with another relative and an advocate of someone who used the service. We also had contact with the representative of the local authority to ask their views of the service.

Is the service safe?

Our findings

People told us they or their relatives felt safe living at Rosebank Lodge. We saw the provider had devised a leaflet entitled 'How to Protect Yourself and Be Safe'. This document had been written in a clear, jargon free way with pictures which made it suitable for some people who used the service.

Our findings during the inspection showed staff were aware of how to protect adults at risk of possible abuse. We saw staff had received training to do with safeguarding which was refreshed regularly. The staff we spoke with knew what action they had to take if they considered anyone was at risk of harm. The provider also had a range of policies and procedures which guided staff through the processes they were required to take.

We checked staff recruitment records to make sure only suitable staff were employed by the service. We saw the provider kept a record of the initial application form, notes from interviews, references and proof of identity and address. The provider also completed criminal record checks for staff prior to them commencing work and in line with their own procedures. These checks were renewed every three years. We saw one of the criminal record checks had not been completed within the timeframe as designated by the provider as it should have been renewed six months previously. We discussed this with the registered manager who told us they had already identified this shortfall and that the criminal records check had already been applied for and they were awaiting the results.

We looked at the staffing levels at Rosebank to make sure they were sufficient to meet people's needs. On the day of our visit we saw there were six members of staff on duty in the morning and afternoon. There were also two waking night staff to respond to any requests or emergencies at night. The registered manager informed us that since their arrival in the service over a year ago there had been major changes with approximately half of the 25 staff team establishment being new in post. This meant a number of new staff were undergoing induction and other training. It also meant the number of bank staff used by the home had significantly reduced. The registered manager told us they had recent approval to increase the total number of staff to eight during the day, to reflect the needs of people who used the service some of whom required one to one support.

People received their medicines as prescribed. We checked the storage, recording and administration of medicines. Medicines were delivered to the home by the community pharmacist in blister packs on a 28 day cycle. One member of staff had responsibility for medicines, there were also weekly audits by the registered manager and regular audits by the provider and the community pharmacist to ensure medicines were administered safely.

We found that medicines were not always recorded when administered. We saw on the medicines records chart of a person that on two consecutive days it appeared that a person had only received two out of the four medicines they should have been given. On checking the medicines stock we were able to establish the person had received their medicines as prescribed. We discussed this with the manager who agreed to review the process to ensure action was taken to minimise any further re-occurrences.

The provider had comprehensive risk assessments in place so risks could be identified and action taken to reduce them. For example, there were assessments of risks regarding social isolation, poor diet and physical health. Each assessment had a score before and after measures were put in place so that any risks identified were minimised to an acceptable level. We saw these risk assessments were reviewed regularly and staff members had signed each assessment as a way of indicating they had read and understood the information contained in the assessment.

There was also information within the assessment to guide staff to identify possible risks to people. We saw for example, there were clear descriptors to staff about recognising the signs of pressure ulcers and what action needed to be taken to minimise the risk.

Incidents and accidents were recorded and monitored so any patterns could be identified and preventative action taken where possible. Incidents and accidents were recorded on the providers' internal database system. These were monitored by the regional manager and the providers' psychology service. Key information could be extracted from this database about incidents and accidents including the location, time and events preceding the event. In this way the psychology service could help to identify possible trigger factors. They then worked alongside staff from the service, family and/or healthcare professionals to devise strategies to help minimise behaviours that challenge. These strategies were reviewed regularly.

Is the service effective?

Our findings

People were cared for by staff who were trained and supported to undertake their roles and responsibilities. We saw there was a range of training considered mandatory by the provider. This included first aid, medicines administration and moving and handling. Additionally, staff were required to complete the Care Certificate which is a national set of induction standards for new to health and social care have to cover. We were shown a computer record which identified when training was completed and how often it should be refreshed and if any training was overdue. There was also an overall completion rate figure for each training area. For example, 83% of staff had completed medicines administration training. This meant people at Rosebank Lodge were being trained to develop their skills to care for people.

