

Rosenmanor Limited

Rosenmanor Limited

Inspection report

18 Bensham Manor Road
Thornton Heath
Croydon
Surrey
CR7 7AA

Tel: 02082397518

Date of inspection visit:
29 April 2016
03 May 2016

Date of publication:
10 June 2016

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

This inspection took place on 29 April & 3 May 2016. Our first visit was unannounced. At our last inspection in July 2014, the provider met the regulations we inspected.

Rosenmanor Limited provides accommodation and personal care for up to twelve people with mental health needs. There were eleven people using the service at the time of our visit.

The home 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 said that the staff working at Rosenmanor were kind and caring towards them. There was a relaxed and friendly atmosphere when we visited.

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 physical and mental health needs were met. We saw that people's prescribed medicines were being stored securely and managed safely.

There were systems and processes in place to protect people from the risk of harm and staff were aware of safeguarding procedures. Appropriate recruitment checks took place before staff started work.

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.

There was a system in place for dealing with people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take appropriate action.

The registered manager understood their role and responsibilities and positive feedback was received from staff about their leadership. There were systems in place to help ensure the safety and quality of the service provided.

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. Identified risks to people's safety and welfare were being managed appropriately.

There were enough staff to meet people's needs.

Medicines were managed safely.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety.

Is the service effective?

Good ●

The service was effective. Staff had access to training and had the knowledge and skills to meet people's needs.

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 provided care and support to people 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.

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

People using the service felt able to raise concerns or

complaints.

Is the service well-led?

Good 

The service was well-led. There was a registered manager in post. Staff felt supported in their role and said they did not have any concerns about the service.

There were systems in place to monitor the quality of the service and make improvements where needed.□

Rosenmanor Limited

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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the home on the 29 April and 3 May 2016. The inspection was carried out by one inspector.

We spoke with six people using the service, the registered manager, five members of staff and one visitor. Feedback was provided by two involved health professionals following our inspection visit.

We looked at records about people's care, including two files of people who used the service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People using the service told us they liked living at Rosenmanor and that staff treated them well. One person told us, "Mainly good as gold here." Another person told us, "Yes, it's good here." A visitor told us, "It's excellent, all very good."

An external professional told us they were 'happy' with the overall care given to people. Another external professional said, "The overall service is good."

The registered manager and staff understood their own responsibilities in safeguarding people by reporting any suspected abuse or neglect. They knew how to recognise the signs of abuse or neglect and the local procedures to report any concerns to help make sure people were kept safe. Staff were confident that the registered manager would take action if they reported safeguarding concerns to them. They said they would go to the local authority or the Care Quality Commission if action was not taken to keep people safe.

Staff supported some people to manage their money safely. We saw people's money was securely stored and there were financial procedures which staff followed to ensure they appropriately managed people's finances. Two staff signed for any financial transactions and regular checks took place to make sure accurate records were kept. We checked the financial records for two people and found these to be accurate.

People told us there were enough staff on duty to meet their needs. One person said, "The staff help me, they do it alright." A staff member told us, "We work as a team. It's fine." Another staff member said, "I do feel safe working here, always another staff around". We saw additional staff were allocated to shifts where people required support for external appointments.

The service identified and managed risks to people's safety to help keep them safe. Assessments were completed that identified any risks to people's health and wellbeing with support plans put in place to manage these where required. For example, one person's assessment documented risks from their behaviour and clear actions were recorded in a corresponding support plan to help keep the person safe in and out of the home environment. We saw that both the assessment and support plan were kept under review with further control measures put in place as necessary.

Medicines were managed safely at Rosenmanor. We saw medicines were stored securely and records showed that people were supported to take their medicines as prescribed. The administration charts we looked at were fully completed and there were procedures for staff to reference and follow. Protocols were available for staff to reference for any 'as required' medicines. Audits were carried out regularly to help make sure medicines were being administered correctly and quantities of medicines were monitored to ensure they matched with records kept.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for three members of staff. Each file contained evidence that criminal record checks had been carried out along

with two employment references, right to work checks and proof of identity.

We saw regular checks took place to help keep people staying at Rosenmanor safe, for example, of fridge temperatures and the safety of the home environment. Fire alarms were checked by staff and external contractors to make sure they worked correctly.

Is the service effective?

Our findings

People told us they were happy with the care and support provided. One person told us, "The staff are quite easy going here." Another person said, "The staff help me, they do it alright."

Staff said that they received the training they needed to care for people and meet their assessed needs. One staff member told us, "We get training; they advise us what to do." Another staff member said "I have just got the details sent to me for the online training."

Records showed that staff had undertaken training across a number of areas including safeguarding adults, medicines, first aid and the Mental Capacity Act. Staff also received training in topics specific to the needs of people using the service, for example, around behaviour that required a response and physical health issues. The registered manager made sure training was recorded and refreshed as necessary. Newer staff members told us they were just undertaking their care certificate modules which were mandatory for all staff to complete. 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 and became effective from 1 April 2015.

Staff were supported effectively in their job role. Staff said, and records confirmed, that they received regular one to one supervision sessions with the registered manager where they could discuss their work and identify any training needs. We also saw that staff received an annual appraisal. One staff member said, "I had supervision recently. It's going well, I can talk to the manager and the deputy when I need to."

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).

The majority of people receiving support said they were able to come and go as they pleased. Access to the property was monitored by staff to ensure people's safety. The people we spoke to were satisfied with this arrangement and understood the need to monitor who was on the premises for safety reasons. One person said, "I can go out, they don't stop me." Another person said, "I can go out, I have a key and can lock my bedroom door."

