

# Mr & Mrs B Balachandran

# Rosina Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 12 and 13 March 2018 and was unannounced. When we last inspected the service in December 2016 the provider was meeting the regulations we looked at and we rated the service Good overall and in all five key questions.

This inspection was brought forward earlier than originally planned because a person who used the service died in hospital in March 2017 as a result of a choking incident arising from their swallowing difficulties. A Coroner's inquest was held to investigate the circumstances and concerns were raised with the Care Quality Commission. We carried out this comprehensive inspection to identify any current risks to people and ensure measures were taken to minimise them.

Rosina Lodge provides accommodation, care and support for up to 19 older adults some of who were living with dementia. There were thirteen people living at the service when we inspected it.

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

The service 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.

The registered manager did not notify the CQC consistently as required under the Registration Regulations 2009.

We found the auditing processes in place were ineffective in identifying some areas of staff practice and procedure that needed improvement. For example some people's care plans and risk assessments were not up to date. Also we did not see evidence to provide assurance that audits were robust enough to identify medicines concerns.

At this inspection we found the provider in breach of legal requirements with regard to safe care and treatment, good governance and notifications of other incidents. You can see what action we told the provider to take with regard to this breach at the back of the full version of the report.

At this inspection we found the provider had not maintained sufficient levels of support that was appropriate to meet people's needs. The care files and reviews we inspected were not all up to date. Some people's risk assessments were not updated or revised following changes in their circumstances and care.

Most care plans, reviews and risk assessments were signed by people to indicate their agreement to what

was written down on their behalf. The registered manager confirmed with us they would ensure all people's care plans would be reviewed immediately together with people living in the home. This is in line with the provider's own policies and procedures. The manager also told us that staff would receive additional training with this to ensure they fully understand their responsibilities and carry them out as required.

There were enough staff on duty to meet people's needs and there were additional staff able to cover in the event of staff absence. Robust employment checks were in place to help to ensure new staff were appropriate to be working with and supporting people.

People were supported appropriately with the administration of their medicines.

People were supported by staff who received training appropriate to their work. Staff received regular supervision and appraisal.

People's healthcare needs were met and staff supported them to attend medical appointments.

People lived in a comfortable environment which was clean and free of hazards.

Staff had undertaken training in the Mental Capacity Act 2005 and were aware of their responsibilities in relation to people who might be deprived of their liberty. They ensured people were given choices and the opportunity to make decisions.

We observed staff caring for people in a way that took into account their diversity, values and human rights. People were supported to make decisions about their activities in the home and in the community.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

Work was being progressed to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

There was a clear management structure at the service, and people and staff told us that the registered manager was supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe. Risks to people's safety and welfare were not as comprehensive as they could be. Reviews did not include sufficient analysis to ensure that any changes or new risks were identified and were appropriately reflected in care plans to promote people's safety.

Staff knew how to safeguard people from abuse because they recognised the signs of abuse and they knew the policies and procedures the provider had put in place to safeguard people.

The provider operated safe recruitment procedures. They had an effective system in place to ensure that there were enough staff deployed in the home to meet people's needs.

People's medicines were stored and administered safely to make sure people received the medicines they needed.

### Is the service effective?

**Good** ●

The service was effective. Staff were supported to meet people's needs with training, supervision and appraisals.

People chose what they ate and received the support they required to meet their assessed dietary and nutritional needs. Where people required support to eat this was stated in care records and followed by staff.

Staff supported people to access the healthcare services they needed to maintain their health.

Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

**Good** ●

The service was caring. People valued the care they received and said they liked the staff who supported them. They told us they felt listened to and staff knew their personal preferences and backgrounds.

Staff treated people with respect and protected their privacy and

dignity.  
They were kind and helpful and knew the people they were supporting.

### Is the service responsive?

The service was not always as responsive as it could be. Care planning and delivery was not consistently comprehensive in covering all people's needs and reviews of people's progress were not always analysed with appropriate revisions made to care plans.

People were supported to take part in activities they enjoyed, although these needs to be improved for some people. The service had a complaints policy and people said they would use it.

