

Roselock Limited

# The Old Registry

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Old Registry is a residential care home, registered to provide care and support for up to 9 adults with learning disabilities in 1 adapted building. At the time of inspection 8 people were using the service.

### People's experience of using this service and what we found

#### Right Support

People and relatives told us that the service was good and that they could speak with the registered manager as and when they wanted. One relative told us, "It is a very nice home, staff are lovely and the manager is very welcoming." There were sufficient staff to meet people's needs and recruitment processes were safe. The provider had a system in place to record and monitor accidents and incidents. They had links with the wider community in order to help ensure a joined up approach to people's support.

#### Right Care

Risks to people were assessed by the registered manager and management plans were in place where risks were identified. The provider had suitable arrangements for the management of medicines. People were protected from the risks associated with the spread of infection. There were systems in place for people and their relatives to give feedback on the quality of the service being provided. Staff had access to a range of policies and procedures to guide them in their roles.

#### Right culture

The provider had safeguarding policies and procedures in relation to safeguarding people. Staff understood what abuse was and the actions to take if a person using the service was being abused. People told us they felt safe at the service. There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service provided to people. Staff had a good understanding of the ethos of the service and were clear about their responsibilities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

At the last inspection the service was rated requires improvement (published 4 February 2020) and there were breaches of Regulation 12 (safe care and treatment), Regulation 15 (Premises and equipment), and, Regulation 17 (good governance). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made

and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Old Registry

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Old Registry is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Old Registry is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually. We reviewed the action plan the provider sent us. We used all of this information to plan our inspection.

### During our inspection

We spoke with the registered manager, 4 people who used the service, the area manager, the maintenance person and 2 members of staff. We reviewed a range of records. This included 3 people's care records and multiple medicines records. We looked at 3 staff files in relation to recruitment. We also looked at records relating to the management of the service, including policies and procedures, audits, staff training and minutes of meeting.

We were able to get limited views from people only due to their needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us. Following the inspection, we continued to seek clarification from the provider to validate evidence found. We spoke with 4 relatives to obtain their views of the service. We continued to seek clarification from the provider to corroborate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found the procedures for administration of medicines were not being followed and left people at risk of not having their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection people had not always received their medicine as prescribed and the provider did not have robust systems to protect people from the risks associated with the management of medicines.
- At this inspection we found medicines were managed consistently and safely in line with national guidance.
- The service had suitable arrangements in place to protect people using the service against risks associated with the unsafe management of medicines. Where people needed assistance to take their medicines, staff helped them accordingly.
- People were supported to take their medicines by staff who were trained to do so safely.
- Each person had a medicines administration record (MAR) where they documented when a person had taken their medicines. MAR records were audited weekly to ensure people had received their medicines as prescribed.
- MAR records were completed correctly. The MAR records were regularly checked by the management team to ensure staff followed the provider's medicines policies and procedures and people had received their medicines as prescribed.

### Assessing risk, safety monitoring and management

At our last inspection we found checks on the premises and equipment were not always carried out to ensure health and safety of people, staff and visitors to the service. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- At our last inspection we found the provider had a system to ensure equipment at the service was maintained and serviced. However, we noted the gas certificate had expired in October 2019. It is a legal requirement for providers to have all gas appliances checked every 12 months.
- We also found 3 fire doors did not close properly against the door frames and one of them was damaged. This could compromise the safety of everyone in the event of a fire.
- At this inspection we found systems were in place to demonstrate safety of people, staff and visitors was

effectively managed. The fire doors we checked at random, closed properly and regular fire safety audits were undertaken. The gas certificate was up to date.

- The provider had a system to ensure all equipment was maintained and serviced. Records confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service. For example, electrical appliances and equipment were checked to ensure they were safe to use.
- Risks to people were assessed and management plans were in place to inform staff how to reduce and manage risks to maintain people's safety.
- Risk assessments included the level of risk as well as action needed to minimise the risks where possible. For example, one care plan detailed the risk for one person in relation to their behaviour and what action staff needed to take. This helped to ensure the person concerned remained safe.
- Risk assessments were reviewed regularly to ensure they were accurate. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. People told us they felt safe using the service. One person answered, "Yes", when we asked them if they felt safe at the service. Relatives commented to us that the service was a safe place and did not raise any concerns.
- Records showed and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe.
- Staff knew of their responsibilities to protect people from harm. They were aware of the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "If I see any kind of abuse, I will report it to the manager."
- The provider also had a whistleblowing procedure in place. Staff knew how to whistle-blow and how to raise concerns about any unsafe practice.

