

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?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service:

- Rosemanor Hopton is a care home for people experiencing mental health issues. At the time of our inspection 13 people were living at the home.

People's experience of using this service:

- The quality of care had improved in some areas since the last inspection.
- At our last inspection we rated the home 'Inadequate', at this inspection it had improved to 'Requires Improvement'. However the home was still 'Inadequate' in well-led; and continued progress was needed to ensure that improvements made thus far were sustained.
- The home was still not as well-led as it could be. Management arrangements required more time to successfully embed into the service.
- The provider needed to ensure that quality assurance systems were robust, and important notifications were not always submitted to the Care Quality Commission (CQC) in a timely manner.
- Efforts were needed to ensure that the premises were well maintained and suitable for the needs of the people that lived there. Shower and bathrooms were not well maintained and the premises were not of a satisfactory level of cleanliness
- Fire safety across the home required improvements. The provider had complied with the action plan following a recent London Fire Brigade inspection and took prompt action to make improvements following their inspection findings.
- Staff training was still not up to date, and staff were not always fully trained in all areas to meet the needs of people living at the home.
- The proprietor had not ensured that duty of candour was duly upheld in responding to concerns raised by people and their relatives. Whilst complaints records had improved one complaint had not been responded to in line with the provider's policy.
- Improvements were still needed to ensure that people were suitably stimulated and supported to engage in a range of activities. We have made a recommendation in relation to this.
- Medicines were now well managed and people received their medicines safely.
- Any applications to deprive people of their liberty were suitably applied for and records were well kept.
- People appeared settled at the home and felt staff were kind and caring towards them.

Rating at last inspection:

- At our last inspection the home was rated 'Inadequate'. (Report published 01 February 2019)

Why we inspected:

- All services rated "Inadequate" are re-inspected within six months of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received, and check whether they had complied with their improvement plan following the findings at our last inspection.

Enforcement:

- The service continued to meet the characteristics of Inadequate in the key question of well-led. It met the characteristics of Requires Improvement in safe, effective and Good in caring. We are taking enforcement action and will report on this when it is completed.

Follow up:

- Following the inspection, we requested an action plan and evidence of improvements made in the service. This was requested to help us decide what regulatory action we should take to ensure the safety of the service improves.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Rosemanor-Hopton

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was carried out by three inspectors.

Service and service type:

- Rosemanor-Hopton is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- Rosemanor-Hopton accommodates up to 17 people in one adapted building.
- The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- This inspection was unannounced.

What we did:

- We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.
- On the day of inspection we spoke with three people living at the home, a visiting healthcare professional, a team leader, two support workers, the home manager, a director and the proprietor.
- We reviewed three people's care files, three people's medicines records, four staff files and a range of other documents in relation to the care people received and the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection we found that people's risk assessments did not always adequately reflect how to mitigate risks to people. At this inspection we identified that progress had been made, however records still needed improvement to reflect specific guidance on how to support everyone. Staff were able to verbally communicate to us the ways in which they would support people when, for example, displaying behaviour that could be considered challenging. However, people's records did not always reflect the level of detail needed to mitigate risks to people.
- We raised the above issue with the provider who assured us they would update people's records to ensure full guidance was available in people's risk assessments.
- At this inspection the provider did not always have suitable arrangements in place to deal with foreseeable emergencies.
- During a tour of the premises we saw the tops of various items of furniture in two bedrooms we visited where people sometimes smoked were blackened with burn marks from cigarettes. In addition, none of the soft furnishings in these rooms, which included curtains, net curtains and bed linen, were or had been made suitably fire retardant.
- Staff told us people were not allowed to smoke in their bedroom or anywhere else inside the care home but acknowledged at least four people living there routinely contravened this house rule. Managers told us staff were expected to carry out two-hourly observation checks on people they suspected of smoking in their bedroom, which included at night.
- We raised this at the time of our inspection and the provider ensured that fire retardant bedding, spray and ashtrays were ordered for those people that smoked in their rooms. The provider showed us they were also working on an action plan following a recent London Fire Brigade inspection.
- The fire safety points described above notwithstanding, we saw all the concerns identified by the London Fire Brigade, following a recent fire safety inspection of the care home, had been addressed by the provider.
- Furthermore, everyone who lived at the care home had a personal emergency evacuation plan (PEEP) in place, which explained the help people would need to safely evacuate the building in an emergency. Records showed staff routinely participated in fire evacuation drills and most staff had received fire safety training.
- Maintenance records showed environmental health and safety, and equipment checks were routinely undertaken by suitably qualified professionals in accordance with the manufacturers' guidelines. This included checks in relation to the service's fire safety systems and equipment, including fire extinguishers and fire alarms.

