Mr & Mrs B Balachandran

Rosina Lodge

Inspection report

76 St Augustines Avenue
South Croydon
Surrey
CR2 6JH

Tel: 02087600735

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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

We visited Rosina Lodge on 12 December 2016. The inspection was unannounced. The home was last inspected on 4 August 2014 and met the requirements of the legislation at that time.

Rosina Lodge is a privately operated care home providing accommodation for up to 19 adults who require personal care and support on a daily basis. At the time of our inspection there were 16 people living in the home.

The home had a registered manager. 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.

Staff received training and understood the principles in protecting vulnerable adults. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed. Staff received suitable induction and training to meet the needs of people living at the home and received regular supervision from the manager. This meant people were being cared for by suitably qualified, supported and trained staff.

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

We found that the administration and storage of medications was safe. There were systems and processes in place to monitor the quality of the service. Audits were carried out and where shortfalls were identified the management was using the information to improve the service.

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.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs and keep them safe.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

People were supported by motivated and well trained staff. Induction for new staff was robust and appropriate and all staff received effective supervision and support.

Meals were flexible according to individual preferences and were nutritious. People had sufficient access to fluids throughout the day.

People's rights were protected. Staff and management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good

The service was caring.

People were treated with respect by staff who were kind and compassionate.

The staff knew the care and support needs of individuals well and took an interest in people and their families in order to provide person-centred care.

Relatives and other professionals told us that the staff were caring and supportive.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support, which was responsive to their changing needs.

People were actively encouraged to engage with the local community and maintain relationships that were important to them.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place who provided support to staff and carried out quality checks within the home.

The staff were confident they could raise any concerns about poor practice and these would be addressed to ensure people were protected from harm.

There was a positive culture within the service and clear values that included involvement, compassion, dignity and respect.

There were systems in place to assess and monitor the quality of the service. The quality assurance system helped to develop and seek the views of all stakeholders.

Rosina Lodge

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.

The inspection took place on 12 December 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. We looked at any notifications received and reviewed any other information held about the service. We invited the local authority to provide us with any information they held about Rosina Lodge Care Home.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed four care records, three staff records, and records relating to the safety and management of the service, including medicines records, training records and safety audits.

We spoke with four people living in the home, two relatives, one visiting professional, the manager and four care staff.

Good

Is the service safe?

Our findings

People who lived at the home and the relatives we spoke with told us they felt the care was safe. When people were asked who they felt they could speak to if they felt worried or poorly treated everyone was able to identify staff, the manager, or a relative for support. One person told us "I am not worried here at all. The staff are very kind."

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. This was confirmed by staff we spoke with and staff training records. Staff were able to explain to us the types of abuse that people were at risk of, who they would report this to and where the relevant guidance was.

Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to the registered manager. All staff confirmed that they were aware of the need to escalate concerns internally and report externally where they had concerns. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of concern.

We saw that employees were appropriately checked through robust recruitment processes. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). This helped to reduce the risk of unsuitable staff being employed. During our visit we saw that staff acted in an appropriate manner and that people were comfortable with staff.

People said that staff met their needs and came promptly when called. The home had three care staff on duty between the hours of 7am and 9pm. At night there were two waking night staff. During the inspection we tested the emergency call bell in someone's room and it was answered promptly.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

During our inspection we observed how medicines were administered. This was done safely. We looked at a sample of medicines administration records (MAR). These had been completed in full and were accurate. Medicines were stored safely and processes were in place to return medicines to the pharmacy.

We looked at the maintenance records. Regular environment and equipment safety checks were carried out, which included fire and water safety, elevator and hoists.
The home was clean and staff had received training in infection prevention and control. Anti-bacterial hand cleanser was available in the bathrooms and we saw that staff had appropriate access to personal protective clothing such as gloves and aprons.

Good

Is the service effective?

Our findings

People we spoke with told us that they were happy with the support provided by the staff. One person said, "They make us feel comfortable and are always there." One visitor told us that they had "no problems" with the care. "The staff understand [my relative] and things have got better since they moved here."

During the inspection there was a visit by a nursing professional supporting the home with their end-of-life care. This included ensuring that people and their relatives were involved in making decisions regarding their preferences at end of life and that these decisions were regularly reviewed. The visiting professional was auditing the work of the home in this area and there was evidence of good professional team working.

People told us the food was good and we saw the menu for that day, which consisted of a hot meal with two options. If neither option was suitable for an individual the staff would prepare something specific.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Staff recorded daily notes and each month relevant sections of people's care plans were commented upon with updated information or progress.