Work was being progressed with people (and where appropriate their relatives and health and social care professionals) to help them discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led. The registered manager had not used the notifications process consistently or appropriately.

The provider did not have sufficiently comprehensive auditing systems in place to ensure the expected quality of service provision.

People and staff were asked for their opinions via feedback surveys and the results from the last survey in 2016 were positive. The registered manager told us more regular feedback annually would be sought. Action plans were developed where required to address areas that needed improvements.

The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service.

**Requires Improvement** ●

# 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.

This inspection took place on 12 and 13 March 2018 and was unannounced. This meant the registered manager and staff did not know we would be visiting. At the last inspection in December 2016 we found the provider was meeting the regulations and we rated the service "good" in all domains and "good" overall.

This inspection was brought forward earlier than originally planned because a person who used the service died in hospital in March 2017 as a result of a choking incident arising from their swallowing difficulties. A Coroner's inquest was held to investigate the circumstances and concerns were raised with the Care Quality Commission. We carried out this comprehensive inspection to identify any current risks to people and ensure measures were taken to minimise them.

The inspection team consisted of one adult social care inspector and a specialist advisor from a speech and language therapy team. A specialist advisor is an appropriately qualified person who has professional practice experience in the field of speech and language therapy.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by staff at Rosina Lodge.

During the inspection we spoke with six people who used the service, five relatives of people, four members of staff and the registered manager. We looked at four people's care files and three staff files which included staff recruitment, staff training and supervision. The specialist advisor checked policies and procedures for

soft food and special diets and choking and resuscitation procedures for people with these needs who used the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Rosina Lodge. One person said, "I've lived here for several years now and I feel safe. The staff are kind". Another person expressed similar views and said, "Yes I do feel safe here. Staff help me where I need it and when I say I need something done in a particular way they do it for me. They respect what I want to do and support me as long as it is safe for me to do it".

We found individual risk assessments for people were in place such as for falls. The risk assessments covered people's most significant needs but risk assessments were not always as comprehensive as they could be in order to cover all of a person's needs. For example for people who chose not to engage in activities provided for them were at risk of isolation and might lack appropriate stimulation that could improve their well being. Risk management plans and actions were not always or consistently set out in people's care plans. This meant there was not always clear guidance for staff in the form of people's care plan objectives.

Staff were aware of how to manage identified risks but because some risks people faced were not assessed the provider could not be sure that all a person's needs were being met.

For some people their risk and needs assessments did cover all their individual needs and in these cases their care plans reflected the agreed ways of meeting them and we saw people were supported appropriately. For example where a person was assessed as being susceptible to having falls a risk management strategy was in place with guidance for staff to follow. This helped to minimise the person experiencing further falls.

Annual reviews of risk assessments were seen on people's care files but in general these contained comments such as "no changes" with the date and signature of the registered manager. Specific review of individual risks were not evidenced on the files we inspected. This may mean that risks to people were not managed as comprehensively as possible and the risks minimised.

The provider was not assessing or mitigating risks to people's safety effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of safeguarding issues and knew how to proceed if they had any concerns. They were able to tell us about the possible forms of abuse people might experience and they were aware of the correct procedures to follow in these circumstances. All the staff we spoke with said they would report any concerns they had directly to the registered manager or to the local authority if they thought this was necessary. Staff were confident to whistle blow if the appropriate actions were not taken.

We raised this concern with the registered manager who told us they were in the process of implementing a new system for assessing people's needs and risks and for planning people's care. We were told that new care files for all the people (living at Rosina Lodge) would be put in place within the next two months. The registered manager told us that this would mean all the information relevant to each person for their needs



and risk assessments together with associated care plan objectives would be in one place and would provide clear guidance for staff to follow. The impact of this for people would mean they received improved co-ordinated care that met more of their individual needs more effectively.

Following the incident [that led to the Coroner's inquest] in March 2017 involving a person using the service the provider had taken a number of appropriate measures to ensure risks to people of choking due to their swallowing difficulties were minimised. This has improved the safety of people with these risks. We inspected the provider's policies for accidents, first aid and the safe management of choking incidents. We saw they were reviewed and revised appropriately in January 2018. Details and contact numbers in the accident policy were updated as required. Staff signed and dated agreements that stated they had read and understood these policies and procedures and were able to work within the scope of them. Staff we spoke with were clear about their responsibilities set out in these policies. For example with reference to the policy for safely managing choking incidents, two staff members gave a clear and coherent description in line with both the policy and national guidance and best practice.

