Rosenmanor Limited

Rosenmanor 1

Inspection report

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05 November 2018

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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

This was an unannounced comprehensive inspection which took place on 5 November 2018.

People living at Rosenmanor 1 received personal care and support as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Rosenmanor 1 is a rehabilitation service that provides accommodation and rehabilitation support for eight women with mental health care needs. The service specialises in helping these women develop the necessary skills to move onto more independent living. There were eight, mainly younger women living at the home at the time of this inspection.

The service continues to have the same registered manager who is also the owner of Rosenmanor Limited and the registered manager for all four of this provider's mental health care services in South London. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Rosenmanor 1 also continues to have a service manager who is based at the where they permanently work.

At our last inspection of the service in October 2017, we rated them 'Requires improvement' overall and for the two key questions 'Is the service effective' and 'well-led'. This was because the provider had failed to submit statutory notifications to us about several police incidents involving people using the service. Providers are required by law to notify the CQC without delay about the occurrence of any incidents or events that adversely affect the health, safety and well-being of people using the service. In addition, although most people felt Rosenmanor 1 was a comfortable place to live much of the home's physical environment, furniture, soft furnishings, interior décor and surrounding grounds were not particularly well-maintained. We discussed these environmental issues with the registered manager who agreed the premises at that time were in urgent need of some refurbishment.

At this comprehensive inspection we found the provider had taken appropriate action to address all the issues we identified at their last inspection and improve the premises and their arrangements for notifying the CQC about significant incidents involving the people living at the home. Consequently, we have improved their overall rating from 'Requires Improvement' to 'Good' and for the key questions, 'Is the service effective?' and 'Is the service well-led?'. The ratings for the other three key questions, 'Is the service safe, caring and responsive?' remains 'Good'.

People told us they continued to be happy with the care and support they received at the service. We saw staff continued to look after people in a kind and respectful way. Staff had clearly built up a good rapport and working relationships with the people they supported. Our discussions with people living in the home

and their professional representatives supported this.

There continued to be robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs and wishes. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough staff to keep people safe. The environment was kept hygienically clean and staff demonstrated good awareness of their role and responsibilities in relation to infection control and food hygiene. Managers and staff routinely carried out health and safety checks on the premises. Medicines were managed safely and people received them as prescribed.

People said Rosenmanor 1 was now a more comfortable place to live. People were still supported by staff who had the right skills and knowledge to fulfil their roles effectively. People continued to be supported to eat and drink enough to meet their dietary needs and preferences. Managers and staff were aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before providing any care and support and followed legal requirements when people did not have the capacity to do so. They also received the support they needed to stay healthy and to access health care services.

Staff continued to ensure people's privacy was always maintained particularly when they supported people with their personal care needs. Staff consistently demonstrated warmth, respect and empathy in their interactions with people they supported. People had positive relationships with staff, who took time to get to know them. People were supported to maintain relationships with those that mattered to them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were nearing the end of their life, they received compassionate and supportive care.

People still received person centred care and support that was tailored to their individual needs. Each person had an up to date and personalised care plan, which set out how their care and support needs should be met by staff. People were involved in planning the care and support they received, which were kept under constant review and updated accordingly. People had sufficient opportunities to participate in meaningful social activities that reflected their social interests.

The registered manager/owner and service manager of Rosenmanor 1 continued to be well-regarded by people living in the home, external community professionals and staff. The provider operated effective governance systems which ensured all aspects of the home were routinely monitored. Any shortfalls or gaps identified through these checks were addressed promptly. The provider had suitable arrangements in place to appropriately deal with people's concerns and complaints. The provider also gathered feedback from people living in the home, their relatives, professional representatives and staff.

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 continues to be safe and retains its 'Good' rating for this key question.

Is the service effective?

Good

The service has improved from 'Requires Improvement' to 'Good' for this key question and is now considered effective.

This was because the provider had taken appropriate steps as discussed at their last inspection to improve the services environment, specifically the interior décor, furniture and soft furnishings. This meant the home was a more pleasant and comfortable place for people to live.

