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La Rosa Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

La Rosa Care Home is a residential care home for seven people with mental health issues. The service is a large residential home based over three floors in the London Borough of Lambeth. At the time of the inspection there were five people using the service.

At our last inspection on 15 December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive support from staff to maintain their safety. Staff were aware of the providers policy on reporting and escalating suspected abuse. Staff received on-going training in safeguarding and whistleblowing. The service had devised, monitored and developed risk management plans that identified risks and gave staff clear and current guidance on how to mitigate identified risks. Where incidents had taken place, these were regularly reviewed to learn from them.

People's medicines were managed safely to ensure they received their medicines as prescribed. Records confirmed medicines were audited regularly to ensure any errors identified were addressed swiftly.

People continued to be supported by sufficient numbers of suitably qualified staff to keep them safe. Staffing levels were flexible to meet people's changing needs. Staff continued to receive effective training to enhance their skills and knowledge. People received support from staff that reflected on their working practices through regular supervisions and annual appraisals.

Cleaning schedules were in place in line with the provider's infection control policy, to minimise the risk of cross contamination. Maintenance issues were identified and action taken to rectify the issue was taken in a timely manner.

People were encouraged to maintain their independence, gaining daily living skills to enhance their lives. People's health and wellbeing was regularly monitored and where concerns were identified, action was taken in conjunction with healthcare professionals to address this and changes implemented into the

delivery of care.

People continued to be encouraged to make decisions about the care and support they received. Consent to care and treatment was sought prior to care being delivered. Staff received on going training in Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to develop their care plans, wherever possible. People were encouraged to share their views around how they wanted to receive care. Care plans were person centred and reviewed regularly, changes were shared with staff.

People were aware of how to raise a complaint. Complaints were documented and action taken swiftly to minimise repeat incidents and seek a positive resolution.

People continued to be supported to develop end of life care plans, in a way that did not affect their mental health.

People, their relatives and staff spoke positively about the registered manager and management team as a whole. People were encouraged to share their views in an open and inclusive service that sought people's views in a way to improve the service.

The registered manager carried out regular audits of the service to drive improvements. Audits were reviewed and action plans implemented where required.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

La Rosa Residential Care Home

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 comprehensive inspection was unannounced and took place on 1 May 2018.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, including information from members of the public, notifications sent to us by the provider and the Provider Information Return. A PIR is a document the provider sends us, to share key information on how what the service does well and any areas of improvement they plan to make.

During the inspection we spoke with one person, two care staff, the registered manager and the provider. We reviewed three care plans, two medicines records, two staff files, policies and procedures, audits and other records relating to the management of the service.

After the inspection, we spoke with one relative. We also contacted three healthcare professionals to gather their views of the service however we were unable to speak with anyone.

Good

Our findings

People told us they felt safe living at La Rosa Care Home. One person said, "Yeah, I feel safe. The staff keep me safe." A relative told us, "I do think [relative] is safe and happy there. I do feel [relative] will speak up for himself if there was something untoward going on and would certainly tell us. [Relative] is comfortable speaking to staff members." A staff member told us, "I think we [staff members] work well together and there are enough of us to deal with any situation [we encounter]."

The service continued to protect people from the risk of avoidable harm and abuse. Staff were aware of the correct procedure in identifying, reporting and escalating suspected abuse. Staff told us and records confirmed they received training in safeguarding and whistleblowing. Staff also confirmed they would report all alleged abuse and would escalate this to the local authority safeguarding team if required.

The provider had developed robust risk management plans that identified known risks and gave staff key strategies to follow when faced with the risk. The service took a proactive approach to the management of risks. Risk management plans covered, for example, relapse in mental health, self- neglect, compliance with medicines and finances. Incidents and accidents that took place were monitored and reviewed by management to ensure lessons were learnt. Where appropriate, healthcare professional involvement was sought in the development of risk management plans..

People's medicines were managed safely and in line with good practice. Medicine Administration Records (MARs) were completed correctly, with no omissions. Medicines were stored safely and administered as prescribed. Medicines were regularly audited to ensure any errors were identified swiftly and action taken to minimise the impact on people.