Preventing and controlling infection

- Premises were not as well kept as they could be. One room had been vacant for two weeks and was yet to

be cleaned resulting in a poor odour and insects entering the communal hallway.

- Following our inspection the provider sent us evidence to show that cleaning of the room had commenced.
- Most staff were trained in infection control and had access to ample supplies of personal protective equipment. However, we found no toilet paper or paper towels in any of the communal toilets used by people living in the care home.
- Staff had access to equipment to maintain good food hygiene practices and most had received basic food hygiene training. This helped ensure food was prepared and stored in a way that reduced risks to people of acquiring foodborne illnesses.

Systems and processes to safeguard people from the risk of abuse

- Staff were not always clear on how to report and identify potential safeguarding incidents.
- Most staff had received safeguarding adults at risk training. However, although staff were familiar with the different signs of abuse and neglect that people living in the care home might face, only half were clear what action they should take if they witnessed or suspected its occurrence, including how to report it.
- Typical feedback we received from staff included, "If I saw any of the staff abusing people here I would tell them to stop it straight away and keep a close eye on them", "I'm fairly new so I'm not sure what to do if people are mistreated...I would probably tell the manager" and "I wouldn't hesitate to tell the manager if I saw any abuse at the home and if they failed to act I would go straight to the police, Lambeth safeguarding team and the CQC."
- We discussed these mixed comments with the managers who agreed to remind staff about their safeguarding roles and responsibilities and ensure all staff received their safeguarding adults training. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.
- Following our inspection the provider told us that information for staff, as to how to report any safeguarding allegations had been displayed in communal areas across the home.
- The manager had reported allegations of abuse to the relevant local authority safeguarding team when concerns had been raised. No safeguarding concerns were ongoing or being investigated at the time of our inspection.

Using medicines safely

- At the last inspection we identified there were issues with the medicines management within the service. For example, we identified not all staff administering medicines had completed their medicines training; medicines were signed by two staff however, administered by one staff member in a different room. This meant there was no assurance that staff gave the correct medicine to the correct person.
- At this inspection, we found the provider had made improvements to the administration of medicines in line with good practice. One person said, "I get my medicines on time, the staff give them to me. It's fine."
- Medicines administration records (MARs) contained people's names, known allergies, medicines and dosage. We reviewed four MAR and found these had been completed with no gaps or omissions. However, we identified that where staff members had recorded they had not administered 'as and when required' (PRN) medicines, the reasons as to why were not clearly documented.
- We shared our concerns with the provider and acting manager who told us they would act to ensure this did not happen going forward.
- Medicines were stored securely in a locked trolley in a locked cupboard. All medicines were accounted for and stock and balance checks reflected the most recent audit.

Staffing and recruitment

- At our last inspection we raised our concerns about the lack of male staff available to support people, given the potential risk that some people could pose to female staff.
- Staff rosters indicated the service always had the right number of staffs on duty during the day and at night, but not the right gender mix. The providers staffing policy states a male member of staff should always be on

duty, but we noted several instances in the last few months when no male staff had been on shift in the care home during the day. This was confirmed by discussions we had with several people living in the home, managers and staff. One person told us, "Sometimes we just have female staff working here during the daytime."