People continued to receive support from a skilled, experienced and committed staff team. Staff were well supported and appraised by the managers.

Managers and staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. People received the support they needed to stay healthy and to access physical and mental health care services as and when required.

Is the service caring?

Good

The service continues to be caring and retains its 'Good' rating for this key question.

Is the service responsive?

Good

The service continues to be responsive and retains its 'Good' rating for this key question.

Is the service well-led?

Good

The service has improved from 'Requires Improvement' to 'Good' for this key question and is now considered well-led.

This was because the provider had taken appropriate action to ensure as required by law they notified us without delay about the occurrence of any incidents or events that adversely affected the health, safety and well-being of people they supported.

The registered manager/owner and service manager continued to be highly regarded by people living in the home and their professional representatives. People felt the managers were accessible and approachable.

The provider still had effective systems in place to regularly assess and monitor the quality of service that people received.

People, their relatives, professional representatives and staff were all involved in developing the service. Their feedback was continually sought and used to drive improvement.

The provider worked in close partnership with external health and social professionals, agencies and bodies.

Rosenmanor 1

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 unannounced comprehensive inspection was carried out on 5 November 2018 by one inspector.

Before the inspection, we reviewed all the information we held about this service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. 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.

During our inspection we spoke in-person with three people who lived at the home, a visiting community mental health care professional, the registered manager/owner, the service manager who was in day-to-day charge of Rosenmanor 1 and three support workers. Throughout our inspection we undertook general observations of staff interacting with the people who lived at the home. We also looked at a range of records including four people's care plans and a range of staff files and other documents that related to the overall governance of the service.

Good

Is the service safe?

Our findings

People continued to be protected from the risk of abuse or harm. People told us they felt safe living at the home. One person said, "I do feel safe living here. I get on well with my housemates most of the time and the staff look out for us." The provider had robust systems in place to identify, report and act on signs or allegations of abuse or neglect. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. Staff told us the managers continually encouraged and supported them to speak out if they were ever concerned about staffs poor working practices or behaviour toward people living in the home.

We looked at documentation where a safeguarding alert had been raised in respect of one person living in the home and saw the provider had taken appropriate and timely action, which they followed up to ensure similar incidents were prevented from reoccurring. The provider had also alerted the local authority's safeguarding adults' team and the CQC without delay about these safeguarding incidents and continued to work closely with the relevant safeguarding authorities to manage them.
The provider continued to identify and manage risks appropriately. Managers and staff assessed the risks and hazards people might face and developed management plans to mitigate identified risks and keep people safe whilst respecting people's rights and freedoms. For example, we saw care plans contained risk management plans that helped staff minimise risks associated with people falling and seriously injuring themselves, travelling independently in the wider community and managing behaviours that might challenge the service. We also saw staff had recently received positive behavioural support training and could give us examples of how they prevented or managed incidents of challenging behaviour.

The provider still had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies. For example, we saw personal emergency evacuation plans (PEEPs) in people's care plans, which ensured staff knew who needed additional support to be evacuated from the premises in the event of a fire and what risks were associated with people smoking in the garden. Records showed staff routinely participated in fire evacuation drills at the home and received on-going fire safety training. Staff demonstrated a good understanding of their fire safety roles and responsibilities. The London Fire and Emergency Planning Authority (LFEPA) told us the service's fire safety arrangements were adequate following a fire safety inspection they carried out at the home in the last six months.

The environment remained safe. Maintenance records showed environmental health and safety, and equipment checks were routinely undertaken by suitably qualified external contractors in accordance with the manufacturers' guidelines. This included checks in relation to the service's gas safety and electrical installations, portable electrical appliances; fire equipment, including fire extinguishers and fire alarms; heating and ventilation systems; and, water hygiene and monitoring of water temperatures.

People continued to be protected by the prevention and control of infection. People told us the home always looked clean and tidy. A visiting professional said, "One of my first impressions of the service was

how hygienically clean the staff kept the place. The home always looks and smells very clean." Records indicated all staff had received up to date infection control training and there were clear policies and procedures in place. Staff were knowledgeable about what practices to follow to prevent and control the spread of infection. Both managers told us they routinely carried out spot checks and audits to check that the rota was adhered to and ensure the standard of cleanliness remained good throughout the home.