People continued to receive care and support from suitable numbers of qualified staff to meet their needs. Staffing levels were flexible to adapt to people's changing needs and to ensure staff were available to keep people safe. Staff records confirmed all staff had undergone robust employment checks in line with the provider's policies. Records contained photographic identification, proof of address, two references and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

The provider took a proactive approach to the management of infection control. Staff told us and observations during the inspection confirmed, staff members were provided with personal protective equipment. Cleaning schedules reviewed were completed and the service was clean and free from odour

during our inspection.

The provider had systems in place to monitor the environment. A maintenance record of issues identified was available for staff to update and maintenance personnel then carried out the work in a timely manner. For example, an issue with the radiators was identified and rectified the same day.

Good

Our findings

People confirmed they were supported to make decisions and give consent about the care they received. One person told us, "The staff ask me what I want and give me choices." A relative said, "Yes I'm sure they [staff members] respect [relative's] decisions and choices." A staff member told us, "We offer people choices with every [aspect of their lives]. The Mental Capacity Act is legislation that's been put in place to assess people's capacity to see if they can make decisions. We report to the community mental health team, if we have concerns regarding people's fluctuating capacity."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. At the time of the inspection there was no one subject to a standard DoLS authorisation. Records confirmed where concerns regarding someone's mental capacity were identified the provider collaborated with the mental health team. We identified the registered manager had applied for a standard DoLS authorisation. The registered manager and staff members were aware of their responsibilities in line with the MCA legislation and were acting accordingly.

People received care and support from staff that received a comprehensive induction upon commencing the role. Staff told us and records confirmed inductions took place and covered, care plans, risk assessments, structure of the service, person centred approaches and Care Quality Commission standards. Staff confirmed they found the induction helpful in understanding their roles and responsibilities.

Staff received on-going training to effectively meet people's needs. We reviewed the training matrix for staff and found these were up to date. Training included health and safety, medicines management, infection control, communication, safeguarding, MCA, DoLS, fire safety and challenging behaviour. Staff confirmed they could request additional training if they wished and this would be provided. Staff continually reflected on their working practices through regular supervisions. Staff confirmed they found these beneficial to their development and another way to receive support and guidance.

People were encouraged to maintain a healthy lifestyle. People received sufficient amounts to eat and drink, that met their dietary preference and requirements. Those that required specific dietary meals were catered for, in line with guidance provided from the Speech and Language Team (SALT). Records showed guidance

from the SALT was implemented into one person's care plan and guidance provided to staff in meeting their specific requirements. People were supported to access a wide range of healthcare professionals to monitor and maintain their physical and mental health wellbeing. Records confirmed people attended appointments with for example, mental health teams, G.P, dentist, optician, SALT and psychiatrists.

Good

Our findings

People spoke positively about the staff employed by La Rosa Care Home. One person told us, "They [staff members] treat me very well. They knock on my bedroom door before coming in. They're funny and kind." A relative said, "Any time we have seen the staff they have been very helpful and good. Yes, I would say they're compassionate. All I can say is from our point of view, that [relative] is as happy as one can be there."

People continued to receive care and support from staff that were compassionate and treated them with respect. During the inspection we observed staff supporting one person who was distressed and became anxious. Staff were proactive in their approach and spoke to the person in a kind, respectful and compassionate manner. Staff enabled the person to express their views and reasons as to why they were agitated and were given reassurance and support to calm them. This approach by staff ensured the incident deescalated quickly and reached a positive outcome.

Staff had good knowledge of the people they supported and had sound knowledge of their life history and preferences. Staff had built positive working relationships with people and keyworker systems in place enabled people to speak to their keyworker about any topic they chose. This meant their views and preferences were known, documented and actioned where appropriate.

People were supported to make decisions about the care they received. Staff were aware of the importance of offering people choices in a manner they understood, giving them time to process the information and make the decision. During the inspection we observed staff asking people what they wanted to do and as to whether they wanted support to participate in activities. Staff were respectful of people's decisions at all times.

People were treated with equality and had their diversity respected and encouraged. The service supported people to follow their religious faiths where desired. At the time of the inspection one person attended a religious place of worship once a week. The service also provided people with food that reflected their culture for example, afro Caribbean food.

People were encouraged to maintain their independence where safe to do so. People's independence levels were assessed and monitored and support levels were adjusted to meet their needs. People were encouraged to enhance their daily living skills, including attending work placements, college and accessing the community.

Confidential information was stored securely in a locked office and locked cabinet. Electronic records were accessible to those who were permitted with the passwords. Only authorised personnel had access to confidential records. Staff were aware of the importance of maintaining people's confidentiality and spoke about confidential matters in the main office, away from others.

