

Signature Health and Living Ltd

# Rosemanor-Hopton

## 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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Rosemanor-Hopton on 28 July 2017. This was the first inspection of the service since it was transferred to a new provider in March 2016.

Rosemanor-Hopton is registered to provide accommodation for a maximum of 17 adults who require nursing or personal care. At the time of our inspection, Rosemanor-Hopton was home to 16 male adults with mental health difficulties.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was being managed day-to-day by a manager who had been appointed three weeks before our inspection.

The home is situated in a residential road close to Streatham High Road with access to good transport links and a variety of shops. The home was of a suitable layout for the people living there but needed to be refurbished.

People were not adequately protected against the risk and spread of infection because the provider did not have effective systems in place to ensure that an appropriate standard of hygiene and cleanliness was maintained. The communal areas of the home were visibly unclean.

People felt safe living in the home and staff knew how to report any concerns. However, people were not always protected as they could be against the risk of avoidable harm because the provider did not have appropriate arrangements in place to ensure that risks to people were adequately assessed and managed. Furthermore, staff were not always aware of the content of people's risk management plans.

People received their medicines as prescribed and there were appropriate arrangements in place for ordering, storing, recording and disposing of people's medicines. People were satisfied with the quality of their meals and told us they had a sufficient amount to eat and drink. Staff worked with external healthcare professionals to support people to maintain good health.

The provider used effective and safe staff recruitment procedures which were consistently applied. The provider did not offer newly appointed staff an appropriate induction and this affected their ability to provide effective care.

There was a sufficient number of staff to meet people's needs. People were complimentary about the staff. Staff respected people's privacy and interacted with people in a caring and respectful manner. However, people were not as involved in their care planning as could be and the care people received was not personalised.

Improvements were required to ensure the service was well-led. The registered manager and provider did not have effective quality assurance systems in place to assess and monitor the quality of care people received.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to people being at risk of avoidable harm; people not being protected from the risk and spread of infection; staff not receiving an appropriate induction; the lack of person-centred care and the lack of effective systems to assess and monitor the quality of care people received.

You can see what action we asked the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

Care was not always planned and delivered in a way that protected people from foreseeable harm.

People were not protected from the risk and spread of infection because the standard of cleanliness required improvement.

The provider operated a safe recruitment procedure and there was a sufficient number of staff to help meet people's needs.

People received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not effective.

People were cared for by experienced staff. However, they did not receive an appropriate induction which enabled them to support people effectively and safely.

The manager and staff understood the main principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient amounts to eat and drink. People received care and support which helped them to maintain good health. People had access to a variety of external healthcare professionals and services.

**Requires Improvement** ●

### Is the service caring?

Some aspects of the service were not caring.

The provider did not support people to be actively involved in planning their care.

**Requires Improvement** ●

Staff were kind and caring. They treated people with dignity and respect. People's difference and values were recognised and respected.

### **Is the service responsive?**

Some aspects of the service were not responsive.

People did not receive care that met their individual needs.

People had the opportunity to feedback on the care they received. There were appropriate systems in place to receive, log and monitor people's complaints.

**Requires Improvement**



### **Is the service well-led?**

The service was not well-led.

We found breaches of the regulations.

The systems in place to assess and monitor the quality of care people received were not as effective as they needed to be. This meant that people were at risk of receiving care and support which was ineffective or unsafe.

**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 28 July 2017 and was unannounced. The inspection was in part, prompted by concerns raised regarding people's safety, a lack of appropriate staff induction, environmental issues and governance within the service. The inspection was conducted by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During the inspection we spoke with five people living in the home and four staff members including the manager. We also spoke with the registered manager, the quality assurance manager and a representative of the provider. Some people living at Rosemanor-Hopton were unable to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to give us their feedback.

We looked at five people's care files and three staff files which included their recruitment records. We reviewed records relating to staff, maintenance and quality assurance, as well as a variety of policies and procedures.