Appropriate systems were in place to minimise any risks to people's health during food preparation. We saw the kitchen was kept hygienically clean, and staff and people living in the home always used colour coded chopping boards when preparing different food groups. Staff maintained up to date daily fridge and freezer temperature checks. The home had been awarded the top food hygiene rating of 5 stars by the Food Standards Agency (FSA). All staff had completed up to date basic food hygiene training.

The provider's staff recruitment processes remained robust. The provider's recruitment procedures enabled them to check the suitability and fitness of both new and existing staff they had employed. This included checking people's identity, obtaining references from previous employers, checking people's eligibility to work in the UK and completing criminal records checks (i.e. Disclosure and Barring Service (DBS) checks). The provider continued to carry out DBS checks at three yearly intervals on all existing staff, to assess their on-going suitability.

The service continued to be adequately staffed. People living in the home and a visiting professional told us there were enough staff available when they needed them. The visiting professional remarked, "Every time I've visited staff have always been visible in the main communal lounge." Throughout our inspection we saw plenty of staff working in the home in addition to the service manager. We saw staff were quick to respond to people's requests to smoke a cigarette in the back garden or go out shopping with staff. We saw the staff rota was planned and took account of the number and level of care and support people required in the home. The registered manager told us the service operated an on-call system at night, which ensured the one waking staff on duty at night would be able to contact the designated on-call manager or staff for advice or additional assistance in the event of an emergency.

Medicines continued to be managed safely. People told us they had confidence in the staff who supported them to take their prescribed medicines on time. People's care plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines were stored safely in a locked medicines cabinet and a trolley kept in the office. Medicines administration records (MARs) were also appropriately maintained by staff. For example, there were no gaps or omissions on any of the medicines records we looked at. Protocols for managing 'as required' medicines were in place and clear instructions were printed on MAR charts so staff knew when and how to administer these types of medicines. Staff received up to date training in the administration of medicines and their competency to continue doing this safely was assessed annually. The service's arrangements for managing medicines safely had been assessed as being satisfactory by an external community pharmacist following recent medicines audit they carried out at the service in October 2018.

Good

Is the service effective?

Our findings

At our last inspection we rated the service 'Requires Improvement' for this key question because we identified a range of issues relating to the home's physical environment being poorly maintained, both in the communal areas and people's bedrooms including some of the furniture, soft furnishings and paintwork.

At this inspection we found the provider had taken appropriate action to improve the premises. Specifically, we saw people's bedrooms and the main communal areas had been totally refurbished with new wooden flooring, furniture and soft furnishings, such as new wardrobes, tables and chairs, and curtains throughout the home. Several people who lived at the home told us they liked their new bedroom furniture, flooring and curtains, and the colour their bedrooms had recently been repainted. One person remarked, "There's been a lot of redecorating around here lately, which has been bit disruptive, but now it's all done you can see what a difference it makes. The whole place looks and feels so much nicer."

Furthermore, the garden had been cleared of rubbish and the side-gate lock repaired so it could be locked to make this external space secure. This meant people living in the home and their visitors could now freely access this outdoor space without always seeking staff's permission to unlock the back door.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Managers had identified that some people required their liberty to be deprived to keep them safe and free from harm. We saw the service had applied to the local authority for authorisation to deprive people of their liberty and maintained records about the restrictions in place and when the authorisations were due to be reviewed.

We also found appropriate arrangements continued to be in place to ensure people consented to their care and support before this was provided. People's care plans showed their capacity to make decisions about specific aspects of their care was assessed. We saw staff always offered people a choice and respected the decisions they made. For example, during lunch we observed staff ask people to choose what they wanted to eat from the daily menu. Staff received MCA and DoLS training. Staff demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support.

The provider continued to ensure staff had the right skills and knowledge to deliver effective care and

support to people. All new staff received a thorough induction that included shadowing experienced staff on their scheduled visits and completing 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. Existing staff received ongoing training the provider considered mandatory, which included a mental health awareness course. Staff demonstrated a good understanding of their working roles and responsibilities.