People told us staff were respectful of their privacy and knocked on their bedroom doors prior to gaining entry. During the inspection we observed staff awaiting authorisation prior to entering people's rooms.

Good

Our findings

People received care and support that was responsive to their needs. One person told us, "Yes I have seen my care plan and I can see it whenever I want to." A relative said, "Yes we have been involved in the care plan. Obviously we are informed as to what's going on. They [the service] ask our opinion. I would say they would listen and act on our advice as long as [relative] is happy with that. [Relative] is in control.

Care plans were person centred and contained information about people's history, preferences, social, health, mental health and physical needs. People were encouraged to develop their care plans and set goals to achieve. Care plans detailed the type of support people wanted and the type of care they required. Care plans were regularly reviewed and updated to reflect people's changing needs. People were encouraged to help develop their care plans; and guidance and information from relatives and healthcare professionals was documented and utilised. Care plans were based on the service needs assessment carried out by the provider and also provided by the local authority. Service needs assessments detailed the level of support people required and the provider then devised the care plan based around the identified needs. The provider also undertook regular placement reviews to ensure the service continued to meet people's needs. Where this was not happening, the provider shared this information with the mental health team to seek support and guidance.

People continued to be encouraged to participate in wide range of activities both in house and in the local community. Activities included shopping, board games, gardening, meals out, attending appointments and college. Staff monitored people's participation in activities and where a decline in participation occurred, this was recorded and addressed during key-working sessions to ascertain the reasons why. During the inspection we observed people accessing the community to attend healthcare appointments and participate in activities of choice.

People confirmed they would speak with staff, the registered manager or the provider if they were dissatisfied with the care provided. People appeared confident in sharing their concerns with staff as observed during the inspection. People were encouraged to share their views at any time, or during scheduled keyworker sessions. Complaints were regularly monitored and responded to in a timely manner to seek a positive resolution.

The provider had developed a person centred end of life care plan for people at the end of their lives. At the time of the inspection not all end of life plans were in place. We discussed our concerns with the provider who informed us they were approaching this sensitive subject cautiously with people, as this could be a

trigger to a relapse in their mental health, we were satisfied with the providers response. We reviewed two end of life plans and found these to be person centred, detailing people's wishes in relation to their end of life care. For example, where they wished to receive end of life care, who they wished to be informed of their death, type of ceremony they wanted, what music they wished to have played and what they wanted to happen to their personal effects.

Good

Our findings

People, their relatives and staff spoke positively about the management of the service, stating the registered manager was accessible, approachable and supportive of everyone. One person told us, "I speak to [registered manager] if I ever need anything." A relative said, "He [registered manager] seems ok, yes. He's always been very nice to us and helpful. Overall he's ok." A staff member said, "He's [registered manager] really motivating. He encourages us and our career progression. He's here throughout the week and whenever we need him he will come in [and support us]."

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 notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The registered manager had systems and processes in place to audit all aspects of the service. Audits included, for example, medicines management, care plans, risk assessments, staff training and health and safety. Audits undertaken identified any areas of concerns and action was taken to address these in a timely manner. For example, maintenance of the environment.

The registered manager encouraged a culture of inclusion, respect and empathy. La Rosa Care Home was welcoming and had a relaxed atmosphere, where people were free to express themselves. Staff were aware of the service values and implemented them throughout their work. During the inspection we observed staff seeking guidance and support from the registered manager and the provider, people and staff appeared at ease in their presence.

The provider sought people's views of the service delivery through regular keyworker meetings, placement reviews and annual quality assurance questionnaires. We reviewed the returned quality assurance questionnaires and identified all responded positively about the care provided, food, communication and staff approach. Quotes included, for example, 'Keep the good work going and strive to improve where you feel you need to.' Where issues had been identified, for example, concerns about people's behaviours, this was addressed sensitively, reassurance was given and a positive resolution sought.

The registered manager and provider, continually sought feedback, guidance and collaborative working with other healthcare professionals, to drive improvements. Records confirmed the provider worked in partnership with, for example, community nurses, mental health teams, social worker, psychiatrists and speech and language teams. Information, guidance and advice given was then implemented into the care delivery and care plans were updated to ensure staff delivered current, bespoke care and support.