

Social Responsibility Investments Limited

Rosina Gardens

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We visited Rosina Gardens on 27 and 28 February 2017. The inspection was unannounced.

Rosina Gardens provides rehabilitation and recovery care for up to 14 adults who have mental health issues.

The service had a registered manager until September 2016. A replacement manager had not been recruited at the time of the inspection. 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 told us they felt safe. The service had appropriate policies and procedures for safeguarding. Staff understood their personal responsibilities to recognise and report any suspicions of abuse. We found a number of areas of concern in relation to the environment and infection prevention and control. Medicines were not always managed safely. Risk assessments were in place for people using the service and provided staff with guidance to provide safe and appropriate care and support. There were sufficient numbers of staff to meet people's needs. Good staff recruitment procedures were in place.

We found gaps in some areas of training and refresher training. People were supported for by staff who had the knowledge and skills they needed to deliver effective care. Staff were supported to obtain further, relevant qualifications. Staff were aware of the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to have a healthy diet and to maintain good health.

People told us staff were supportive. People were supported to express their views and be involved in the planning and delivery of their care and support. Staff respected people's dignity and privacy and treated them with respect. People were also encouraged and supported to be independent.

People received person centred care that was focussed on their needs. Support plans and risk assessments were developed with people using the service enabling staff to deliver safe and appropriate care and support. People were encouraged to take part in activities to reduce the risks of social isolation and to enhance their lives. The service regularly obtained feedback about people's experiences of the service. The service had appropriate processes for dealing with complaints.

Systems to assess and monitor the quality of the service were not always effective as they did not always identify or address areas requiring improvement such as training. Staff meetings were held every month giving staff the opportunity to feedback their thoughts about the service. Records relating to the provision of care were up to date, appropriately stored and fit for purpose.

In relation to the concerns we have identified you can see the action we have told the provider to take at the

end of the full version of the report.

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 not always safe. People felt safe and staff understood their personal responsibilities to recognise and report any suspicions of abuse. There were a number of concerns about the environment including risks and infection prevention and control. Medicines were not always managed safely. There were sufficient numbers of staff to meet people's needs. Assessments in relation to people using the service identified risks and guided staff on how to address them.

Requires Improvement ●

Is the service effective?

The service was not always effective. There were gaps in training and refresher training. Staff had the knowledge and skills to deliver effective care. The service was working within the principles of the Mental Capacity Act. People were supported with their nutrition and healthcare.

Requires Improvement ●

Is the service caring?

The service was caring. Staff were supportive. People were supported to express their views and were involved in their care and treatment. People were treated with dignity and respect and encouraged to be independent.

Good ●

Is the service responsive?

The service was responsive. People received person centred care that was focussed on their needs. They were encouraged to be involved in activities and maintain relationships with family and friends. The service sought feedback about people's experiences.

Good ●

Is the service well-led?

The service was not always well-led. The systems for monitoring and assessing the service were not always effective. The service sought feedback from staff in order to improve. Records relating to the provision of care by the service were fit for purpose.

Requires Improvement ●

Rosina Gardens

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 27 and 28 February 2017 and was unannounced.

The inspection was carried out by an adult social care inspector.

We reviewed information we held about the service. We spoke with four people using the service, four members of staff and the deputy manager. We carried out general observations throughout the inspection. We looked at records about people's care and support which included three support plans. We reviewed four staff files, policies and procedures, general risk assessments, complaints and service audits.

Is the service safe?

Our findings

People told us they felt safe. The service had policies and procedures for safeguarding vulnerable adults and whistle blowing. We spoke with staff about safeguarding and they showed they had a good understanding of the different types of abuse, reporting concerns, escalation and whistle blowing procedures. This was despite the fact they had not completed any safeguarding refresher training in the previous 14 months.

In general terms the service provided a safe and comfortable environment for people, staff and visitors. The new provider informed us there was a rolling schedule of improvements planned. Although we accepted improvements were planned the provider had been in place for almost 11 months and there was little visible improvement. We found a number of areas of concern in relation to the environment.