Staff also spoke positively about the training they had received. Typical feedback included, "We get all the training we need here", "The training is very good" and "The other day we had managing challenging behaviour training and this afternoon we've got a refresher course in managing medicines safely." Managers told us they continued to use an external training officer who regularly visited the home to refresh staff's existing knowledge and skills.

Staff continued to have sufficient opportunities to review and develop their working practices. The provider still operated a rolling programme of regular supervision (one-to-one meetings), competency assessments and annual appraisals where staff were encouraged to reflect on their work practices and identify their training needs. Staff told us they were encouraged to talk about any issues or concerns they had about their work.

People were still supported to have a well-balanced healthy diet. People typically described the food they chose to eat at the home as "good". During our inspection we saw staff support people to compile a shopping list of ingredients to buy so they could prepare the evening meal for everyone that day. People's care plans included detailed information about people's different food preferences and dislikes. Staff weighed people if they had concerns about them gaining or losing too much weight and liaised with health care professionals appropriately.

People were supported to maintain their physical and mental health. Staff ensured people attended scheduled health care appointments and had regular check-ups with their GP, community psychiatric nurses (CPN), dentist, opticians, dietitians and consultants overseeing people's specialist health needs. People's individual health action plans set out for staff how their specific healthcare needs should be met. Managers told us they arranged for people to have regular health checks and medicines reviews.

Good

Is the service caring?

Our findings

People continued to receive person centred care and support. People told us they each had a care plan where staff encouraged them to remain involved in its development. One person said, "I have a key-worker who I meet every month to discuss my care plan, what's going well and what I need help with." One person confirmed they had been offered to keep a copy of their care plan in their room, but chose to leave it in the office for safe keeping.

People's care plans, which were available in both written and electronic formats, were personalised and reflected the Care Programme Approach (CPA). CPA is a type of care planning specifically developed for people with mental health care needs. People's care plans contained detailed information about an individual's personal, social and physical and emotional health care needs, abilities, the level of support they required from staff to stay safe and well, and what their goals were. They also included detailed information about people's life history, daily routines, social interests, food and drink preferences, and relationships they had with people that mattered to them.

The provider continued to comply with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people they supported. We saw staff communicated with people in appropriate and accessible ways. In line with the Accessible Information Standard, people's care plans included detailed information about people's specific communication needs and preferred methods of communication. A manager told us if a person planning to be supported by the service was not able to understand the information included in their care plan they could produce the plan in various formats including, audio, large prints and different languages.

People's care plans continued to be reviewed monthly, or sooner if there had been changes in a person, needs or wishes. People told us their key-worker encouraged them to participate in these reviews. Where changes were identified, people's care plans were updated quickly and information about this was shared with staff through daily shift handovers and monthly team meetings.

People were still given choices about various aspects of their daily lives. People told us staff encouraged them to decide what they wore, ate and did every day. One person said, "You can choose the food you eat here every day and staff take us out to buy the ingredients we need to make these meals", while another remarked, "I chose to make a cheese sandwich for my lunch today." We saw a notice board in the communal dining area which displayed important information about the meals people could choose to eat, who had agreed to be responsible for cooking the evening meal for everyone that day, and what planned social activities they could choose to participate in that week. This ensured people had access to all the information they needed to make informed decisions about how they lived their lives.

People continued to pursue meaningful activities that were important to them. People told us they had sufficient opportunities to engage in social activities at the home and in the wider community. One person said, "I like playing cards and board games which we often with the other people who live here and sometimes staff", while a social care professional told us, "I see people are always involved in various social

activities in the communal areas, which is great. I've been to lots of other mental health services where people can get socially isolated in their bedroom and not engage in any communal group activities." During our inspection we saw people playing board games in the dining room and go out for a walk and food shopping with staff. We saw people's care plans reflected their specific social interests and hobbies they enjoyed.