On the day of the inspection we saw there were enough staff to keep people safe. Staff had time to sit and talk with people and engage them in activities in the house. Where appropriate some people had one-to-one staffing provided. The registered manager stated that staffing levels were based on the needs of the people who lived at Rosina Lodge. If people's needs increased or there were special events arranged then staffing levels were increased accordingly. This meant that there were sufficient numbers of staff working with the knowledge, skills and support they required.

There were effective recruitment practices in place. Staff recruitment checks included a criminal records check and satisfactory employment and personal references. These arrangements helped to protect people against the risk of being cared for by unsuitable staff.

People received their medicines safely and as prescribed. People's medicines were stored in a locked medicine cabinet which was well organised. Staff recorded medicines administration onto people's individual medicines administration record [MAR] charts. We reviewed the MAR charts for each person and found there were no gaps in recording. Where people were prescribed 'when required' medicines protocols were in place to help ensure their safety.

Staff told us they completed safe administration of medicines training. Records we saw confirmed this. The registered manager told us they were planning to establish an assessment of staff's competencies to ensure that they were following the correct procedures when administering medicines.

Risks to people relating to infection control were well managed by the provider. We inspected the premises and saw they were safe and clean.

We saw certificated evidence that staff completed classroom based food hygiene training in January 2018. Staff we spoke with were able to describe best practice methods to help ensure good food hygiene when preparing meals and serving food in the home. All products in the fridge were within their use-by date. Jars and bottles were clearly marked with the date on which they were opened. The fridge and the kitchen were clean and orderly. The fridge thermometer was noted to be broken as it indicated a temperature of 7 ° and showed a maximum of 17°, minimum -9°. The registered manager agreed to replace this with a new thermometer immediately.

The registered manager showed us the incident and accident records. We could see that appropriate details were recorded for any incidents or accidents that happened. The manager told us they reviewed the records

to see if any trends might be identified that informed them of appropriate action to take to avoid the same things happening again.

# Is the service effective?

## Our findings

On the care files we inspected for four people we saw there were some needs and risk assessments in place and where people were able to do so they had signed in agreement with what was written down on their behalf. Examples of this were seen for people with swallowing difficulties. In some cases relatives signed their agreement on behalf of people unable to do so because of their dementia.

People were supported by staff who had the appropriate skills and experience. All the staff we spoke with told us they felt well supported by the registered manager. One staff member told us, "We have regular supervision and I feel I get good support from the manager."

Staff received training the provider identified as mandatory. This included health and safety, emergency first aid, safe handling of choking incidents, food hygiene, safeguarding and the Mental Capacity Act 2005 (MCA). The registered manager showed us the staff training programme for 2018 that evidenced refresher training was planned for all staff including safeguarding people. Training specific to the needs and conditions of the people who used the service were planned such as working with dementia. One staff member said, "We have had a lot of good training over the last few months in a variety of courses that have really helped me with my work."

People were supported by staff who were regularly supervised and appraised. One staff member told us, "I have regular formal supervision with the manager and I get a copy of the notes from those meetings if I ask for them." Other staff told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and the registered manager to reflect on their performance and identify any training needs.

People told us they had food they liked and sufficient amount to drink. One person said, "I really like the food here, no complaints at all as far as I am concerned". People chose what they ate and received the support they required to meet their assessed nutritional needs. Where people required support to eat this was stated in care records and guidance was followed by staff.

People were supported to maintain good health. The service maintained a close working relationship with healthcare professionals to ensure people's needs were met in a timely way. An example of this was joint working with the speech and language therapy team (SALT) where people living in the home had swallowing difficulties and required soft food diets. We noted there was a good level of communication between the registered manager, staff and the SALT team that helped to ensure people's needs were being met appropriately. Staff in the home knew what people's specific dietary needs were, such as "soft food" diets. We observed people with these needs being provided for by staff with appropriate food that met the advice provided by the SALT team. We also observed people being appropriately supported to eat these foods according to their individual and specific needs and in line with national guidance. Staff were also aware of what to do if someone developed difficulties with swallowing. They told us the guidance they received was helpful.

