

Aitch Care Homes (London) Limited

Rosebank Lodge

Inspection report

82-84 Mitcham Park
Mitcham
Surrey
CR4 4EJ

Website: www.regard.co.uk

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04 July 2019

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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

About the service

Rosebank Lodge is a residential care home. It was registered to accommodate and provide personal care and support to 13 people with learning disabilities or autistic spectrum disorder. At the time of our inspection 13 adults aged between 30 and 65 with mild to severe learning disabilities or autistic spectrum disorder lived at the care home.

The care home is larger than current best practice guidance suggests for residential services for people with learning disabilities or autistic spectrum disorder.

However, this has not had a negative impact on the people living there. This is because the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service

We found no evidence during this inspection that people were at risk of harm following two recent safeguarding incidents described below. This was because the provider had taken appropriate action to mitigate the risks associated with them.

People were protected against the risk of avoidable harm and abuse by staff who knew how to keep them safe. People told us they were happy with the care and support they received at Rosebank Lodge and felt safe living there. Staff managed potential risks people might face in a positive way that protected their dignity and rights. The provider deployed sufficient numbers of suitably vetted staff in the care home to keep people safe. People received their prescribed medicines when they should. People were protected against the risk of cross contamination as the provider had clear infection control measures in place.

The service was consistently well-led. The culture the providers had created promoted high-quality, person-centred care. People spoke positively about the managers. There were clear management structures in place and managers were visibly present in the care home. The provider had effective systems in place to assess and monitor the quality and safety of the service people received and learn lessons when things went wrong. Managers also sought the views of people living in the care home, their relatives and staff, and worked in close partnership with other external bodies and professionals. This all helped drive improvement.

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

Rating at the last inspection

The last rating for this service was Good (published 15 December 2018).

Why we inspected

This focused inspection was prompted in part by recent notifications we received about safeguarding incidents involving two people using the service. One incident is currently subject to a criminal investigation by the police, while the other is subject to a local authority safeguarding enquiry. As a result, this inspection did not examine the circumstances of either of these incidents, but did examine the risks associated with the Key Questions, Is the service Safe and Well-led?

No areas of concern were identified in respect of the other three Key Questions, 'Is the service effective, caring and responsive?'. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection. Please see the Key Questions of Safe and Well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosebank Lodge on our 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?

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.

Rosebank Lodge

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

One inspector carried out this inspection.

Service and service type

Rosebank Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The former registered manager had left in March 2019 and a new manager had been in operational day-to-day charge of the service since May 2019. The new manager is in the process of applying to be registered with us. This means they will be 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

Before this inspection, we reviewed all the information we had received about the service since their last inspection. This included any statutory notifications the provider had been required to send us. We received email feedback from a local authority social worker who regularly visited the service. This information helped us plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We also talked with seven members of staff including, the regional manager, the new service manager, the deputy manager and four support workers. 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 talk with us. We also looked at a range of records that included four people's care plans, six medicines administration record sheets and four staff files in relation to their recruitment, training and supervision. A variety of other records relating to the management of the service, including policies and procedures were also read.

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 good. At this inspection this key question remained rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- The provider had clear safeguarding and staff whistle blowing policies and procedures in place. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse. One member of staff told us, "I wouldn't hesitate to call the police and Merton Council's safeguarding team if I saw anyone being hurt by staff at Rosebank." Another member of staff remarked, "I've recently completed my safeguarding training and the managers are constantly reminding us that it's our duty to report any abuse we might see."
- People were supported to understand how to keep people safe and to raise concerns if abuse or neglect occurred. One person told us, "This is my home now, so I reckon I do feel safe here", while another person remarked, "If I didn't feel safe I would tell my keyworker...She's lovely".
- The provider had immediately notified the relevant authorities when it was suspected people using the service had been abused. Two safeguarding incidents that had been reported to Merton's safeguarding adults team and a police investigation remained open at the time of our inspection. One incident remained subject to a police officer lead criminal investigation, while the other was currently being investigated as a safeguarding matter by the local authority.

Using medicines safely

- Medicines systems were well organised and people received their prescribed medicines when they should.
- Staff followed safe protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going safe management of medicines training and had their competency to continue doing so safely, assessed annually. A member of staff told us, "I was taught how to manage medicines properly before I was allowed to administer them on my own under supervision."
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. No recording errors or omissions were found on completed Medicines Administration Records [MARs] we looked at. Managers and senior staff also carried out a regular medicines audit, which included checking medicines records, running balances and stock checks. This meant that any issues identified were acted on in a timely manner.
- However, although the service ensured people received their prescribed medicines as intended; staff did not have access to sufficiently detailed guidance about when and how to administer 'as required' medicines that modified people's behaviours.