There was no real understanding of the risks associated with ligature points. Although the previous provider had fitted ligature proof handles on all the doors there was no appreciation of other ligature points nearby. For example, one bathroom door had an anti-ligature door handle yet on the inside had coat hooks screwed to the door. The service did not have an up to date ligature assessment of the interior and exterior of the building. Many of the people using the service had a history of self-harm. In addition, people from the sister home next door could come into Rosina Gardens to mix with people living there and be involved in communal activities. The people from the sister home were at a much higher risk and two had identified risks in relation ligature points. The service had installed limiters on all windows above the ground floor.

We noticed the carpet on the stairs was worn in places. On six steps the thread was showing through and could easily develop into a trip hazard. In addition, the stair carpet was not secured to the stairs in places and was loose. This meant anyone standing on the edge of an insecure piece of stair carpet would be at risk of falling. The wooden decking at the rear of the premises was extremely greasy and slippery when wet. There was no anti-slip covering on the decking increasing the risks of slips and falls.

These concerns we have identified were a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst examining the environment we found other areas of concern in relation to infection prevention and control. These centred mainly on the kitchen area. The serving hatch from the kitchen to the dining room had a painted base that was severely chipped making it impossible to clean effectively. We found two areas of a Formica type work surface near to the cooker and the sink were worn. The shiny surface had been worn away and meant these areas of the worktop could not be cleaned effectively. Some of the wall tiling was broken or cracked. Tiles were missing around the air outtake between the cooker and cupboard. Although some tiles had been deliberately removed with a view to creating a window these areas could not be cleaned effectively. We also noticed the floor tiles were cracked in places. The bottom of the splash back was covered in grease to the left and right. These were areas that were difficult to reach when cleaning the splash back. One of the refrigerators was in serious need of defrosting. In places the ice was over an inch thick. It was difficult to move the trays containing frozen food and it was surprising the door shut. The

presence of ice indicated the door seal was damaged or the drain was blocked. It also meant food might not be properly frozen or had defrosted and frozen again presenting a risk to people's health. The wooden flooring that was prevalent on the ground floor had been poorly fitted and over the years had moved and shrunk. Consequently there were many areas with small gaps between the floorboards which had collected detritus over time. Despite these findings, the service was otherwise clean and tidy.

These concerns were a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found medicines were not always managed safely. To ensure medicines were stored at appropriate temperatures the service had systems in place to record room and refrigerator temperatures daily. We found these daily checks had not been completed for 21 days in December 2016, 24 days in January and had been completed twice in February 2017 before the start of our inspection. Medicines need to be stored within certain temperature parameters to prevent deterioration. The lack of daily checks meant the service was not ensuring those parameters were being met every day.

Two people were using insulin. Insulin needs to be refrigerated and stored between two degrees centigrade to 8 degrees centigrade. We found no risk assessments in relation to people taking insulin by vial injection or insulin pen. When we checked records of the administration of insulin some staff were recording the quantity given in millilitres (ml) rather than units. For example, we saw two entries where 30 ml of insulin had been recorded as being administered when it should have been 30 units (one ml is equal to 100 units). It was apparent these were a recording errors rather than a medicines error. If medicines administration is not recorded accurately there is a risk of overdosing or under dosing.

When we were looking at care records for one person we found they were allergic to penicillin and aspirin. These allergies were not recorded in medicines records and it was evident the pharmacist was unaware of these allergies because the allergies box on the monitored dosage system was blank.

These concerns we identified around medicines management we a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other than our concerns outlined above, we found the service identified and recorded risks in relation to the care and support they provided for each person using the service and assessed how they would address them. They reflected care and support plans including people's needs, goals and preferences and covered diverse areas such as finances, self-harm, behaviour that challenges, medicines, substance abuse and daily living. Risk assessments were created in consultation with people using the service and we saw evidence of this in records. The majority of risk assessments supported staff by providing clear guidance about how to practically deal with identified risks in terms of prevention or response. For example, there was clear guidance on how to deal with one person when they became verbally aggressive.