Overall we saw where people presented with health needs staff made referrals and appointments for people and supported their attendance at them. People's health needs and the input they received from health professionals were recorded in care records.

Health and social care professionals told us they were kept fully informed by the staff of people's progress. They said healthcare appointments for people were maintained appropriately. Care files confirmed all the people were registered with a local GP and had regular health checks as and when they needed them. People's health care needs were also well documented in their care files.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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 be as least restrictive as possible.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support.

Seven of the thirteen people using the service were assessed by the provider as not having capacity under the MCA. We saw written evidence that applications were made to the local authority for assessments to be carried out. We noted that the local authority had written to the registered manager to say due to a large number of applications received generally they were unable to process those requested by Rosina Lodge at that time. We spoke with the registered manager about this and it was agreed new applications should be made annually and records made annually of the local authorities responses where they were unable to process them. We saw no evidence that people were being deprived of their liberty. People told us they could come and go from the home as they wished. One person said, "I go out nearly every day and the staff support me to do so. They are very good like that." This all evidenced that care and support was being delivered according to the principles of the MCA

## Is the service caring?

### Our findings

People and their relatives told us they thought staff were kind and caring. One person said, "The staff are lovely, they are very kind and they do their best to help us." Another person said, "The staff and the manager are very caring." Relatives told us, "Staff are always welcoming to us when we visit. They are friendly and they keep us well informed about our relative's progress." Another relative said, "They are all very good here. Staff do care for them well [people living in the home]." We observed people were relaxed and comfortable with staff and staff were talking and chatting with people.

People were able to discuss any concerns and contribute to ideas about the running of the service and with the activities they wanted to join in. People were supported with their cultural and spiritual needs. For example, at the time of our inspection one person said they enjoyed eating Indian food. The registered manager told us they ensured people were provided with food that met their preferences and in this case the person received this type of food as they wished. At the inspection we saw the person eating chapattis and another Indian dish for their lunch. They told us how pleased they were to be able to do so and how much they enjoyed it. Staff told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices.

Some of the people had contact with their relatives who visited them in the home. Over the two days of this inspection we noted several families visited people in the home. We noted these visits were positive. People were evidently happy to see each other and felt free to talk and enjoy each other's company. One person living at the home had a birthday celebration and a large chocolate cake was presented to them. The person told us how happy this made them feel.

Those people who were able to told us they were able to make their own decisions about their daily lives and the level of support they needed. One person told us they went out nearly every day to visit museums and other places of interest to them. They said that staff were very supportive and encouraged them. Where they might be missing lunch in the home, we were told staff prepared a packed lunch for them. The person said, "When I go out staff always ask where I am going and when I will be back. This is to ensure I get back home and am safe. I think that's really caring of them."

Some of the people using the service were unable to communicate well verbally because of their dementia and their relatives told us they contributed for them in house meetings and individual discussions. The registered manager told us they had not needed to use an advocacy service recently, but would provide the necessary information to people if they needed it. We saw information about the local advocacy service displayed on the notice board for people to see.

One person told us staff respected their choices, their privacy and their dignity. We saw people's privacy, dignity and independence were promoted, staff gave us examples of the ways they respected people's privacy and dignity and we observed this during our inspection. One member of staff said, "I always knock on people's doors before going in". Another member of staff said, "When I give personal care to people I ask them how they would best like it to be given them." The registered manager explained how they were able

to provide updates and training during staff meetings and observe the day to day care staff provided to ensure people were supported in a dignified way.

## Is the service responsive?

### Our findings

Documented assessments we saw for people were not always comprehensive in their coverage of people's physical, mental, emotional and social needs. Annual reviews did not specifically review each element of the assessments and care plan objectives that were in place for people. This meant that the provider could not be assured responsive outcomes for people that met all their needs. The registered manager told us they recognised this and the need for improvement with these processes. They told us this was why they were implementing a new format that will include a comprehensive review for all people's assessment and care planning together with improved outcomes for people's quality of life.

