

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

About the service

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 eight people using the service.

People's experience of using this service and what we found

People told us they liked living at Rosenmanor 2 and felt comfortable with the staff working there. Staff knew how to keep people safe, they knew the risks people faced in the service and in the community and they were able to support people to reduce that risk. Some people's bedrooms needed improvements to make them safe. The registered manager made sure these improvements were made during the inspection and we have made a recommendation to make sure the future health and safety needs of people at the service are met.

People were supported by staff who had been trained and supported to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People chose what they ate and drank, and staff helped people to make healthy choices. When people needed additional help from healthcare professionals, staff made sure they supported people to have the care they needed when they needed it.

Staff were caring and worked with people to encourage their independence and meet their goals. Staff respected people and encouraged them to be involved in activities that interested them.

People were involved in their care and support plans, they met regularly with staff to talk about how they felt and what they wanted. This information was used to improve the care for people.

People said they liked the manager. The manager made sure they checked the way the service was run so people were safe and received the care they needed.

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

Rating at last inspection

The last rating for this service was good (published 03 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rosemanor 2 Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rosemanor 2 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During our inspection we spoke with four people using the service. We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with the registered manager, the manager and two staff members. We looked at records which included two care plans, three staff files, medicine records and other records relating to the management of the service.

After the inspection

After our inspection we spoke with one relative of a person using the service and the manager sent us additional information such as resident and staff meeting minutes, staff training, staff rotas and action plans.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were observed to be relaxed and comfortable with their surroundings and the staff supporting them. One person told us, "I'm alright, [staff name] looks after me."
- Staff confirmed they had received training in safeguarding. They knew the action to take and who they should report concerns to if they needed to. Staff felt confident that managers would take appropriate action to keep the people using the service safe.
- Safeguarding and whistle blowing procedures were discussed during staff meetings and we saw details of safeguarding contacts available for staff.

Assessing risk, safety monitoring and management

- People's risk was assessed when they first started to use the service and then regularly updated when their care and support needs changed.
- Staff knew the risks people could face both at the service and in the community. They gave examples of how to reduce the risk to people and keep them safe. For example, one staff member explained how they supported one person who could be unsteady on their feet.
- During the inspection we saw one window was not restricted in accordance with current best practice health and safety guidance which meant there was a risk of people falling from them. We raised this during the inspection and the registered manager took immediate action to fit a window restrictor.
- Some people had radiators in their rooms that were very hot and there was a risk of burns to people if they fell or had any prolonged contact with the surface. We spoke to the manager and the registered manager about our concerns. We discussed the Health and Safety Executives guidance on managing the risks from hot surfaces in health and social care settings. On the second day of our inspection we were shown a risk assessment for one individual who had been assessed at risk of harm from hot surfaces. Shortly after the inspection we received confirmation that the person's radiator had been covered to further reduce risk. This gave us assurance that the identified risk to people was being managed appropriately.

We recommend the provider consider current guidance from the Health and Safety Executive to make sure the environment remains safe for people.

Staffing and recruitment

- There were enough numbers of staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. During our inspection staff were always visible and on hand to meet people's needs and requests.
- The rotas indicated the manager was included in the duty rota and it appeared there was little time for them to complete additional administrative tasks that was important to their role. We spoke with the

registered manager about allowing additional supernumerary time on the rota to cover these tasks.

- We looked at a selection of staff recruitment files, and found checks had been carried out to make sure staff were suitable for the role. We had some questions regarding the references for one staff member and were given a satisfactory response shortly after the inspection.

Using medicines safely

- People received their medicines as prescribed. Staff had been trained to give people their medicines safely and the manager completed regular competency checks to make sure staff were working in line with best practice guidelines.
- People's medicine records were completed and both daily and monthly audits made sure medicines were being managed in the right way.
- Information was available to people about the medicines they were taking. The manager made sure this information was available for people so they knew why they were taking certain medicines. Regular medicine reviews were completed by the GP and other healthcare professionals to make sure people had the right medicine for them.