There were sufficient numbers of staff to meet people's needs. Staff told us they were happy with the numbers of staff on each shift. We looked at staff rotas which reflected people on duty. We found the service had appropriate procedures in place for recruiting staff. We confirmed the procedures had been applied when we checked staff records. Staff could not start their employment at the service until they had passed enhanced checks with the Disclosure and Barring Service.

Is the service effective?

Our findings

The service was not always effective. Training and refresher training for staff was not taking place at a sufficient rate to ensure staff had appropriate and up to date training to support them to deliver safe and appropriate care to people. We asked for training records and were supplied with a training matrix for 2016 and 2017. The matrix showed large gaps in staff training. For example, only the deputy manager was up to date in medicines training and no staff had completed training or refresher training in the: prevention and control of infection; Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS); safeguarding; health and safety; and, basic life support. We noted the service had not provided any training that was specific to mental health. The matrix did not show what training had been completed by people before 2016.

These failures to ensure staff were appropriately trained were a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service has an induction programme for new employees. The deputy manager told us the induction programme included shadowing experienced staff and fed into the Care Certificate which sets out the learning outcomes, competences and standards of care expected from care workers.

We found staff were supported with periodic supervisions and annual appraisals. These were part of the process for assessing staff competence and identifying areas requiring improvement. We were assured by the deputy manager that a schedule of supervisions and appraisals would continue until a new manager was recruited. One member of staff told us, "They are useful ... I can air my opinion."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw documentary evidence of people's consent to care and support, mental capacity assessments, DoLS' authorisations and best interests meetings.

People's nutrition and hydration needs were met. The service employed two chefs to provide meals. They were aware of people's dietary needs. One person told us they were able to choose what they wanted to eat and, "On Saturdays we have a cooked breakfast." Another person said, "We have a choice of two meals and

on Saturdays we have a cooked breakfast, I don't really like it." Drinks and snacks were available to people outside of normal mealtimes.

We found the service supported people with their healthcare needs. People were encouraged to keep appointments in the service and out in the community. People were registered with a local GP and where required attended local clinics for blood tests. Staff told us people using the service had their weight monitored and this was confirmed in records. Unusual weight loss or gain provided an indicator of possible health problems.

Is the service caring?

Our findings

People told us the staff were 'okay,' 'good' and 'supportive.' One person told us, "They really support me." One member of staff told us, "People need a lot of support and encouragement." Another member of staff said, "I like what I do. I love the people here and just want to help them."

We observed two support workers at different times interacting with people in the lounge and dining room. Both were pleasant and had a good way with people using the service. They maintained a positive attitude and were regularly chatting with people and engaging them. They were not rushing around or task orientated. It was evident from people's responses they enjoyed speaking with these members of staff.

We observed staff knocking on doors before entering people's rooms and calling people by their preferred names. Staff told us people chose when to get up, what they wanted to eat or wear and if they wanted to take part in any activities, and respected the choice people made. We saw examples where staff respected people's choices such as one person wanting to watch TV in the afternoon rather than join in other activities.

We found people were supported to express their views and were involved in and consented to making decisions about their care and treatment. One person using the service told us they had been involved in their care planning and risk assessments when they were reviewed and were asked to sign them. Records tended to confirm people's involvement but there were some gaps in support plans and risk assessments.

Staff respected people's dignity and privacy and treated people with respect. People and staff referred to each other by their preferred names. We saw people and staff laughing and joking. Where people were unhappy about being asked to do things staff provided encouragement or waited for a while before asking again. Discussions about care and support took place in private away from other people using the service.

People were also supported and encouraged to be as independent as possible. For example, most people were given guidance, prompting and reminders about daily living tasks such as personal hygiene, finances, appointments and laundry. Two people wanted to join Weightwatchers and were supported to do so. People were able to go and come as they chose to do so. We observed numerous people leaving the premises to use local amenities in the nearby town centre.

Is the service responsive?

Our findings

People received personalised care. We looked at care records and support plans and found they were person centred and addressed a wide range of people's needs. The support plans also contained relevant risk assessments for each person and focussed on people as individuals. Needs assessments were completed before people came to live at the service taking into account diagnoses and professional support and advice. These assessments were used as the basis for developing support plans and risk assessments. People, or where appropriate their representatives, were involved in this process.