# Is the service safe?

## Our findings

The provider did not have appropriate arrangements in place to minimise the risk and spread of infection. People told us, "The place needs a good clean", "The decoration in here needs updating; it's very old and tired, a bit dirty and we need new furniture. Look at it it's stained" and "We need some new furniture. Look at this sofa it's filthy and the bathrooms are not much better."

We saw Christmas decorations hanging in the corner of the communal lounge which suggested the lounge had not been thoroughly cleaned this year. There were food and liquid stains on the walls in the communal lounge and liquid stains on the sofas in the communal lounge. The armrests of the sofas in the communal lounge were soiled. We saw clumps of dust hanging out of the radiator. There was built-up dirt on the skirting boards and in the corner of all the rooms we went into, including people's bedrooms and communal areas. The covering on the dining table was stained and had food stuck to it and the flooring around the dining table was sticky.

In the ground floor communal bathroom we found that the handle to flush the toilet was broken. There was mould around the shower cubicle and water was left on the bathroom floor after the shower had been used. Used disposable razors were left on the shelf in two of the communal bathrooms we went into. There was a strong smell of stale tobacco on the second floor of the home and this was also present in some people's rooms.

We asked to see the cleaning rota for the six weeks leading up to our inspection but the manager and staff could not provide us with it. We raised our concerns about the standard of hygiene and cleanliness with the registered manager and manager. We showed the registered manager areas of the home which were visibly unclean and she acknowledged that it was unacceptable. The manager told us that staff were responsible for cleaning the home as part of their daily duties but had concerns about the standard of cleanliness and had raised this with the provider. As a consequence, the provider had arranged for a cleaning company to clean the home over several days. This process had started at the time of our inspection.

However, we remain concerned that the registered manager and provider had not established effective systems to help ensure the home was regularly cleaned to an appropriate standard. The lack of appropriate arrangements in place to ensure the home was clean and hygienic is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected against foreseeable harm because the provider did not have appropriate arrangements in place to ensure that risks to people were adequately assessed and managed. In three of the five care plans we looked at, people did not have up to date risk assessments. It was evident from speaking to staff that they did not know the details of people's risk management plans.

In one instance, a person who was at risk of choking had a detailed risk management plan prepared by the Speech and Language Therapy (SALT) team. The risk management plan detailed how staff should support the person at mealtimes to avoid the risk of choking. However it was evident from observing staff interaction

with the person at lunch, that they were not fully aware of the details of the person's care plan and that the person was at risk of choking. After lunch, we spoke with two of the staff involved in supporting the person at lunchtime. They both told us that although they had seen the risk management plan prepared by the SALT team, they did not know the details and did not refer to the care plan regularly.

The provider and registered manager's failure to ensure that risks to people were appropriately assessed and managed is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe from abuse and knew what to do if they felt at risk of abuse. People commented, "Yes I feel safe here at the moment", "I'm good. I'm safe" and "The carers are very nice." The provider had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person living at the home was at risk of abuse. Staff knew how to report their concerns internally and externally.

We looked at the systems in place for administering and recording people's medicines. There were clear, detailed policies and procedures for staff to follow covering the different aspects of medicines management. Staff had been trained in the safe administration of medicines. People told us they received their medicines as prescribed. We checked four people's medicines and their medicine administration records. Although we found three gaps in two people's medicine administration records, a tally of the medicines remaining indicated that they had been administered.

The provider operated safe recruitment practices and appropriate checks were carried out before staff were allowed to work with people alone. Records indicated that the provider's recruitment practices were consistently applied. Staff were only recruited after an interview to assess their suitability for the role, receipt of satisfactory references, proof of identity, the right to work in the UK and disclosure and barring (DBS) security checks had been carried out. The DBS helps employers make safe recruitment decisions by processing criminal record checks (DBS check) and checking whether or not people are barred from working with vulnerable groups. Staff were also required to complete a health questionnaire which enabled the provider to check that they were physically and mentally fit to care for people. These measures helped to ensure that only staff suitable for the role were employed by the provider.

