

Signature Health and Living Ltd

Rosemanor-Hopton

Inspection report

8 Hopton Road
London
SW16 2EQ

Tel: 02082659814

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rosemanor-Hopton is a care home that can accommodate and provide personal care for up to 17 people with mental health care needs in one adapted building. At the time of our inspection the service was supporting 15 people, the majority of whom were aged 65 and over. Six people currently residing at the care home are also living with dementia.

People's experience of using this service

People told us they were happy with the standard of care and support they received, which was reflected in the services most recent stakeholder satisfaction survey.

The provider ensured staff had the right levels of training and support they needed to deliver effective care and support to people living at the care home. People's concerns and complaints were well-managed, and the provider recognised the importance of learning lessons when things went wrong. In addition, the services management were keen to continuously improve the care home and operated effective monitoring systems to assure the safety and quality of the care and support people living at Rosemanor-Hopton were provided.

The premises were kept clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. The provider had measures in place to mitigate the risks associated with COVID-19 related staff workforce pressures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People lived in a suitably adapted and furnished care home that was now well-maintained. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay emotionally and physically healthy and well.

Up to date electronic person centred care plans were in place, which enabled staff to understand and meet their people's personal, social, and health care needs and wishes. Staff ensured they communicated and shared information with people in a way people could easily understand. People were supported to participate in meaningful recreational activities that reflected their social and cultural interests. People were supported to maintain relationships with family and friends. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and wishes.

The provider promoted an open and inclusive culture which sought the views of people, their relatives, community-based health and social care professionals and staff. The provider worked in close partnership with various community-based mental health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at last inspection

The last rating for this service was requires improvement (published 31 January 2020).

Why we inspected

This was a planned inspection based on the previous rating. At the last inspection we found the provider was no longer in breach of regulation's as they had improved how they managed staff training and support, complaints and governance however, we continued to rate them requires improvement overall because we wanted them to demonstrate they could sustain the progress they had made over time.

We undertook this focused inspection to check the provider continued to follow their action plan and to confirm they could sustain the improvements we found they had made at their last inspection.

This report only covers our findings in relation to the key questions Effective, Responsive and Well-led. We also 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.

The rating from the previous comprehensive inspection for the key question Caring, which was not looked at on this occasion, and Safe, which was only partially inspected, were used in calculating the overall rating at this inspection.

Based on the findings at this inspection the provider continued to build upon the improvements they had made at their last inspection. The overall rating for the service has therefore changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosemanor-Hopton on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rosemanor-Hopton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

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

Rosemanor-Hopton is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people about their experiences of living at the care home and six members of staff including, the registered manager, the deputy manager, the services compliance manager and three support workers.

We looked at a range of records that included three people's electronic care plans and numerous staff files in relation to their recruitment, training and supervision. A variety of other records relating to the overall management of the service, including quality assurance audits, complaints and satisfaction surveys.

Following the inspection

We received email feedback from two community-based mental health care professionals about their experiences of working with this provider.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

As part of this inspection we checked the provider's infection control, and staff recruitment arrangements, so we could understand the preparedness of the service in managing an infection outbreak and any workforce pressures they might face.

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 meeting shielding and social distancing rules.
- 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 service was facilitating visits in accordance with current government infection prevention and control (IPC) guidance. People could visit the care home providing they followed the provider's strict COVID-19 guidelines. This included arranging visits in advance to minimise visitor numbers and showing proof they had tested negative for COVID-19 on the day of their prearranged visit.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were now consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found the provider had improved how they trained and supported their staff, which meant they were no longer in breach of regulations. However, we still required the provider to demonstrate they could sustain these improvements over a greater period of time.

At this inspection we found the provider had made enough sustained progress in relation to staff training and support.

- People received care and support from staff who had the right mix of knowledge, skills and experience to deliver it effectively.
- Staff had completed all the training they needed to meet the needs of the people they supported, which included, a comprehensive induction, and additional mental health and dementia care awareness training. The induction programme was mapped to the Care Certificate, which is a nationally recognised set of standards that provides new staff with the expected level of knowledge they need to enable them to do their jobs well.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was now being routinely refreshed to ensure it remained relevant. Staff told us in the last 12 months they had completed a number of training courses, both online and in-person. One member of staff said, "The training I've had since starting has been excellent." A second staff member remarked, "I feel the induction I received before I started working here gave me a lot of the skills and confidence I needed to be best the carer I could be."
- People described staff as competent. For example, one person told us, "They seem to know what they're doing", while a second person remarked, "I think the staff are pretty good at their jobs and know what I need".
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular supervision and work performance appraisal meetings with their line managers.

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

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs. This reflected the Care Programme Approach (CPA), which is a type of care planning specifically developed for people with mental health care needs.

- Staff demonstrated good awareness of people's individual support needs and preferences.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff understood who they supported that lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they were happy with the overall quality and choice of meals they were offered at the care home. One person said, "The food is very good here", while a second person told us, "You can more or less choose what you want to eat at lunch and dinner, and the staff always ask us at house meetings what sort of meals we would like to see on the weekly menus". We observed staff on several occasions offer people an alternative meal choice from the ones displayed on the weekly set menu for lunch.
- People's care plans included assessments about their dietary needs and preferences.
- Staff demonstrated a good understanding of people's dietary needs and preferences. For example, staff knew who did not eat certain meats in accordance with their religious beliefs, which was clearly highlighted in their care plans. We also observed staff puree one person's lunchtime meal in accordance with their Speech and Language therapist approved national risk management plan.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to stay emotionally and physically healthy and well.
- People's care plans detailed their health care needs and conditions.
- Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of community mental health and social care professionals.

