

Rosenmanor Limited

Rosenmanor 1

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosenmanor 1 is a residential care home. At the time of our inspection the service was providing accommodation and personal support to eight women with mental health care needs. The service can accommodate up to nine people in an adapted building.

People's experience of using this service

People told us they were satisfied with the overall quality of the care and support they received at Rosenmanor 1.

At our last inspection the provider had failed to ensure medicines were always managed safely, staff were suitably trained and governance systems were operated effectively. At this inspection we found the provider had improved how medicines were recorded, staff were trained on how their governance systems were operated. This meant the provider was no longer in breach of regulations.

We have made a recommendation about assessing and managing infection risks staff working at the care home might face, especially in relation to those deemed to be in high COVID-19 risk groups. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.

People continued to be kept safe and protected against the risk of avoidable harm and abuse. People were cared for and supported by staff who knew how to manage risks they might face. The service remained adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed. Medicines were well-organised and people received their prescribed medicines as and when they should.

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 lived in a suitably adapted and adequately decorated and furnished care home. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and access community health and social care professionals as and when required.

The provider recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service. The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, community health and social care professionals and staff working there. The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at the last inspection

The last rating for this service was requires improvement (published 11 June 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 and 16 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how their medicines and governance systems were managed.

We undertook this unannounced focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led where we previously identified issues.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for the key questions Caring and Responsive, which were not looked at on this occasion, were used in calculating the overall rating at this inspection.

Based on the findings of this inspection the overall rating for the service has improved from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosenmanor 1 on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. 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 two inspectors.

Service and service type

Rosenmanor 1 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about the care home since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke in-person with four people who lived at the care home, the registered manager and two support workers, including a senior support worker.

We looked at a range of records that included four people's care plans, multiple staff files in relation to their recruitment, training and supervision, and medication administration record (MAR) sheets. A variety of other records relating to the management of the service, including policies and procedures were also read.

Following the inspection

We received telephone or email feedback about the care home from three people's relatives, a community mental health nurse and a member of staff who worked at the care home.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training.

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 requires improvement. At this inspection this key question has improved and is now rated good. This meant people were now safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider had failed to ensure medicines were always managed safely. This was because we found large numbers of gaps on medicines administration records (MAR) sheets we looked at where staff had failed to sign for medicines they had administered, contrary to recognised best medicines recording practice and the providers own medicines procedures. This represented a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way staff now recorded medicines they managed on behalf of people living in the care home. This meant the provider was no longer in breach of regulation 17.

- Medicines records were now well organised and people received their prescribed medicines as and when they should. This was confirmed by people we spoke with. For example, one person told us, "Staff are very good at making sure I take all my medicines when I'm meant too. They never forgot."
- Staff followed clear protocols for the recording of medicines they handled on behalf of people living at the care home. No recording errors or omissions were found on any of the completed MAR sheets we looked at. A member of staff told us, "The managers are always reminding us not to leave any gaps on MAR sheets when we give people their medicines and often check to see we've done it properly."
- Managers routinely carried out spot checks and audits on staff medicines handling practices, including their record keeping. This helped ensure any medicines errors, including recording errors, would be identified and acted upon quickly. A community pharmacist representing the local authority who had recently conducted a medicines audit at the care home stated in their subsequent report that they were satisfied medicines were safely managed at Rosenmanor 1.
- Staff had been suitably trained to manage medicines safely and their competency to continue doing so was routinely assessed by their line manager.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered.

Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19. We received positive feedback from people about how the provider had managed COVID-19 during the pandemic. One person said, "Staff are very good at making sure they wear their face masks when they talk to us."
- Access to the care home had been restricted for non-essential visitors but was now open to a limited numbers of people, providing they followed the services strict IPC guidelines. This included having an up to

date negative COVID-19 test on arrival at the care home and wearing appropriate personal protective equipment (PPE) throughout their visit.

- Staff used PPE correctly and in accordance with current IPC guidance. Managers routinely checked staff were wearing their PPE safely. Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.
- The premises continued to be kept hygienically clean and the registered manager told us staff had increased the frequency they now cleaned high touch surfaces, which included door handles and grab rails.
- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived and worked there were routinely tested for COVID-19.
- Infection risks people living in the care home might face had been assessed and was well-managed by staff.
- However, the provider had not carried out infection risk assessments in relation to staff working at the care home. For example, no recorded risk assessments or management plans were available in respect of staff deemed to be in high COVID-19 risk groups, such as staff who were members of Black, Asian and Minority Ethnic groups or those with underlying health conditions.

We recommend the provider seek advice and guidance from a reputable source, about assessing and managing infection risks staff working at the care home might face, especially in relation to those staff deemed to be in high COVID-19 risk groups.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's care plans contained up to date person-centred risk assessments and management plans. These plans provided staff with clear guidance about the actions they needed to take to prevent or manage identified risks and hazards individuals might face. A community mental health care professional told us, "Our clients care plan and risk assessments were reflective of her complex care needs and I saw evidence of their crisis plan being put into action when it was required to keep her safe."
- Staff told us risk management plans gave them sufficiently detailed guidance on how to meet people's needs and keep them safe. Staff demonstrated a good understanding of how to prevent or manage risks people might face. For example, staff were aware of the signs they needed to look out for and the action they might be required to take urgently to prevent or safely manage a person's behaviour that might be considered challenging.
- Regular checks were completed to help ensure the safety of the environment.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- Easy to understand safeguarding information was displayed in the care home. People told us they felt safe living at the care home. For example, one person said, "I do feel safe living here. No problems with the staff who you can talk to if you're worried about anything."
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns raised. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse.
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused and appropriate safeguarding investigations carried out. The provider analysed such events and identified actions to take to prevent reoccurrence. At the time of our inspection no safeguarding incidents were under investigation.