The registered manager told us and staff confirmed they had an opportunity to meet as a team on a monthly basis to share information and to discuss issues relating to the service they provided. Staff also met with the registered manager on a one to one basis to discuss their professional development and their role for caring for people within the service. The registered manager told us these meetings were at least three monthly in line with the providers' own policy. For some staff, one to one meetings were more regular as they were new to the role.

Throughout the day we heard and saw staff seek consent from people before providing care. For example during lunchtime we heard, "Do you want me to help you cut that up?" and "Shall I help you?" In addition within people's care plans there were written prompts which outlined how people communicated their feelings non verbally, such as how they showed they were uncomfortable, happy or angry. In this way, staff were trying to ensure care was provided with people's agreement.

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.

Staff had received training regarding MCA and DoLS which was refreshed regularly. They had an understanding and working knowledge of how this impacted on their work with people. We saw the home had three people with authorisations under DoLS in place and with a number of other applications have been made to the local authority to deprive other people of their liberty, which were awaiting an outcome.

People had contact with health and social care professionals such as GP's, hospital visits and social workers as and when they needed them. Each appointment was documented in detail in people's health records

and often written in an accessible format for people who used the service. There were also comprehensive monitoring records of people's health. We saw for example, a chart which prompted staff to identify when people were having seizures and possible patterns. Each person within the service had a 'Hospital Passport' this is a document which tells hospital staff how they can best communicate and care for the person admitted into hospital.

People were encouraged and supported to eat and drink sufficient amounts to maintain their health and wellbeing. People were weighed monthly to see if they had lost or gained significant amounts of weight, some people also had their fluid intake monitored closely. People's individual requirements were recorded in their eating and drinking plan. This plan outlined the food the person enjoyed, how it should be served and the equipment the person needed and their seating position if they required support with their meals. Much of this information gave clear instructions to staff about supporting people with their meals. For example it detailed a person required 'syrup thick fluid, like the consistency of single cream' and how drinks should be thickened and offered in small amounts and refilled rather than one large drink.

Is the service caring?

Our findings

People's experiences of the care they received at Rosebank Lodge varied. One person told us, "I'd like to be here forever". Whilst another person told us about their frustrations at having to wait for care to be delivered, but went onto say, "the staff are kind." People's relatives were generally positive with one of them saying, "It's like a family and if there's a problem they deal with it." One relative did express frustration that they did not feel their family members needs were adequately understood by the service.

During our SOFI observation over lunchtime we saw a number of practices which showed that staff were not always very caring and respectful of people. We saw staff engage with one particular person who was vocal and noisy, but staff had little interaction with another person who was sitting quietly; a member of staff leaned across people whilst they were eating their meal; a member of staff wiped the table whilst a colleague was trying to support someone with their meal and three other people were still eating. We discussed this with the registered and regional managers who agreed the lunchtime experience for people was not very satisfactory. They agreed they would review our findings in order to minimise the possibility of reoccurrence. Later in the day, we observed the evening meal which was more relaxed and ordered. Notwithstanding the incidents described above, staff were able to tell us and we saw they provided care in other aspects of the service that ensured people had privacy and dignity. Staff were able to tell us how they provided personal care so people were able to maintain their dignity. Staff told us about knocking on bedroom doors and waiting for a response before entering, keeping curtains closed and talking to people whilst providing care. We observed staff treating people with kindness and compassion and patiently assist them throughout the day either moving around the building or supporting them with food and drinks.

The service tried to maintain people's independence whenever possible. We saw examples of this throughout the day, such as people being encouraged to take cutlery and crockery into the kitchen once they had finished their meals. People's care plans contained a lot of information about people's abilities which prompted staff when providing care, for example one plan suggested 'the person could put their clothes into the washing machine, but needed to be reminded to put it out to dry.' Another example described how a person could be involved in food preparation but did not understand the dangers in the kitchen and so needed constant supervision.