During our visit we saw evidence that staff were supported through induction training, supervision and training in their professional development. All staff received supervision from the manager every two months. We saw that staff had completed a range of mandatory training courses which included moving and handling, medicines management, dementia awareness and safeguarding. We saw from the training matrix there was an ongoing programme of training applicable to the needs of people who used the service. Some staff had been identified as needing refresher training in certain topics and we saw evidence that this had been scheduled. Staff we met told us they felt supported by the home's manager.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. Some of the staff had worked at the home for some time and had got to know people's needs well.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that seven people in the home were subject to DoLS applications and we were able to view the paperwork in relation to these. The manager had systems in place to identify when the DoLS had been applied for, date of authorisation, any imposed conditions and the expiry date of the authorisation.

Good

Is the service caring?

Our findings

People who used the service and the relatives we spoke with were complimentary about the staff. Comments included: "The girls [staff] are lovely"; "staff always keep me up to date with news about [my relative]", "I like it here. I have everything I want" and "since [my relative] has been here they have got on a lot better than before".
People told us that friends and relatives were able to visit at any time without restrictions. The relatives we spoke with confirmed this and told us they were always made to feel welcome. We saw that people who lived at the home and their family members were involved in planning their care. Relatives told us that they were kept well informed regarding her relatives well-being.

People's life history was recorded in brief in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom. Most bedroom doors had photographs outside the door to remind those people where their room was and aid with memory.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way. For example, staff consulted people who needed assistance with their mobility with regard to their comfort when seated. We saw that staff were respectful, friendly, supportive and used people's preferred names. They continually interacted with the people in their care, either sitting and chatting, reading with people, discussing news events or offering support and encouragement. People were comfortable and relaxed with the staff who supported them.

People's right to privacy and dignity was respected. We heard staff knocking on doors. People were able to spend some time alone in their bedrooms, in communal lounges and meet with relatives in private.

End of life care could be provided at the service with the support of other professionals including the GP, community nurses and palliative care team so that the people's care needs could continue to be met and dignity and comfort maintained.

Good

Is the service responsive?

Our findings

People said that the staff responded to them as individuals. People who used the service and the relatives we spoke with told us that the service responded well to people's needs and requests. One person said "It was good, moving here, and I still see my [relative] who visits me."

The care records we looked at showed that people's needs were assessed before moving in. People's needs were reviewed regularly and appropriate care plans were drawn up. Risk assessments were completed, which allowed staff to identify risks to the individual and measures the staff could implement to reduce the risk of potential harm in the least restrictive ways possible, whilst promoting people's independence and maintaining their safety. Care plans were written in a person-centred way, included people's life history and were reviewed at monthly intervals or when needs changed.

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen.

We saw that visitors were welcomed throughout the day. Relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests.

People were encouraged to maintain and develop relationships. People told us how they had made friends with other people who lived in the home. People were also encouraged to visit their family members and to keep in touch.

We found that there were a number of activities taking place in the home and there was a monthly activities planner. People could have a television in their room and a telephone was available for people to use.

The home had a complaints procedure and people who lived at the home and relatives told us they would feel comfortable raising concerns and complaints.

Good

Is the service well-led?

Our findings

The home had a registered manager who had been in post for over 13 years. In conversation with the inspector she demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and her responsibilities as manager.

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home. All staff we spoke with demonstrated an awareness that they needed to respect they were in someone's home and that they needed to act accordingly. One care worker told us that working in the home was like "being with a family", which demonstrated that they valued the people they supported.

People's views on the quality of the service were regularly sought through regular residents meetings which included relatives. All care staff attended daily handovers to ensure effective communication was maintained and confirmed there were regular staff meetings.

The manager said she managed the service by regularly walking around the service checking the environment, staff interactions and behaviours and resident care and welfare. Regular quality assurance checks were also completed to assess the safety and performance of the service; these audits included medication, care plans, infection control and health and safety.

Accidents and incidents were audited monthly to identify any trends. The manager was aware of her responsibilities with regard to notifying the relevant authorities regarding incidents and accidents. There was evidence of regular communication between the home and the local authority social services, health professionals and the Care Quality Commission (CQC).

The staff we talked to spoke positively about the current leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns, and they could approach the manager at any time for help and advice. When asked whether they liked working in the home, one person said "I love it" and another said "I'm happy here", another told us that they had left but had later returned to work in Rosina Lodge.

The manager had ensured that we had been notified of reportable incidents as required under the Health and Social Care Act 2008.