Staffing and recruitment

- There were enough staff to meet people's needs and to provide personalised care and support.
- People told us there were enough staff to meet their needs. Any shortfalls, due to sickness or leave, were covered by existing staff, and this helped with consistency. The staffing numbers were kept under review to respond to people's choices, routines and needs. For example, when people had appointments in the community, more staff would be working to accompany them.
- The provider had an effective recruitment procedure to ensure staff had the appropriate skills and experience for the role.
- Staff recruitment files contained checks that the provider had carried out on the suitability of potential staff before employing them. The checks included the required professional references, application form, criminal record check, identification, terms and conditions of employment and right to work in the United Kingdom. This helped to ensure only suitable staff were recruited.□

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- The registered manager reviewed the records to identify any action needed to prevent a potential recurrence.
- There was evidence that learning from incidents took place and appropriate changes were implemented.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.



- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.
- Relatives told us the service was always clean when they visited the family members.
- Staff had received training in the prevention and controlling infection and were aware of their responsibilities.

# 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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our last inspection we noted that audits carried out were not robust. We found missing signatures on MAR records, an out of date gas certificate and fire doors not closing properly. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 17.

- At this inspection we noted improvements had been made around to the audits system, the management of medicines, and the health and safety of people, staff and visitors.
- There were a range of monitoring and audit tools to assess and monitor the delivery of care and support to people.
- The registered manager had introduced system to check people received their medicines as prescribed. There were daily audits carried to check if people had received their medicines as well as the medicine administration records (MARs) were checked for missing signatures.
- If there were any missing signatures, these were discussed with the staff who had administered the medicines on the day.
- Records confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service.
- The registered manager was aware of the requirement to inform the Care Quality Commission, where a notification needed to be submitted. A notification is information about important events which the registered provider is required to send to us by law.
- Staff had access to a range of policies and procedures which gave them guidance and instructions in ensuring people receive care and support safely.
- Staff had a good understanding of the ethos of the service and were clear about their responsibilities. They understood their roles and told us they were supported by the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us that the service was good and that they could speak with the registered manager if they had anything to discuss. They also mentioned that the management team were

approachable. One person told us, "I like it here." Another person said, "Manager is nice."

- The registered manager encouraged people, relatives and staff to contact them if they had any concerns or issues to discuss. One relative told us, "The manager is extremely helpful, they always keep me informed of things going on with [family member] and what's going on in the home."
- The registered manager operated an open and transparent culture and responded to any issues raised. Staff told us that the manager was supportive. One member of staff told us, "[Manager] is very supportive."

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

- The provider was committed to challenging any form of discrimination it encountered. People as well as staff were treated equally regardless of their abilities, background, lifestyle, values, beliefs and their cultures were respected.
- There were regular staff meetings. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received and also any issues staff wanted to discuss. Staff were kept informed about matters that affected the service. Staff felt these meetings were helpful and mentioned their views and ideas were listened to.
- There were meeting held also for people who used the service. For example, from the minutes we saw people expressed what they would like to be on the food menu.

Working in partnership with others

- The provider had links with the wider community in order to help ensure a joined up approach to people's support.
- Staff monitored people's health and welfare and made referrals to health care professionals where appropriate.
- People were supported to access routine medical support from healthcare professionals such as general practitioners and dentists. For example, we saw one person was referred to their GP as they were not well. The GP prescribed some antibiotics as the person had an infection.
- The registered manager attended regular meeting which were organised by the local authority to discuss latest guidance or practices. They also regularly visited Care Quality Commission website to make sure they were familiar with our regulations and to be aware of what was happening within health and social care sector.