- The manager told us they were actively trying to recruit new male members of staff to mitigate the risk of not having enough male staff to cover a shift. Progress made by the provider to achieve this stated aim will be assessed at their next inspection.
- The service was adequately staffed. People told us there were enough staff available in the care home when they needed them. One person said, "There's always a few staff about working in the house, so you can always get hold of someone when you need them." We saw four staff were on duty, which was the right number to meet people's needs during the day.
- The provider operated safe staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at prospective new staff's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent unsuitable people from working with people in need of support.

Learning lessons when things go wrong

- Accidents and incidents were managed in such a way that lessons were learnt to minimise repeat incidents.
- Records documented accidents in relation to persons involved, description of the incident, whether an antecedent behaviour and consequence chart required completing, number of incidents that month and any action required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our last inspection staff were not always up to date with their training to enable them to carry out their roles. At this inspection we identified that there were still gaps in staff training.
- Most staff had the right skills and knowledge to deliver effective care and support to people. All new staff received a thorough induction that was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Records indicated most staff had completed training in mental health, learning disability and dementia awareness.
- However, records also indicated approximately a third of the staff team had yet to complete all the training they required to meet the needs of people they supported. This included mental health, learning disability and dementia awareness and safeguarding adults training.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had enough opportunities to review and develop their working practices. Records showed everyone who worked at the service had received an individual supervision with their line manager in the first quarter of 2019.
- Staff told us they felt supported by the services management. One member of staff remarked, "I haven't worked here that long, but I feel the managers are always around to talk to if I have a problem and only last week I had my first supervision with the team leader."
- We saw appraisals had been completed for the services two long standing members of staffs. The deputy manager told us the rest of her staff team would have their work performance appraised as soon as they had worked at the care home for a year.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At our last inspection the provider did not ensure that people's DoLS applications were submitted in a timely manner.
- DoLS standard authorisations were in place and current. The acting manager had a matrix that identified the expiry date of people's DoLS and a specified date to reapply if appropriate.

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

- Staff told us four people had their own en-suite toilet and shower facilities. However, we saw both the services communal showers were out of order at the time of our inspection. Furthermore, the homes only bath which was in use did not have a bath plug. During our inspection we noticed an enterprising individual had used a sock as a makeshift plug to enable them to have a bath.
- We raised this with the provider who ordered new plugs and informed us that one of the showers had been fixed. The provider confirmed that these actions had been completed following our inspection.
- The rear garden also looked unkept and was littered with numerous items of rubbish, including an old rusty bedstead, discarded doors, timber and breeze blocks.
- Some people at the home were living with a diagnosis of dementia. The premises had not been suitably adapted to support people with orientation.
- We saw that people had personalised their rooms as they wished, however improvements were needed to ensure that areas were decorated to a good standard.

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

- Records showed that people's needs were assessed prior to them commencing their placement.
- People were suitably assessed in areas such as falls management and areas of nutritional needs.

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

- We inspected the kitchen area and found that foods were suitably stored, with dates of opening where necessary. However, we found three loaves of bread that had passed their use by date, which were disposed of at the time of our inspection.
- People's needs in relation to eating and drinking were appropriately assessed to ensure that people that required support received this safely.
- One person had a suitable Speech and Language Therapist (SALT) assessment to provide guidance as to how staff needed to support and monitor them during mealtimes.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured that people's needs were regularly reviewed with other professionals involved in people's care.
- One person's placement had been recently reviewed with their social worker to ensure it was suitable and meeting their needs.
- The provider had made contact with the London Fire Brigade to assess and support the maintenance and storage of another person's room.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals at times that they needed to.
- The provider kept records of people's healthcare appointments to ensure that any relevant actions were recorded and action taken where people didn't attend.
- When people reported that they felt unwell appropriate action was taken to consult other healthcare professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the care and support they received at the service and typically described the staff who worked there as "kind". Comments included, "Staff are very nice", "It's not a bad place to live...I like the staff" and "The staff treat us pretty good."
- We saw that staff were attentive to people's needs and engaged positively with them.
- One person told us how staff prepared foods from their culture.

Supporting people to express their views and be involved in making decisions about their care

- People's care records showed that they had been consulted to express their views on their care needs, and people had signed their records to confirm this.
- People were involved in monthly reviews with their keyworker where they set goals to work towards. The provider told us they were looking to improve these meetings so that they focused on developing people's independence.