Staffing and recruitment

- There were enough staff to meet people's needs and wishes.
- Staff were visible throughout the care home during our inspection. We observed staff on numerous occasions respond quickly to people's requests for assistance or to answer their questions. For example, we observed staff acted promptly to meet two people's requests to have their pre-agreed quota of money or cigarettes for the day before they went out on their own in the community, which was clearly stated in their individuals care plans.
- The service currently had very few staff vacancies and continued to experience relatively low rates of staff turnover. This meant the service was not reliant on temporary agency staff, which helped ensure people received continuity of care from a stable staff team who were familiar with their needs, wishes and preferences.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people who lived at the care home. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received.

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 planned comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were now consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had failed to ensure staff were always suitably trained to meet people's needs. This was because not enough staff had received up to date basic life support training. We discussed this issue with the provider at the time of our last inspection who confirmed dates had been arranged with their internal training manager to ensure all staff would complete a basic life support training course by September 2019.

At this inspection we found enough improvement had been made to address this outstanding training issue.

- People now received care and support from staff who had the right mix of skills, knowledge and experience to deliver it effectively.
- Staff had completed all the training they required to meet people's needs, including basic life support.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was now being routinely refreshed to ensure it remained relevant. Staff told us in the last 12 months they had completed a number of training courses, both online and in-person. One member of staff said, "I'm confident about doing a good job because of all the excellent training we get here."
- People described staff as competent. For example, a relative told us, "The staff are very good at what they do and I'm sure this is because they get lots of on the job training."
- Staff had ongoing opportunities to reflect on their working practices and professional development including, regular individual and group supervision meetings with their line manager and peers.
- However, most long-standing members of staff had not had their overall work performance formally appraised in the last 12 months, contrary to the providers own staff appraisal policy.

We discussed this staff support issue with the registered manager at the time of our inspection. They agreed to ensure all staff who had worked at the care home for more than 12 months would have their overall work performance appraised by the end of 2021. We will check this stated aim is completed.

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

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for

people with mental health care needs.

- Staff were aware of people's individual support needs and preferences.

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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff understood who they supported that lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they were happy with the overall quality and choice of meals they were offered at the care home. One person said, "I usually buy my own food to cook from the local shops so I can always choose what I have to eat." We observed staff offer and then prepare one person an alternative meal of their choice after they had declined to have the lunchtime meal that was advertised on that day's pre-planned menu.
- People's care plans included assessments about their dietary needs and preferences.

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

- People were supported to stay mentally and physically healthy and well.
- People's care plans detailed their health care needs and conditions.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of community mental health and other health and social care professionals.

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

- People lived in a suitably adapted and adequately decorated and furnished care home that meet their needs.
- Several people told us the service was a relaxed and comfortable place to live. One person said, "I've lived at Rosenmanor for a long time now and I do feel at home here."

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 requires improvement. At this inspection this key question has improved and is now rated good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure they effectively operated their governance systems. This was because they had not identified and/or act upon the issues we found during our last inspection. These failures included staff leaving large numbers of omissions on MAR sheets and essential records not always being accessible on request, including those relating to fire safety, staff recruitment and the outcome of complaints investigations. This represented a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made in respect of the way the provider now operated their governance systems. This meant the provider was no longer in breach of regulation 17.

- The registered manager was able to access quickly all the records we requested during our inspection. This included, for example, an up to date fire risk assessment for the building, personalised emergency evacuation plans to help staff evacuate people in the event of a fire, staffs pre-employment recruitment checks, and the outcome of complaints investigations the provider had conducted since our last inspection.
- The quality and safety of the service people received was routinely monitored by managers and senior staff. For example, they regularly checked staff were handling medicines safely and the care home was kept hygienically clean.
- These audits were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people. For example, the provider was in the process of implementing an action plan they had developed following a recent audit by an external community pharmacist who made a number of recommendations about how they could improve their medicines handling practices. A community mental health care professional told us, "I felt assured that the registered manager had good oversight of the service."

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

- There were clear management and staffing structures in place. The registered manager was supported by the various managers and senior staff including, a deputy manager and a senior team leader.
- People living at the care home, their relatives, community health and social care professionals and staff all spoke positively about the way the care home was managed. For example, a person living at the care home told us, "The manager is easy to talk too."
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home. The display of the ratings is a legal requirement, to inform people, those seeking information about the service

and visitors of our judgments.

- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

- People received personalised care from staff.
- The managers had a clear vision that was shared by the managers and staff. The registered manager told us they routinely used group team meetings to remind staff about the provider's underlying core values and principles.
- Managers were 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 apologise if things go wrong with care and treatment.

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 living in the care home, their relatives and external community professionals.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular house meetings which were well attended by people living in the care home and customer satisfaction surveys. The results of the most recent satisfaction survey indicated people living in the care home and their relatives were happy with the overall standard of care and support provided at Rosenmanor 1. A relative wrote in a survey, "This place provides my [family member] with high quality care in a home she tells me she is very happy living in."
- The provider 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 regular individual and group meetings with their line managers and fellow co-workers. Staff told us they received all the support they needed from the services management.

Working in partnership with others

- The provider worked closely with the Local Authority and community mental health care teams and regularly sought these external professionals and agencies advice and support. A community mental health care professional told us, "Rosemanor staff kept us updated at key moments as our clients care needs changed and were responsive when it came to joint working with us and the local mental health team."