Rosemanor Limited

Rosemanor-Hopton

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?	**Requires Improvement**

Overall summary

This inspection took place on 19 November 2014 and was announced. We provided the registered manager with 24 hours' notice of the inspection, because the registered manager is often out of the building supporting staff at other locations. We needed to be sure that they would be in.

Rosemanor-Hopton is a care home which provides accommodation for up 17 people with mental health needs who require nursing or personal care. At the time of the inspection there were 14 people using the service. There was a registered manager in place. 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.

Before people came to live at Rosemanor-Hopton, their care needs were assessed and from this information a care plan was developed, risks were identified and a management plan was implemented for each person. People had regular one-to-one meetings with their key

Summary of findings

worker; a keyworker is a member of staff assigned to the person. At a one-to one meeting, issues relating to the person's physical and mental health and social care needs were discussed.

Staff worked with people accordance with their care plan. Changes in the person's care needs were identified by staff and care was delivered to meet those needs. People were cared for in a way in which they preferred. We observed that staff engaged well with people. Staff spoke with people and had conversations about the plans they had for the day, one person said that they were going out for the day. When staff or people wanted to speak about confidential issues, they had access to a quiet room to have those conversations.

People were encouraged to participate in daily activities. People chose what they wanted to do for the week this was recorded onto a weekly timetable and provided to people for their use. People had strong links to the local community with health, social and probation services as well as voluntary organisations which supported people with drug and alcohol misuse and mental health issues.

Staff were aware of signs of abuse and how to report an incident of abuse to the local authority. Staff had received updated safeguarding adults training and there was a safeguarding policy in place. People consented to care they received and the registered manager and staff were aware of their responsibilities and the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Meals were provided for people and they could choose which meals they wanted to eat. There was a daily menu displayed, people were able to eat an alternative meal if they chose. Some people were supported with improving their daily living skills and staff supported them in the kitchen to prepare meals for themselves. There were areas available for people to eat in the dining room area.

There was a complaints policy in place and a document to record complaints. Staff encouraged relatives, health and social care professionals to provide feedback on the quality of the service. People were routinely asked for their feedback on the service and the service and external healthcare workers carried out regular quality audits. Staff and people had monthly meetings where various issues such as meals times and food were discussed, and recorded.

Summary of findings

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. People had risk assessments and management plans in place and staff demonstrated they had knowledge of people's needs.

There were sufficient staff on duty to meet people's needs. Medicines were managed safely by staff.

Good

Is the service effective?
The service was effective. People had their needs assessed prior to living at the home.

There was sufficient food available for people.

Staff were aware of the roles and responsibilities within the framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring. People told us that they were treated with care, kindness, dignity and respect by staff.

Staff engaged well and chatted with people during our inspection.

Good

Is the service responsive?
The service was responsive. Care plans and risks assessments were regularly updated and reviewed.

There was a complaints procedure in place for people, relatives and health or social care professionals to raise a complaint or concern.

Good

Is the service well-led?
The service was not well led. The service did not send us their Provider Information Return (PIR). There was a registered manager encouraged feedback from people, on the quality of care.

Staff had systems in place to monitor the quality of service delivery.

Requires Improvement

Rosemanor-Hopton

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 19 November 2014 and was announced. The provider was given 24 hours' notice of the inspection; it was given because the manager is often out of the building supporting staff at other locations. We needed to be sure they would be in.

The membership of the inspection team included one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made judgements in this report. We looked at information about we held about the home including records of notifications sent to us.

We spoke with seven people using the service, they provided us with permission to use the information they provided to us. We spoke with five members of staff and the registered manager. We looked at five care records and 14 medicine records for people using the service. We spoke with one social care professional. We reviewed records relating to the management of the service, including maintenance records, four staff records and team and house meetings minutes.

Good

Is the service safe?

Our findings

People who lived at Rosemanor-Hopton were kept safe from abuse or harm because the provider had arrangements in place. People told us they felt safe living at Rosemanor-Hopton. One person told us they had, “No concerns”, about their safety and another person told us, “Staff do enough”. Another person told us, “They are ok they do a hard job.”

Staff were knowledgeable about how to protect people from the risk of abuse and harm. They told us who they would escalate a concern to if they felt that a person had suffered potential abuse. There was a safeguarding policy in place and all staff had undertaken updated training. We saw records which demonstrated how staff had liaised with the local authority and appropriately, managed a recent safeguarding incident. A social worker linked to the home told us, “I have no concerns about the service; this is a service which meets [the person’s] needs appropriately.”

The service took reasonable steps to reduce the risks of financial abuse. The registered manager told us how they protected people from financial abuse by having systems in place to reduce the risk. We saw that there were records in place where staff managed people’s money. People had access to their money when they wanted to. We looked at the financial records of 14 people and saw that there were records of people’s income and expenditure and balance of money remaining for their use. People had signed on each occasion they received their money.

The service has a whistle-blowing policy. Staff were aware of the whistle-blowing policy and this was included in the employee handbook.