Preventing and controlling infection

- Staff had access to personal protective equipment when needed and all staff had received training in infection control and food hygiene. Cleaning schedules were in place and the communal areas of the service were clean and free from unpleasant smells.
- We noted some people's en-suite showers needed a deep clean as there were areas of ingrained dirt. On the second day of our inspection this was in the process of being completed.

Learning lessons when things go wrong

- When things went wrong there were systems in place to review procedures and share lessons. The registered manager was responsible for several other locations and we saw recent failings and areas for improvements had been discussed at managers meetings, with information shared across all the provider's services.
- Staff understood their responsibility to record and report accidents and incidents involving people living in the home and where required these were reported to the CQC.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they first started to use the service. These included information about their mental and physical health and the support people needed. This initial information fed into the person's support plan. This was regularly reviewed with the person to make sure they were getting the right care and treatment right for them.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to provide people with the care and support they needed. Staff thought the training provided focused on the needs of people living at the service.
- The provider monitored staff training and reminders were sent to staff when their yearly refresher training was due.
- Staff felt they were supported by their managers and regular supervision, team meetings and yearly appraisals gave them opportunities to discuss any issues including learning and development.

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

- People were encouraged to make choices about their food and drink. Menus were discussed at monthly residents' meetings and people were encouraged to help shop for groceries and be involved in food preparation.
- When people's health was at risk from their diet this was noted in people's care records and staff monitored them appropriately.
- When people required additional support with their dietary needs we saw the appropriate healthcare professionals were involved.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals.
- Records documented the outcomes of visits with healthcare professionals and support plans were updated if required. Future appointments were recorded so staff and people knew when their next appointment was due. One person told us about their appointment with their GP later that day.

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

- People's rooms had en-suite facilities and were personalised with pictures, photographs and objects that

were familiar to them. There was a communal kitchen, lounge and conservatory area where people were able to sit quietly or socialise with other people if they wished.

- The manager explained they had just started working on the garden and we could see there was space for people to enjoy although we did not see any seating areas in place.
- Many areas of the service required essential maintenance, the manager showed us they had noted and reported the issues to the registered manager. After the inspection we received an action plan detailing the maintenance required and the date of completion.

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

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service assessed people's capacity around areas including finances, personal care and taking medicine. Where people lacked capacity best interests' meetings were undertaken with health and social care professionals. The registered manager had assessed where a person may be deprived of their liberty and made applications to the local authority. Where people were subject to DoLS, details including any conditions were recorded and monitored.
- The manager supplied people with information about advocacy services should they wish to use them and gave them copies of any DoLS authorisations so people knew why they were subjected to certain restrictions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt supported by staff and were positive about living at the service. One person told us how they had learned a lot from staff in the last year and felt they were ready to move on.
- We observed staff were caring towards people and knew them well. Staff were able to describe people's support needs in detail and told us they had enough time in their day to really get to know them. One staff member told us, "Being with [people] is lovely. We can have a laugh with them. They tell us about themselves and what they have done, it helps us understand."
- Staff respected people's equality and diversity. People's cultural and religious backgrounds were recorded in their care records and staff told us how they supported people to keep connected with the things that were important to them. For example, one person expressed a wish to cook their cultural food and staff encouraged them to make a list of ingredients', so they could shop for and make their favourite dishes.