Care plans contained information about people's diverse needs. This included information about their cultural needs including those in relation to food. The provider had also made available a lot of information for people into a format they would be able to access, this included the Welcome pack, Service Users guide and individual's review meeting minutes. People were supported to maintain relationships with people who were important to them. A relative told us how they could visit the home without restriction and always felt welcomed.

Rosebank Lodge was able to support people who were nearing the end of their life. The home had clearly documented people's wishes for care in the last stages of their lives and for funeral arrangements.

Is the service responsive?

Our findings

People were supported to take part in a range of social and recreational activities according to their preferences and tastes. A representative told us, "The place is quite busy and they [people who use the service] are doing more activities outside the home."

On the day of our inspection visit, people were attending a day centre, college and a drop-in centre. Within the home we also saw a range of impromptu activities which included football in the garden, and a crafts session. We saw there were some structured activities outlined for people. For one person it outlined swimming sessions, boccia (similar to bowls) music therapy and a pub lunch at the weekend.

People received personalised care that suited their needs. Prior to admission to the home, information about their needs was gathered from various sources including from the person themselves, relatives and health and social care professionals. The home completed an assessment of the person's needs, which included a One Page Pen Profile and information which highlighted the person's likes and dislikes. This was particularly useful for new staff to the service, so they could quickly understand someone's needs. Rosebank Lodge had recently admitted someone to the home, and the manager was able to tell us about the person's introduction to the service including overnight stays. A professional we spoke with told us the provider had worked well with them and kept them informed. They went onto say, "I've been quite impressed."

Information contained in care plans was personalised so it reflected people's current needs. In a care plan it highlighted the person's routine at night including what radio station they enjoyed listening to. Within the plans there was also an emphasis on choice which guided staff how best to deliver care such as offering two photographs of meals so the person could choose which they preferred. A person within the service had also chosen and been enabled to administer their own medicines. We saw care plans were reviewed regularly and updated if required.

The provider had a clear process and system in place to address complaints. There was a complaints procedure in an easy to read format for people who used the service which was readily available in the communal areas. People told us they felt comfortable raising issues with staff or the registered manager. One person told us, "They've been really good at listening and now they're sorting things out." People told us if they did have issues, they felt confident they would be addressed. The provider kept a log of complaints and we saw none had been received in the previous 12 months. There was also a record of recently received compliments from relatives of people.

Is the service well-led?

Our findings

In recent years Rosebank Lodge has experienced a significant change of managers. However, since May 2015 there has been some stability with the current registered manager. People and staff spoke positively about the current registered manager and comments we received have included, "We work as a team and the manager carries everyone along," and "I feel confident in him" and "I go to him whenever."

The registered manager ensured an open and transparent culture within the home. People told us their views were listened to and any suggestions they had about how the service could be improved were considered. The registered manager had been active in encouraging relatives and friends to be more involved with the service. To this end the home recently held a barbeque for family and friends which had been enjoyed by those that attended. The home held regular reviews to which family and friends were routinely invited to gather their views about the care being provided. We saw there was a newsletter which was sent out to families as a way of keeping them informed of events taking place within the home.

The provider's head office sent out annual surveys to people involved with the service, including relatives, staff and professionals. The most recent survey had been in May 2016 and the registered manager showed us the raw data but the information had not as yet been compiled into a report. We saw the home had also initiated meetings every three months for relatives. This gave them a further opportunity to raise any issues about the care of people living at Rosebank.

We saw there were a number of systems and processes to ensure the quality of the service provided. The registered manager told us about the routine audits they undertook including monthly medicines audits and quarterly care plans checks. Other audits such as health and safety and infection control were delegated to other staff members. The vast majority of information was up to date, clear and accurate. If any shortcomings or omissions had been identified, they were addressed and rectified quickly.

Staff were aware of their roles and responsibilities within the home and said the registered manager made sure they were clear of these. The registered manager reviewed whether staff were aware of the direction and vision of the service. We saw evidence of this through supervision meetings with staff, and during staff meeting. The registered manager was aware of the responsibilities and obligations as a registered person. They were able to tell us what incidents they would need to notify CQC of in line with the requirements of their registration.