Staffing levels were determined by the number of people living in the home and the level of support they required. We observed that there was a sufficient number of staff to meet people's needs and this was confirmed by the people we spoke with. One person told us, "There's always two or three of them around."

The home was of a suitable layout and design for the people living there. However, it was in need of maintenance and redecoration. The woodwork and painted walls in the communal areas and people's rooms was scuffed and chipped. The provider had identified that the home was in need of redecoration and had taken steps to source a contractor to carry out the work. We will check that the work has been carried out at our next inspection.





# Is the service effective?

## Our findings

People received care and support from staff before they had received an appropriate induction. Although staff told us they received an induction before they started to work at the service, the induction was not sufficiently detailed to enable staff to effectively meet people's needs. The provider did not keep records of the induction process, it was therefore impossible for us what was covered. One staff member told us, "I had an induction that lasted a day. I was shown around the home and told about the emergency procedures. I was also told a bit about the service users and told where to find their care plans." Another staff member told us, "My induction lasted for two days. I was shown around and went through some policies and some service users files."

The lack of appropriate induction meant that newly appointed staff were not fully aware of where important information about people was kept such as, care plans or what was in people's care plans. This made it difficult for newly appointed staff to provide safe and effective care to people with complex needs or people who were unable to communicate their needs and preferences.

The provider's failure to support staff through an induction is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system in place to identify staff training needs. Staff received training in areas relevant to their role such as, administering medicines. Staff received supervision during which they had the opportunity to discuss their training needs and any issues affecting their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Staff had a good understanding of the requirements of the Mental Capacity Act (MCA) 2005 in general and the specific requirements of the DoLs. They understood the importance of gaining people's consent. Throughout our inspection staff we observed that staff sought people's permission before providing any care or support. 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.

When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interest. Where applications had been made to the local authority for DoLs the registered manager kept detailed records of the applications made, those returned to the service and when the authorisations were

due for review.

People told us they were given a sufficient amount to eat and drink. People were satisfied with the quality and choice of their meals. People commented, "I think the food is very good here" and "I like the food." Staff supported people to maintain good health. People were supported to attend appointments with their GP and other external healthcare professionals as required.

# Is the service caring?

## Our findings

People were supported by a caring staff team. People living in the home made positive comments about the staff such as, "I think they do a good job", "The staff are great" and "The carers are very nice. I love living here."

Staff spent time interacting with people and people were very relaxed with the staff. Staff spoke to people in a kind and respectful manner. They respected people's dignity and privacy. We observed and people confirmed that staff knocked on the door and asked for permission before entering people's rooms. People who preferred to spend time alone were left to do so.

People were supported at a pace that suited them. People told us that when they were feeling unwell and asked for assistance, staff responded quickly and displayed empathy. Staff were patient and assisted people to communicate their needs. People told us they felt able to express their views and give feedback to staff and we observed this happening during our visit.

However, we felt that the provider could do more to support people with communication difficulties to express their views and be actively involved in planning their care. The provider did not have any systems in place to ensure that people were as involved in making decisions about their care and support as they wanted to be. We raised this with the manager who told us this was an area they wished to improve. We will check that the systems in place to support people to express their views have been improved at our next inspection.

People's values and diversity were understood and respected by staff. People from other cultures told us they were able to eat the food they preferred. People's religious and spiritual needs were taken into account. For example, people who could not eat certain foods for religious reasons were offered alternatives.

# Is the service responsive?

## Our findings

The provider had systems in place to ensure that people's needs were assessed but people's care and support was not planned with a view to achieving their preferences and ensuring all their needs were met. The care plans we looked at contained information which focused mainly on people's health care needs and medical history. We saw little information about people as individuals; their emotional and social needs, preferences or personal history. In one person's care plan we found the information referred to a different person. People's rooms contained very few personal items other than clothing and toiletries; they did not reflect their age, gender, interests or cultural background. This made the home feel more like an impersonal institution than a home.