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

- People were involved in their day to day care and support. People told us how they felt, their visits to the GP's, what they had achieved and their future goals.
- The manager explained people had a copy of their care plans, medical history and, if applicable, a copy of their DoLS authorisation in their rooms. There was also information for people on advocacy services available to them should they need another person to help them express their views and wishes.
- People were able to discuss their support needs at any time but had structured keyworker sessions each month. This allowed staff and people to sit and discuss any problems, changes or amendments to their daily care. People were encouraged to write their thoughts and views down and these were recorded in people's records.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as they were able to be. The service provided support to people with the aim of increasing their independence and confidence to achieve their goals and ambitions. For many people these were to live more independently. The manager told us how pleased they were when people were able to move towards more independent living and gave us several examples where people had achieved this.
- Staff told us how they respected people's privacy and dignity while encouraging independence and gave us examples where they would discreetly support people with their needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care to meet their needs and preferences. Relatives told us they felt involved in the care of their family member and the service would let them know if there were any problems.
- 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. People were also able to have one to one time with staff when they became anxious or upset. We observed this in practice during our inspection and one person appreciated having the time to talk to a staff member in private about their worries and concerns.
- People were able to make choices about their daily lives and staff encouraged them to maintain their hobbies and interests. For example, one person told us about their hobbies such as pottery and another person told us how they liked to visit the local shops. Staff told us how they encouraged people to try new things and to be involved with the things that mattered to them. One person had expressed an interest in working at a local charity shop so the manager had arranged for staff to support them to work for a few hours each week at the shop.
- Each person had their own personalised activity planner, this covered activities in the community and in the service. These included going to the gym, the shops, pottery classes and supporting people to visit their local religious services. In house activities included cleaning, laundry and cooking to encourage people's independence in these areas.
- We observed people coming and going throughout our inspection. Some were able to leave independently, and others required staff support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care records. Although most people using the service had not been identified as having specific communication needs the manager had recognised that some information could be presented differently to make it easier to understand. They showed us examples where they had changed documents to make information clearer for people. This was especially relevant for those people who were experiencing poor mental health.
- When people were able to they were encouraged to use mobile telephones, so they could text or telephone the service when they needed to.

Improving care quality in response to complaints or concerns

- Information was available to people on how to feedback about their experiences or make a complaint. The manager was looking at making this information clearer for people to read so they would be fully accessible for everyone.
- When people or relatives made complaints, these were investigated thoroughly and dealt with within the required timescales. We saw details of the complaints made in the last year and noted the actions taken including apologies to people when appropriate. Any lessons learnt were discussed at staff meetings.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Although no one using the service needed end of life care the registered manager had worked with the local hospice to achieve their steps to success program. This program helped give staff the skills they needed to have a meaningful discussion with people about their wishes for end of life care when the time comes. This made sure people would receive the care and support they needed and wanted and their wishes were respected.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was also the provider and was registered with CQC to manage other locations. The registered manager was supported at this location by a service manager who coordinated the day-to day delivery of care and support.
- The registered manager was quick to make changes when we found issues during our inspection that assured us that people were safe at the service. However, we discussed the need for the registered manager to increase their knowledge around the health and safety legislation relating to care homes to ensure people's ongoing safety.
- There was a clear management structure in place and the registered manager had reported notifiable events to the CQC in line with the legislation.
- The manager had a robust quality assurance program in place that allowed them to manage and assess the risks to people and the quality of care and support people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People knew who the registered manager and manager were, they approached them openly and without hesitation, speaking with them and asking questions throughout our inspection. One person told us how much they liked the manager and how well they looked after them.
- Staff told us they felt supported in their jobs and would speak to the manager if they had any concerns or problems.
- Equality and diversity were actively promoted at the service and staff received regular training in equality and diversity. The manager confirmed this was often a discussion topic during staff meeting to make sure everyone understood and could build upon best practice in this area.
- When things went wrong the registered manager explained how they shared lessons learned across the services, this included localised staff meetings and managers meetings. We were given examples of incidents and safeguarding investigations where actions had been taken to prevent and reduce the risk of further incidents.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- During our conversations with the registered manager we discussed what the service did well and where there was room for improvement. The registered manager was open with us about the changes that needed

to be made across the organisation to improve people's care.

- Where people had made complaints or had concerns we saw apologies had been made and staff had made improvements to make things better for people.

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

- People were asked for their views about their care and treatment and their views were acted on. We observed people were encouraged to give their views to staff at any time. However, they also had the opportunity to do so during regular house meetings and one to one keyworker meetings.
- Staff told us they were able to share their views and experiences during their staff meetings and supervision.
- The manager told us of changes they had made following discussions with people and their family members. For example, encouraging one person to be involved in more exercise around the house and engaging with outside community services to provide additional support with dietary and healthy eating advice.

Working in partnership with others

- The service continued to work collaboratively with other agencies to make sure people had the care they needed. The manager and staff worked with mental health specialists, health care professionals and social workers.