Staff talked about one person who had a DoLS authorisation in place so were unable to go out without staff support. They spoke about why the restrictions were in place and how they worked to monitor and keep the

person safe.

People told us they enjoyed the food provided at Rosenmanor. One person told us, "Yes it's lovely, you can choose what you have". Another person told us, "The staff cook for us, its ok." People said they were able to have alternatives if they wanted something different from the planned menu. One person told us they recently had rice and peas after requesting this from staff. The staff spoken with had a good understanding of people's individual nutritional needs and preferences for meals. For example, they were aware of the individual support required for one person to encourage them to eat.

We saw staff supported people to access the healthcare services they needed. Records showed that staff supported people as necessary to attend appointments with their GP and other specialist health services.

Is the service caring?

Our findings

We asked people about the service and the staff who supported them. People said they liked living at Rosenmanor, that staff treated them politely and with dignity and respect. People told us that they were able to go out and could maintain relationships with family and friends. One person said, "The staff are really nice to me". Another person said, "Yes, they talk to me nicely".

A visitor told us, "The staff are nice, never any problems." An external care professional told us, "I have found this to be a service that cares for the service users that live there not just on a physical level but an emotional level as well."

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, where to spend their time and who with. Some people spent time in their rooms and people went out independently throughout the day.

Staff recognised the importance of upholding people's privacy and dignity. They were observed to knock on doors and make sure they had permission before entering people's rooms. Meetings with visiting health professionals were seen to be facilitated in private.

Staff spoke positively about the service provided and 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 personal care in private. Staff members told us, "We give them privacy, we always knock on doors before entering" and "All the people here are treated respectfully."

Each person had a keyworker although different feedback was received from people as to whether they knew which staff member was allocated to them and how often they met. One person said, "I can talk to my keyworker." Another person commented, "I meet with them sometimes." Records were kept of keyworker meetings. For example, we saw that a staff member had met with a person after they moved in to check how they had settled into the home. We saw that people had been involved in the planning and review of their support plans and had signed to say they agreed with the content.

Monthly meetings were held to obtain the views of people using the service. We saw the minutes from one meeting including discussion of the house rules, complaints, food and activities.

Is the service responsive?

Our findings

Support plans contained information about people's needs and how staff supported them. For example, information about people's mental health and physical needs and how these were to be met. The plan for one person addressed an area of high risk where they needed to be monitored for their own and other people's safety. The plan clearly set out the actions required by staff and this was reviewed on a monthly basis. We saw further amendments had been made to the support plan to respond to the persons changing needs.

Handovers and daily notes helped to make sure that staff had access to the most up to date information about the people they supported. The daily handover was used to discuss each person and share information between staff. Daily notes were completed for each person including their activities, whether they had been unwell and if there was any change to their needs that staff needed to be aware of. Staff spoken with demonstrated knowledge of each person using the service and the support they required.

The service worked with the local mental health teams to plan and meet people's care and support needs. Care records showed that staff made contact with responsible external care professionals to keep them up to date and discuss any issues or concerns.

People were able to follow their interests and take part in activities of their choice. We spoke with a person who was about to go out and they told us that staff were supporting them to start attending college. The person's care records included information about their interest in gaining skills through formal education and the support they required to do this. Records showed people took part in activities at the service such as board games, going out for walks or shopping. One person told us about a tea party they had regularly at Rosenmanor.

Another person told us about their regular contact with a relative and how important this was to them. A person's relative told us they regularly visited the service and were always made to feel welcome. They said that staff kept them up to date with any changes and communicated well with them.

People using the service felt able to raise any concerns or complaints. One person told us, "I would talk to the deputy here." Another person said, "I would go to the manager or the deputy." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authorities and the Care Quality Commission. Records were kept of any concerns received by the service detailing the action that had been taken with timescales.

Is the service well-led?

Our findings

There was a registered manager in post at the time of this inspection. This person was also registered as manager with CQC for three other care homes in the surrounding area and split their time between the four locations. Rosenmanor had a new deputy manager in post who was responsible for the day to day running of the service.

People and staff said the registered manager visited the service regularly each week and that they were happy with the way the service was managed. People using the service knew the registered manager and deputy manager. Staff said the registered manager and her deputy were approachable and supportive. One staff member said, "The managers help us". Another staff told us, "I can talk to the manager".

A visitor told us, "The registered manager is very passionate about what she does." External care professionals said they were happy with the way the service was managed.

Minutes of recent staff meetings showed staff were involved in discussions about the operation of the service and how people were supported. Staff discussed what was working for people when they supported them and any concerns they had about individuals. Each meeting focussed on different areas of practice including medicine administration and mental capacity. Individual staff supervision sessions were also used to focus on different areas of practice. For example, records showed staff were asked about safeguarding and how they would raise an alert.

The registered manager regularly obtained people's views about the service through meetings and surveys. In addition to the monthly meetings with people using the service, user involvement forms were completed regularly documenting their views about their care plan, activities and the support provided at Rosenmanor. One person had recently stated that they were 'happy' with the support they were getting including help to manage their finances. An analysis of the feedback was carried out by the registered manager and this was used to inform the business plan for the service.

Records showed the home had systems to check the quality of the service provided and make sure any necessary improvements were made. For example, regular checks were carried out on people's medicines to make sure staff were following the correct procedures. Support plans were audited along with financial records on a regular basis.

A business plan dated April 2016 included a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. Objectives were set out addressing different areas including recruitment of staff, issues raised by people using the service and the growth of the business.