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

- People lived in a suitably adapted and adequately decorated and furnished environment that meet their

needs.

- Several people told us the service was a relaxed and comfortable place to live. One person said, "Since I've lived here the staff have put a lot of time, money and effort into doing the place up a bit and making it more homely...The place does look a lot better these days."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs continued to be met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider had improved how they managed complaints, which meant they were no longer in breach of regulations. However, we still required the provider to demonstrate they could sustain these improvements over time.

At this inspection we found the provider continued to make enough progress in how they dealt with complaints.

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. One person told us, "I've no complaints to make about the place, and I'm sure the staff would listen to me if I told me I wasn't happy here."
- Complaints were logged, responded to appropriately and actions were identified to improve the service.
- The managers were all 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 apologise if things go wrong with care and treatment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported by staff to participate in various social and cultural activities at the care home and in the local community, which reflected their social interests and spiritual needs and wishes.
- People told us they were able to participate in recreational activities they enjoyed. For example, one person said, "I sometimes join in the exercise classes we have at the home, which I do enjoy." A second person remarked, "The staff sometimes put on social activities in the lounge, which you can join in if you want too." Throughout our inspection we observed people talking and listening to music in the communal lounge or sitting relaxing in a covered area in the garden. Another person mentioned staff supported them to regularly attend services at a local church.
- Care plans reflected people's social and cultural interests and needs.
- People were supported to maintain positive relationships with people that were important to them. The care home was now open to visitors providing they followed correct IPC guidelines.

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

- People received care and support from staff according to their individual assessed needs and preferences.

- People's care plans were up to date, personalised and contained detailed information about their strengths, likes and dislikes, and how they preferred staff to meet their personal, emotional and health care needs.
- Input from people living in the care home, and where appropriate their relatives and external mental health and social care professionals, was actively sought by staff to help them plan person-centred packages of care for people.
- People told us staff provided them with all the care and support they needed.
- The managers told us they had recruited a number of new male support workers in the last 12 months, which the provider had actively sort, so the gender balance of the staff team better reflected that of the people living at the care home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information, communication needs, and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard.
- Staff understood the Accessible Information Standard. For example, was saw information people might find useful about meal and social activity choices was clearly displayed throughout the care home in easy to read written and pictorial versions.
- People told us staff communicated clearly with them which enabled them to understand what they meant and were saying. We observed staff take their time to calmly explain to one person with a communication need what meal options were available for them to choose between that day, so they could make an informed decision about what they ate for their lunch during our inspection.
- People's communication needs were identified, recorded and highlighted in their care plan.
- Staff supported people to use various electronic communication devices, such as mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- People's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to.
- Managers told us they regularly liaised with GP's and other health care professionals, including community-based palliative care nurses, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.

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 now improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection we found the provider had improved how their governance and notification systems were managed, which meant they were no longer in breach of regulations. However, we still required the provider to demonstrate they could sustain these improvements over a greater period of time.

At this inspection we found the provider continued to make enough sustained progress in relation to how they monitored the safety and quality of the care and support people using the service received.

- It was clear from the feedback we received from people the services' management team recognised the importance of learning lessons and continuous improvement.
- The quality and safety of the service people received was routinely monitored by the managers, at both a provider and service level. This included regular audits and routinely obtained and analysed stakeholder feedback. For example, they carried out daily walkabout tours of the care home to check staff continued to handle medicines safely, wore their PPE correctly, and kept the environment clean.
- Audits were routinely analysed to identify issues, learn lessons and develop action plans to improve the service they provided people.
- People living at the care home, their relatives, community health and social care professionals and staff all spoke positively about the way the care home was now managed. For example, one person living at the care home told us, "The managers are very approachable and do listen to what we have to say."
- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.
- We saw the service's previous CQC inspection report, which was clearly displayed in the care home. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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.
- The registered manager had a clear vision for the care home. They told us they routinely used individual supervision and group team meetings to remind staff about the services underlying core values and principles.
- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their

relatives and the staff team.

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

- We received positive feedback from people about the leadership style of the registered manager. For example, people told us the registered manager had created a more open and inclusive culture at the care home.
- The provider sought to capture views of people living in the care home, their relatives and community-based health and social care professionals. This included informal feedback through day-to-day discussions and more formal feedback through regular well attended service user/house meetings, care plan reviews and stakeholder satisfaction surveys. A community mental health professional told us, "They [staff] are great at listening to my client and taking account of what he has to say."
- The provider 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 regular individual and group meetings with their line managers and fellow co-workers. Staff told us they received all the support they needed from the managers who were regularly on site at the care home.

Working in partnership with others

- The provider worked closely with the Local Authority and various external health and social care professionals and agencies including, GP's, community psychiatric nurses, speech and language therapists, social workers and physiotherapists. A community mental health care professional told us, "The managers are good at keeping in touch and working in tandem with us, so together we can try and manage some of my clients behaviours that can challenge the service, which has really helped my client."
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.