The provider responded to complaints appropriately. People told us they felt able to raise any concerns they might have with the provider. We saw the provider had a procedure in place to respond to people's concerns and complaints, which detailed how these would be dealt with. Copies of this procedure were given to everyone who lived at the home. We saw a process was in place for the provider to log and investigate any complaints received, so people's complaints were addressed appropriately. Managers told us all the formal complaints they had received since our last inspection had been fully investigated and resolved to the complainant's satisfaction.

When people were nearing the end of their life, they received compassionate and supportive care. People's preferences and choices for their end of life care were clearly recorded in their care plan where people had chosen to comment. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in care plans for people who had made this decision. Records showed staff had completed up to date end of life care training.

Good

Is the service responsive?

Our findings

People continued to receive person centred care and support. People told us they each had a care plan where staff encouraged them to remain involved in its development. One person said, "I have a key-worker who I meet every month to discuss my care plan, what's going well and what I need help with." One person confirmed they had been offered to keep a copy of their care plan in their room, but chose to leave it in the office for safe keeping.

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Good

Is the service well-led?

Our findings

At our last inspection we rated the service 'Requires Improvement' for this key question because the provider had failed to notify us in a timely manner about the occurrence of two police incidents involving people living at the home, which they had a legal obligation to do.

At this inspection we found the provider had taken appropriate steps to improve the way they notified the CQC about any incidents that adversely affect the health, safety and welfare of people living in the home. Since our last inspection the provider has submitted statutory notifications to us about several police and safeguarding incidents in accordance with their statutory duties. Both the managers demonstrated a good understanding of their role and responsibilities about meeting CQC registration requirements and for submitting statutory notifications to us about the occurrence of such incidents without delay.

The service continued to have a hierarchy of management with clear responsibilities and lines of accountability. The registered manager remained the registered manager for all four of the mental health care services she also owned in South London. They were supported by four service managers who were designated a service each where they permanently worked and helped manage in the absence of the registered manager. The registered manager/owner told us this enabled them to divide their time equally between the four services which they usually visited two or three times a week. Staff confirmed this and told us the providers management approach continued to work well.

The provider understood the importance of gaining the perspective of people they supported and their relatives. People living in the home and their relatives continued to be actively encouraged to remain involved in discussions about the service they or their loved ones received and how it might be improved. People told us they had opportunities to share their views about the service. One person said, "The staff do listen to me…I have lots of meetings with my keyworker where she asked me how I'm getting on." Records showed the provider used a range of methods to gather people's views and/or suggestions, which included weekly one-to-one meetings with their designated key-worker, monthly house meetings with their peers, and regular care plan reviews. The service also used satisfaction questionnaires to obtain feedback from people's relatives and their health and social care professional representatives. The results of the service's most recent stakeholder satisfaction survey were all positive.

The provider continued to value and listen to the views of staff. Staff were actively involved in developing the service and were encouraged to propose new ways of working. Staff spoke favourably about the way both the managers ran the rehabilitation service. Staff had regular opportunities to contribute their ideas and suggestions to the management of the service through regular individual supervision and group team meetings. Records of this contact showed discussions regularly took place which kept staff up to date about people's care and support and developments at the service. One member of staff said, "The managers take on board what we have to say", while another member of staff remarked, "This is an excellent place to work…We work well as a team and all get on together."

There remained clear oversight and scrutiny of the service. We saw there was a rolling quality assurance

programme in place which involved managers and staff carrying out a range of daily, weekly, monthly and quarterly audits to constantly monitor the quality and safety of the service they provided. These audits included checks on care planning and risk assessing, management of medicines, staff recruitment, training and supervision, fire safety, accidents and incidents, infection control and food hygiene, finances, and health and safety. Through the governance systems managers had identified many issues which they had begun to address. For example, they had used incident reporting to identify what might cause a person's behaviour to become challenging and with support from mental health professionals had developed positive behavioural management plans to mitigate this risk.

The provider worked closely with various local authorities and community mental health and social care professionals. The registered manager told us they frequently discussed people's changing needs, reviewed joint working arrangements and shared best practice ideas with a range of community health and social care professionals who frequently visited people, they supported This included local GP's, social workers, and occupational and speech and language therapists.