Each person had a risk assessment and management plan in place. For example, some people whose risk assessments identified them at risk of drug or alcohol misuse had a management plan which looked at their support. This included the support the person would receive whilst at home, any referrals made to local community support groups, support from a health or social care professionals and actions to take in an emergency situation. These plans were used to reduce the risks of drug or alcohol misuse.

People and staff were responsible for maintaining a hygienic environment in the communal areas, such as the kitchen and bathroom. The cleaning was not always completed as required. For example, one person told us, "Sometimes bathrooms are disgusting.” We observed two toilet seats were broken and two of the bathrooms required cleaning because the shower doors were visibly dirty. We discussed these concerns with the registered manager. These issues were acted on and staff arranged for the bathrooms to be cleaned and for the maintenance person to visit to replace the broken toilet seats. Following this inspection we confirmed that the repairs in the toilets had been completed.

Staff were not employed to work at the home until police checks and references were received. Once all checks were completed and received, staff completed a period of induction and shadowing. Shadowing, involved new staff working with an experienced member of staff to gain knowledge about people they worked with. All six members of staff we spoke with had experience and training in mental health. People received care and support from staff that were skilled and trained to meet their needs.

There were sufficient members of staff to meet people’s care and support needs. We saw a copy of the staff rota for the months of November and December 2014. There were carers and a senior member of staff on duty on each shift. There was a 24 hour on call telephone number where a senior member of staff could be contacted by staff if they required support or advice.

Staff managed people’s medicines safely. A senior member of staff assessed the competency of staff for giving medicines. Once the competency assessment was completed staff were able to manage people’s medicines without supervision. We saw four records of medicine management training and medicine competency based assessments, where staff had achieved the required standard.

When we looked at medicines records we saw that people were given all their medicines due, we saw the medicine administration records were completed and updated.

A medicine audit was carried out by an external company, staff had access to these results and they were discussed at a staff meeting. There were no concerns raised from this medicine audit. People’s medicines were managed appropriately, kept securely, with recording, ordering and disposal systems in place.

Good

Is the service effective?

Our findings

Staff were supported with regular training. The majority of staff had completed all mandatory training, which included, safeguarding adults, medicine management and mental capacity. Staff had regular training which equipped them to carry out their caring roles. Where new staff had come to work in the service recently, they had completed or were in the process of completing their induction programme.

Senior staff were responsible for providing supervision for care staff. Staff records showed that staff had received supervision every six to eight weeks. Supervision meetings discussed training and development needs, any areas of concern, and key working sessions. Supervisions were recorded and these notes kept on the staff record. Staff told us their supervision allowed them space for discussion, to get support and advice if required, which improved the delivery of care for people. Staff had completed appraisals for 2014-2015. Items which were discussed at the appraisal were also discussed in their supervision with any progress or changes recorded.

The registered manager and staff were aware of their responsibilities and the requirements of the Mental Capacity Act 2005 (MCA). Staff were aware of recent updates and had training in the MCA including the Deprivation of Liberty Safeguards (DoLS). During this inspection there were no people who were cared for under DoLS and there were no applications in progress made to the Supervisory Body. The Supervisory Body is the local authority who assesses and approves an application for DoLS. The service had a MCA policy in place which staff were aware of and had signed to confirm they understood the details of the policy.

People consented to care and support from staff. Consent was provided for a specific situation, for example all people had given their consent for their medicines to be managed by staff. Copies of signed consent forms were available.

People were provided with meals during the day and had access to snacks when they chose. Meals were planned with contributions from people and staff, meals provided met people's needs. Staff supported people by encouraging them to prepare and cook meals for themselves. Staff prepared an evening meal for people. One person told us "The prepared meals are good (evening meal)." People had the choice to have their meals when they chose and there was a variety of food available.

People's health care needs were monitored by staff and appropriate advice sought when needed. Where a person's mental health had deteriorated we saw referrals had been made to the GP for a psychiatric review which lead to hospital admission for treatment when appropriate. Staff knew people they cared for well and were able to detect when a person was unwell. Medical advice would be sought and the appropriate actions taken, dependent on the health care need.

Is the service caring?

Our findings

People told us staff were caring, treated them with compassion and kindness. One person told us, "They are caring. I would give them 9 out of 10 for caring." Another said, "I have plenty of time with staff." Another person told us, "Yes, they are kind."

During our inspection we observed that staff interacted with people in a caring and professional way. Staff told us they enjoyed caring for people living at the home. One member of staff commented, "The people here need care and support in many areas of their lives, not just their mental health. If people get the care that they need this will help them." A person said "The care is good, better than I have had elsewhere."

The care records showed that people had contributed to their assessment through documenting their life stories. One person told us, "It's not just about my mental health, staff care about me and ask me how I am every day." Staff demonstrated they had an understanding of the needs of people and were able to tell us how they supported them. One member of staff told us, "There are people here who do not like to wake up early in the morning, that's fine, we will support them when they are ready." Another member of staff said, "One person does not like to have their meals at set times during the day. Staff support the person with the preparation of meals when the person chooses." This demonstrated that staff understood people's preferences, respected people's wishes and people made decisions regarding their daily routines.