The people we spoke with could not remember whether they had been involved in the care planning process and there was no evidence of their involvement in the care plans we looked at. The lack of person-centred care planning meant that staff were unable to provide person-centred care as there was insufficient information in people's care plans about their routines, preferences and dislikes. In any event, not all staff knew how to access people's care plans which indicated that staff were not consulting people's care plans on a regular basis.

People who had less complex needs were satisfied with the quality of care they received. One person told us, "I'm happy here. Sometimes I go out with my friends and sometimes I go out on my own." However other people commented, "I'd like to go out more but apart from that I'm ok" and "There's nothing much to do here except watch TV. That's what we do all day." While we were at the service three people spent the whole time in the lounge watching television.

The registered manager told us that care plans were reviewed monthly. However, three of the five care plans we looked at had not been reviewed in the previous 12 months. This meant the provider could not be sure that people's goals were being met and that their care plans were still relevant.

The care and treatment people received did not always meet their needs or reflect their preferences. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had the opportunity to give formal and informal feedback on the care and support they received. We saw that the new manager had started holding residents' meetings. Records indicated that a variety of issues were discussed by people such as, whether they were happy with the food and whether they wished to develop their life skills.

People told us they would speak to the staff or the manager if they wanted to make a complaint and were confident it would be dealt with appropriately. Records indicated that where the provider had received a complaint, the complaint was recorded, promptly responded to and appropriately resolved..

# Is the service well-led?

## Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager is a 'registered person'. 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. The registered manager should be in day-to-day charge of carrying on the regulated activity.

The registered manager had delegated her management role to a newly appointed manager. The registered manager was not based at the service and did not work at the home on a full-time basis as she was also responsible for other services. Staff told us the registered manager attended the service about once a week. Since the manager had been appointed there was a new management structure in place which staff understood, but not everybody living in the home was aware of. Two people commented, "I'm not sure who is in charge" and "I don't know who the manager is."

When we stated our concerns about the lack of appropriate risk assessment and management; the poor standard of hygiene and cleanliness; the lack of appropriate induction and the standard of care planning the registered manager was unaware of some of the issues we pointed out which suggested that the registered manager did not have oversight of the service and was not as involved in the day-to-day running of the service as was required. Consequently, some aspects of the service which required regular input from the registered manager were not meeting the regulations.

People's care records were not well-organised or up to date. They were not fit for the purpose of enabling staff to provide person-centred care. Not all staff knew where people's care plans were kept.

A variety of audits were regularly conducted by the provider. These included audits to check infection control, maintenance of the home and medicine administration. However, the systems in place were not as effective as they needed to be as they had not identified the areas which we identified as requiring improvement during our visit. Within two weeks of starting at the service, the manager had conducted an audit of staff practices in relation to medicine administration and found multiple areas which needed improvement. These had not been identified by the provider's medicine audits. This meant the provider did not establish or operate effective systems or processes to enable them to assess, monitor and improve the quality and safety of the services provided.

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

Registered providers must notify us about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care and treatment of people received did not meet their needs and reflect their preferences. The provider and registered manager did involve people in an assessment of their needs and preferences in order to design care or treatment with a view to achieving people's preferences and ensuring their needs are met.</p> <p>Regulation 9 1(b),(c) 3(a),(b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided to people in a safe way because the provider and registered manager did not assess the risks to the health and safety of people of receiving the care or treatment; and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 - 1 and 2(a),(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises used by the provider was not clean or properly maintained. The provider and registered manager did not maintain standards of hygiene.</p> <p>Regulation 15 - 1 (a), (e) and 2.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Persons employed by the provider in the provision of the regulated activity did not receive appropriate induction as is necessary to enable them to carry out the duties they were employed to perform.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager did not establish or operate effective systems or processes in order to assess, monitor and improve the quality and safety of the services provided;</p> <p>or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>or maintain an accurate, complete and contemporaneous record in respect of each person using the service.</p> <p>Regulation 17 - 1 and 2(a)(b)(c)</p>

### The enforcement action we took:

We served the provider a warning notice and told them to meet the regulation by 8 September 2017.