Those people who were more independent and able told us they were supported to follow their interests and activities. People who were less able to do things for themselves said they would like the range and scope of available activities to be widened and extended for them. The main issue highlighted by people was the need to have different activities depending on people's differing needs. People said that some of the activities designed to engage those people with dementia were not always suitable for those people who did not have dementia. Over the course of this inspection we saw a number of people engaged in activities such as chess, scrabble and colouring and drawing. The registered manager told us they asked people what they wanted to do in terms of activities but agreed to consult further with people about suitable activities they would like to do as a part of people's individual needs assessments.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was available for people, relatives and staff to refer to in the main office. The registered manager acknowledged that it would be helpful to relatives and professionals if a summary of the complaints process was displayed where people could easily access it. This would help to clarify the process for those who might need it. The complaints procedure provided directions on making a complaint and how it would be managed. This did not include timescales for responses which is a necessary component for a good complaints process.

People and relatives we spoke with did say they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if they had a complaint.

From our inspection of people's care files we saw work was started together with relatives and health and social care professionals to help people discuss and record their wishes for end of life care. For example whether people wanted to be cared for in the home or a hospital or hospice. This was to ensure people had a choice about what happened to them and that staff had the information they needed to make sure people's wishes would be respected. The registered manager told us they were working to complete this for all people.

## Is the service well-led?

### Our findings

The registered manager, also one of the owners, was in place and registered with the Care Quality Commission since the home opened more than 10 years ago.

From our inspection of the home's records we found there were insufficient or effective audits in some areas of staff practice and procedure and had not picked up on the issues we found at this inspection. For example some people's care plans and risk assessments were not up to date and this had not been picked up. We found the audit procedures were not sufficiently comprehensive to ensure the provider's own policies and procedures were being carried out as was expected or as required. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at our records before the inspection to check that accidents or incidents happening in the home were appropriately notified to CQC. We noted that two notifications to do with serious events such as expected deaths were received from the registered manager since the last inspection. We inspected the records held by the provider and we saw other incidents that required notifications to the CQC were not consistently reported. We saw documented evidence they were reported by the registered manager to the local authority such as for safeguarding events and other agencies appropriately. But this meant we were not always able to see if appropriate action had been taken by management to ensure people were kept safe.

This is a breach under regulations 18 of the CQC (Registration) Regulations 2009. It is an offence not to notify CQC when a relevant incident, event or change has occurred.

We spoke with four members of staff and they said the registered manager was approachable and supportive and they felt able to raise any concerns they had with them. Staff said they felt there was a good team spirit in the home. They told us they felt well supported by their colleagues. Staff said the registered manager included them in discussions about the service and they felt involved in service progression and development.

The registered manager told us there were staff team meetings held every two or three months. We looked at the minutes from the last three meetings held before this inspection and we saw there were a range of discussion topics some of which were to do with practical household matters such as maintenance issues. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

The registered manager told us they asked people who used the service and staff for their opinions and they were asked to complete a satisfaction survey in 2016. The results were analysed and we saw from the registered manager's report the results were mostly positive in all areas that questions were asked. They showed that people were satisfied with the support provided by staff and the services more generally in the home. They felt they were treated with respect and staff listened to them if they had any concerns or wanted to talk. The registered manager told us they were planning to carry out another satisfaction survey this year



in 2018.

The registered manager told us that the pharmacist supplying medicines to the home had recently agreed to carry out an audit of medicines practices and procedures in the home in the next month. We were told the purpose was for them to independently review the quality of the medicines procedures being provided by staff for people in the home. The registered manager also told us they were planning to carry out competency assessments for all staff to provide regular monitoring information about their ability to deliver medicines to people safely. The provider agreed to review the current medicines audits to ensure that they are robust enough to identify areas of concern and help to drive improvement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to notify CQC of important events which affect people's health, safety and welfare.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider was not assessing or mitigating risks to people's safety effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was insufficient oversight and management of the service in order to review the quality and safety of the service and ensure continuous improvement.