Respecting and promoting people's privacy, dignity and independence

- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.
- We saw several good examples of staff sitting and talking with people in a relaxed and friendly manner in the main communal areas.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: ☐ People's needs were not always met. Regulations have not been met.

Improving care quality in response to complaints or concerns

- At our last inspection we identified that complaints records were not always up to date, nor was one complaint suitably responded to in a timely manner.
- Although complaints appeared to be fully investigated and action taken to minimise repeat incidents, the same complaint identified at our last inspection had still not been resolved in a timely manner in line with the provider's complaints policy.
- The complaint raised in March 2018 had not been fully responded to in a timely manner nor a satisfactory conclusion reached until February 2019. We raised our concerns with the provider and acting manager, who told us they would act to ensure acknowledgment and apology of the complaints would be done so swiftly in future.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One person we spoke with confirmed they were confident in raising a complaint, but had not needed to.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we identified that improvements were needed to ensure that people received enough activities and stimulation each day.
- This area still required improvement so that daily activities were tailored to meet the needs of each individual living at the home.
- We observed four people spent most of their day during our inspection sitting in the main lounge watching daytime television. One person told us, "We don't really do much here."
- Those with no restrictions on their liberty and people went out in the community at times of their choosing.
- We recommend that the service finds out more from people living in the care home and other reputable sources about the type of social, educational and vocational activities people might be interested in engaging with.
- Following the inspection the proprietor told us that people had access to regular movie nights, karaoke and community with some people attending regular social groups; amongst other activities.

End of life care and support

- Where people had chosen to express their end of life wishes they were supported to do so, and records reflected any funeral plans or choices they had made.
- The provider ensured that where people were not able to, or had chosen not to express their end of life wishes that this was recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Continuous learning and improving care

- Whilst the provider had made efforts to make improvements following our last inspection we had identified new areas of concern, such as fire safety and infection control. Staff training, and assessment of staff competencies required improvement to ensure staff received up to date and relevant training.
- Steps were not taken to ensure that people were supported to be independent and do things for themselves.
- Appropriate action had not been taken to ensure all of the findings from our last inspection had been satisfactorily improved to provide better care for people.
- The acting manager carried out regular audits of the service to drive improvements, these included for example, first aid, DoLS, medicines, staff and house meetings, fire safety and support plans. However, we identified the last audit carried out in March 2019 had identified issues which had not been addressed. For example, end of life care plans and staff training.
- We raised our concerns with the provider, director and acting manager who told us, they were aware of the areas that required improvement and were taking steps to address our concerns. They also stated that they were in the process of appointing an external compliance person to oversee the auditing process.
- The provider needed to take adequate steps to ensure there was day to day oversight and internal quality assurance to monitor the quality of delivery of care at the home.

The above issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We reviewed the home's incident records and found that two important incidents had not been notified to the CQC. Furthermore two other notifications had been submitted to us, but not in a timely manner following the reporting of the incident.

This was a breach of Registration Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

- The proprietor told us, "I think the high rates of staff turnover and a lack of stable management have been

the two main reasons why this service has struggled so much compared to the other care homes I own."

- The proprietor had not acted promptly to attempt to resolve a relative complaint, as reported under 'Responsive'.
- Since our last inspection the director had continued to update us monthly with their progress in meeting the regulations. They had also implemented a new case management system that supported the streamlining of access to people's records.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's records showed that they were consulted on their views about the home. People were supported to completed regular satisfaction surveys.

Working in partnership with others

- The provider worked with other healthcare professionals to support people to meet their health needs.
- Where people's care required review records showed that people's next of kin and social workers were kept informed of people's care needs.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not always informed the CQC of important incidents, or submitted them in a timely manner.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that quality assurance systems were effective and premises were not always well maintained. Improvements following our last inspection had not all been completed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The proprietor had not always upheld their duty of candour.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not up to date with provider training, or fully equipped to meet the needs of all individuals at the home.