People were supported to be independent according to their abilities and needs. People were encouraged to develop their skills such as managing their personal hygiene, managing their laundry, meal preparation and cleaning. People with the support of their key worker, identified their needs and goals in these areas, and how they wanted to achieve them. For example, one person told us, "I couldn't cook for myself before coming here, now I can cook some basic food, it tastes ok."

We observed staff engaged well with people, they showed respect to them and made time available to discuss any issues or concerns they had and acted on them. For example, one person told us they wanted support from an advocate with experience in mental health services. By the end of the inspection, staff had made contact with a local advocacy service and an appointment with an advocate was made.

All people who came to live at Rosemanor-Hopton had an assessment of their care needs with a care support plan, risk assessment and management plan. All care records were stored securely and in a locked cupboard, staff had access to these when necessary. Assessments were undertaken to ensure that the service was able to meet the needs of people, prior to their admission to the home. These were reviewed regularly with the person; staff encouraged family and friends to visit when they chose during the day. Reviews were held with health and social professionals, so that any changes in their care needs were updated and reflected in their current care needs.

People had discussions with staff informally and in formal keyworker sessions and these were recorded and notes placed on the person's care record. The ways in which staff worked with people was discussed at team meetings, supervision, training and in the induction programme of newly appointed staff. We saw staff treat people with dignity and respect during the day of our inspection. We observed that staff respected people's privacy by first knocking on their bedroom door before entering. People told us they had a key to their bedroom which could be locked if they wished.

Is the service responsive?

Our findings

People and relatives were encouraged to participate in assessments and reviews for people. People were able to discuss the ways in which they chose to be cared for. Within the keyworker session people discussed what their short and long term goals were. We saw four examples where people had individual plans to meet their chosen goals. For example, strengthening personal relationships, moving into independent housing, seeking employment and furthering their education. People had action plans in order to reach their goals. Risks were identified and a risk management plan put in place to reduce the likelihood of them occurring. One person told us "They treat you as an individual."

People were supported to be as independent as possible, for example one person wanted to attend an addiction group. The person was supported to find a local organisation, contact was made with the organisation and a self-referral was completed by the person. Arrangements were made for the person to attend the addiction group during the week.

People, relatives and health and social care professionals provided feedback to staff. This information was used by staff to make changes to care delivery, so people received appropriate care which met their needs.

The service had a guide and people received a copy of this on admission. This service guide had information on advice and advocacy services, social and leisure activities, education and employment, and details of local and national helplines. Staff provided support to people to access mental health, health, and the probation services. Staff had working relationships with local services and services outside of the local area.

People were asked for their feedback through meetings, reviews key worker sessions and surveys. Staff took notice of people's comments and made changes to the service accordingly. For example, staff introduced a support group for people living at Rosemanor-Hopton to attend. People commented they would prefer to continue with their one-to-one keyworker sessions, this was agreed to by all and staff accommodated this change in service delivery to meet people's needs.

People told us they were aware of how to make a complaint. They were provided with information about how to complain if they were not happy with the care they received or the service. One person told us, "I have no complaints about this service but if I did I would be taken seriously and my complaints would be investigated thoroughly."

Is the service well-led?

Our findings

People told us that they felt that the service was well led. One person told us, “Yes the service is well led'. Another said, “This place is run well.” Another person told us the home was, “quite well run.”

There was a registered manager in post and they were aware of their responsibilities. For example, the registered manager is aware of the type of notifications the Care Quality Commission (CQC) need to be informed of. The registered manager had notified the CQC appropriately, we checked our records and the records held at the service and they matched.

Incidents and accidents were used as examples for learning for the staff during meetings. For example, an incident occurred when a person had not returned to the service at the end of the day. Based on this incident staff observed people entering and leaving the building. This observation determined promptly when people had not returned to the service. This action improved the care and safety for people.

External health and social care professionals visited Rosemanor-Hopton on a regular basis to complete audits and placement reviews with people and staff. This included local commissioning officers and a health worker to review medication.

Staff told us they felt that senior staff had listened to them. They told us there was an on call system where a senior member of staff was available, if required. Five members of staff told us the registered manager was available to support them when they needed. One staff member said, “When the my manager is here I can have a chat, if she is not here she is available on the phone.” Another member of staff told us, “There always a senior on duty I can talk to.”

Staff were provided with an employee handbook, which outlined the role and responsibility of each member of staff. Staff told us they were aware of the responsibilities of their roles and tasks they had to complete each shift. Staff were kept updated with changes in the service and in other issues which may affect care delivery. An example of this was the implementation of the service’s health and safety policies.

The registered manager supported and encouraged staff to update their knowledge through regular training, and discussions staff meetings. There was a service continuity plan in place in the case of an emergency; this plan met the needs of people whilst implementing strategies to maintain a safe environment to provide care for people.

People and their relatives were encouraged to provide feedback to staff, through monthly placement reviews, one to one sessions, in house meetings and through surveys. The results from one survey in 2014; showed that people had made comments about meals. People were consulted on how they would prefer to have their meals provided. All people responded and said they preferred to eat their meals when the chose and not at specified times during the day. Staff put this request into practice and people were able to eat their meals at a time they chose.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made judgements in this report. We looked at information about we held about the home including records of notifications sent to us.