The provider employed a psychiatrist, psychologist and occupational therapist. The psychiatrist carried out weekly ward rounds and when completed provided the deputy manager with an action plan for each person using the service. The psychologist attended community meetings and came to the service to support individual patients when required. The occupational therapist supervised and supported the full time activities coordinator to provide a variety of appropriate activities. The clinical professionals provided support for people's mental healthcare.

The service encouraged people to become involved in activities both individually and in groups both within the service or externally including singing, cooking, swimming, aromatherapy and talks from staff on topics such as healthy eating. Activities were important for people because they reduced the likelihood of social isolation or distancing and enhanced their lives. One person told us they liked playing cards and board games. People's involvement in activities was recorded under the OT section of the care records and in daily notes. People were also encouraged, where possible and appropriate, to maintain relationships with family and friends. Visits were welcomed provided they did not adversely impact other people using the service.

We found the service had systems to obtain people's feedback about their experiences of the service. People attended community meetings every month. One person told us, "We talk about what is going on in the community." Discussions revolved around the day to day running of the home. People were also encouraged to complete a monthly survey where they could identify issues anonymously if they wanted to do so. This meant people who were not comfortable raising issues in a community meeting were enabled to provide feedback about their experiences of the service. Any concerns raised were reviewed by the deputy manager and where deemed appropriate changes were made to improve the service.

The provider had appropriate policies and procedures to deal with complaints. People told us if they had any concerns or complaints they would inform a member of staff or the deputy manager. We were satisfied that complaints were handled appropriately by the service.

Is the service well-led?

Our findings

The service had quality assurance systems to assess and monitor the quality of service they were providing. The system was based on the one put in place under the previous provider and included periodic reviews and audits. This enabled the service to identify and address risks to the health, safety and welfare of people, staff and visitors. Care records were reviewed periodically or when there was a change to the needs of a person. We looked at regular audits took place covering areas such as medicines, kitchen, laundry, training and food hygiene. Any problems identified were referred to the provider and HR department for information or for action at a more senior level. Many of the audits were the tick box variety or a yes or no answer. It was evident from some of the issues we have identified in this report, such as poor staff training, that the quality assurance systems were not working effectively either because they did not identify failings or the provider was not addressing the problems identified.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The last registered manager left the service in September 2016. The service has made attempts to recruit a new manager but nobody had been appointed at the time of the inspection. A deputy manager had been appointed from support staff on merit but lacked the support of a more experienced manager.

In addition to supervision sessions we found the service held staff meetings once a month. These meetings were minuted as a record of the meeting and enabled staff who had been unable to attend to review what had taken place. Meetings included discussions about the running of the service and staff related topics such as staff rotas and training. The deputy manager told us everybody at the meeting was open and contributed. Staff were not afraid to air their views and provide feedback. Where possible, the deputy manager made decisions at the meeting and feedback what they would do. If issues raised were more complicated they would be taken to the provider and human resources (HR) department. The results were fed back to staff. One member of staff told us, "It's a new company and they are finding their feet."

The service recorded accidents and incidents in a specific book. Each occurrence was recorded noting what had happened, what the immediate and longer term responses were and the result. If any learning was identified it was used to direct improvements at a service or provider level. The incidents we viewed were of a minor nature and had not generated any learning. We checked our records and found the service complied with the statutory requirements in relation to CQC notifications and safeguarding. The numbers and types of incidents were within normal parameters for comparable services.

We found that records relating to the provision of the regulated activity by the service were generally fit for purpose other than the exceptions identified in this report. They were readily accessible, up to date, legible and accurate. Where appropriate records were stored securely and restricted to those people authorised to see them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Parts of the building and exterior areas were not appropriately maintained to ensure the safety of people, staff and visitors. Medicines were not always safely managed. Regulation 12(2)(b)(d)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Poor maintenance of the building did not allow the service to maintain standards of hygiene appropriate for the purposes for which they were being used. Regulation 15(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not effectively assess and monitor the quality of the service. Regulation 17(2)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a)