We discussed this issue with the manager who agreed to introduce more detailed guidance for staff to follow regarding the safe use of 'as required' behavioural modification medicines. This measure should help

reduce the risk of 'as required' behavioural modification medicines being given in error or inappropriately. Progress made by the provider to achieve these stated aims will be assessed at their next inspection.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights to choice and freedom were respected.
- Comprehensive risk management plans were in place for staff to follow to help them prevent or manage identified potential risks people might face. These included risks associated with peoples' mobility, eating and drinking, taking their medicines and accessing the wider community.
- Staff were clear about the signs and triggers to look out for and the action they needed to take to prevent or manage a situation when people behaved in a way that challenged the service, which was positive and protected people's dignity and rights. One member of staff said, "The positive behavioural support training and the management plans community professionals helped us develop has significantly reduced the number of incidents of challenging behaviour that can happen here."
- There were plans in place to help staff deal with emergencies, which included fire. For example, we saw personal emergency evacuation plans, which clearly set out what support people would need to safely evacuate the building in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises with people using the service.

Staffing and recruitment

- People were kept safe by receiving care and support from adequate numbers of staff whose 'suitability' and 'fitness' to work in a residential care home for adults with learning disabilities had been assessed.
- Staff were available when people needed them. For example, we observed throughout our inspection staff respond quickly to people's requests for assistance or to answer their questions. One person told us, "There's always staff around to talk to if you need them."
- Staff underwent robust pre-employment checks to ensure their suitability for the role. Records confirmed staff files contained a proof of identity and right to work in the UK, full employment history and health check, satisfactory character and/or references from previous employers and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Preventing and controlling infection

- People were protected against the risk of cross contamination as the provider had clear infection control procedures in place to keep people safe.
- The service looked and smelt clean. The provider had been awarded four out of five stars in 2018 by the Food Standards Agency for their food hygiene practices.
- Staff had access to personal protective equipment and knew how to prevent the spread of infection. Records showed staff received on-going infection control and food hygiene training.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people. For example, staff demonstrated good awareness of the new risk management plans developed by the manager that made it explicitly clear male staff must not provide intimate personal care to female service users.

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 good. At this inspection this key question remained rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The provider had a clear vision and person-centred culture that was shared by the managers and staff. The manager told us they routinely used group team and individual supervision meetings to remind staff about the providers underlying core values and principles.
- The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The service has not had a manager registered with the Care Quality Commission (CQC) since March 2019, although the new manager has been in post since May 2019. The manager is in the process of applying to be registered with CQC.
- There were clear management and staffing structures in place. The manager was supported by a deputy manager, a regional manager who regularly visited the service, three senior support workers and 12 support workers.
- People using the service, community social care professionals and staff spoke positively about the way the service was managed. For example, comments included, "There were a few teething issues at the beginning, but these were very quickly resolved through meetings with the services managers", "I like the new manager...He's very nice and easy to talk too " and "Despite all the incidents we've all had to contend with here lately, I think the new manager and the deputy are doing a fantastic job in quite difficult circumstances."
- The new manager understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and the people using it.
- We saw the service's latest CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the providers website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The provider engaged and involved people using the service, their relatives, professional representatives and staff in the running of the care home.
- People told us their views were sought and acted on by the provider. People had regular opportunities to express their views about the standard of care they received at the home through individual meetings with their designated keyworker, group house meetings with their fellow peers and satisfaction surveys. The results of the most recent satisfaction survey indicated people were happy with the care and support they received at the service.
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during individual meetings with their line manager and group meetings with their fellow co-workers.

Continuous learning and improving care

- The manager was keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the service people received was routinely monitored by managers and senior support workers. Audits included; medicines management, care planning, infection control, fire and health and safety, and staff recruitment, training and supervision.
- Managers told us they analysed these audits to identify issues, learn lessons and implement action plans to improve the service they provided people. For example, they had used incident reporting to identify trends to help them develop positive behavioural support plans to reduce the occurrence of incidents of challenging behaviour.

Working in partnership with others

- The provider worked in close partnership with various local authorities and community health and social care professionals.
- The manager told us they regularly liaised and sought the views and advice of various external bodies and professionals including; GPs, community nurses, the local authorities positive behavioural support team, speech and language therapists, social workers, chiropodists and local day centre staff.
- The sharing of best practice ideas with other external bodies and professionals was cascaded down to staff. This helped ensure people's lives were enhanced and they received the care and support they needed.