One Housing Group Limited

Roseberry Mansions

Inspection report

1 Tapper Walk
London
N1C 4AQ

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13 April 2016

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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 inspection took place on 13 April 2016 and was unannounced. When we last visited the home on 8 August 2014, we found the service met all the regulations we looked at.

Roseberry Mansions is an supported living scheme that provides 40 flats for older people.

The service does have 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. During the inspection the registered manager was not present. An interim manager assisted us with the inspection.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

There was an accessible complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately.

Staff were deployed in sufficient numbers to meet people's needs. Staff knew how to keep people safe. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

Risks to people were identified and staff took action to reduce those risks. People were provided with a choice of food.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People and their relatives felt confident to express their views of the service and the management ensured these were addressed.

People could choose to be engaged in meaningful activities that reflected their interests and supported their wellbeing.

People were treated with dignity and respect. People using the service, relatives and staff said the management of the service were approachable and supportive.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. People were supported effectively with their health needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People's needs were always met as staff were deployed consistently.

Procedures were in place to protect people from abuse.

The risks to people were identified and managed appropriately.

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective. Action had been taken to comply with the Mental Capacity Act 2005 (MCA) as mental capacity and best interest assessments had been carried out.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

People told us they enjoyed their meals.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People were supported to engage in meaningful activities.

People's care was planned in response to their needs.

People and their relatives were supported to raise concerns with

the provider as there was an effective complaints system in place.

Is the service well-led?

Good

The service was well-led. The provider had effective systems to check and monitor the care of people received.

The culture of the service was open and transparent.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Roseberry Mansions

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 13 April 2016 and was unannounced.

The inspection was carried out by an inspector and a specialist professional advisor who was a nurse with knowledge of needs of older people.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with nine people who used the service, five care staff and the acting manager. We spent time observing care and support.

We also looked at a sample of seven care records of people who used the service, nine medicine administration records, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they were supported by staff to take their medicines safely. One person said, "I understand what my medicines are for, and they are always available." Arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them. There were no gaps on the medicines administration records (MAR) and reasons were recorded for not giving people their medicines. Staff told us how medicines were obtained and we saw that supplies were normally available to enable people to have their medicines when they needed them.

There were arrangements in place to protect people from the risk of abuse. People who used the service told us that they felt safe and could raise any concerns they had with staff. One person said, "I feel safe." Information regarding who to contact if people or their relatives had concerns about the way they were treated by the service was available. Staff understood the service's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and to external authorities such as the local safeguarding team and the Care Quality Commission. Staff had received training in safeguarding vulnerable adults. Health professionals told us that staff were very trustworthy and responded to any concerns they raised.

Risks to people were managed appropriately. Assessments were undertaken to identify any risks to people who used the service and staff. People and relatives told us that risks arising from the care they received were monitored and addressed. One person said that they had recently needed more support to move around their flat and staff had carried out a risk assessment to make sure that this was done safely. The person's risk assessment and care plan identified how they should be supported to move safely and transferred from chair to bed. Staff spoken with understood the possible risks when providing care to people who used the service. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring.

There were sufficient staff, people who used the service and relatives told us that the availability of staff was tailored to meet their individual needs. One person said, "Staff come to my flat in the morning at the time I have agreed and help me with the things I had asked for help with." The acting manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed each day. We looked at ten care plans and these identified when and for how long staff would visit people's flats. Care plans also specified the care needs that staff would support people with. One person told us that they had recently requested more support with personal care first thing in the morning. The service had provided extra staff time to ensure the person had the care they wanted. We looked at the person's care plan it showed that these changes had been recorded. Staff spoken with felt that sufficient staff were deployed to meet people's needs. Staff told us they could ask for more support if people's needs had changed.

Safe recruitment procedures were in place that ensured staff were suitable to work with vulnerable adults as staff had undergone the required checks before starting to work at the service. We looked at three files of

staff who had recently been recruited to work with people who used the service. These files contained disclosure and barring checks, two references and confirmation of the staff's identity. We spoke with one member of staff who had recently been recruited to work at the service they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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. The application procedure is for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the provider's had policies and procedures in place that ensured staff had guidance if they needed to apply for a deprivation of liberty for a person who used the service. The acting manager had attended a forum run by the local authority on the recent legislation regarding DoLS. They said they had considered people's needs in regard to this legislation, and were liaising with the local authority to establish whether people needed to be assessed. People's records showed they had powers of attorney and living wills in place, and staff were aware of these.

Referrals under the DoLS had been made where people lacked capacity to make decisions about their care. Were necessary people had a DoLS in place. The registered manager explained that they had involved professionals and people's relatives and made sure that the least restrictive option was taken when a person could not consent to care and treatment.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were able to explain the restrictions placed on people who used the service. Staff had also completed training on managing behaviour that might challenge the service. Care plans gave detailed guidance of how staff were to respond to these behaviours, and where they were to take decisions in the person's best interests as the person had been assessed as not having capacity to make certain decisions about their care. Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interests. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS.

People who used the service received effective care as staff had the necessary knowledge and skills to meet their needs. People and relatives told us that staff understood and knew how to meet their needs. People said, "The staff know how to help me," and "The staff are really good." Staff said that the training they received enabled them to meet people's needs effectively. A member of staff who had recently started to work at the service confirmed they had received a detailed induction. The training matrix showed that all staff had completed the necessary mandatory training such as infection-control, food hygiene and first aid).

Refresher training had also been planned so that staff maintained their skills and knowledge in these areas.

The acting manager explained that staff received supervision every two months. This was in line with the service's policy on supervision. The three staff records we looked at showed that staff had received regular supervision. This had focused on their developmental needs and the work they were doing with people who used the service. Staff confirmed that they had regular supervision and this enabled them to better understand and meet the needs of people. Staff confirmed that they had regular supervision and appraisals which enabled them to better understand and meet people's needs.

People told us that they liked their meals. A person said, "The food is nice." Staff explained that meals were prepared in people's flats. Relatives brought in pre-prepared or frozen meals, and these were given to people each day. We observed that staff asked people what they wanted to eat before preparing their meals. Where people had diets that reflected their cultural religious backgrounds meals were prepared that met their needs. People's nutritional needs were assessed and when they had particular preferences regarding their diet these were recorded in their care plan.

Where necessary we saw that people had been referred to the dietitian or speech and language therapist if they were having difficulties swallowing. People's weight was being recorded in their care plans. Where people needed support with their nutritional needs their fluid and food intake was being monitored. People told us that they had been able to see their general practitioner when they want. When they asked staff to contact their GP this was done quickly. Staff gave clear information about the people's needs to the GP. A person told us, "They told me my doctor was coming and I can see them in my flat."

People were able to access the medical care they need. Care records showed that the service liaised with relevant health professionals such as GPs and district nurses. Care plans showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs. People's care plans showed that they had access to the medical care they needed.

Where necessary professionals had been consulted about the best way to manage risks to people. An occupational therapist had been consulted by the service regarding a person who needed equipment and adaptions to their flat so that they could retain their independence and be self-caring with some staff support.

Good

Is the service caring?

Our findings

People and their relatives said that staff were caring and supported them to express their views about how their needs should be met. One person said, "Yes, the staff are respectful and very friendly." People told us that when staff cared for them they were always "kind" and "helpful," and "They listen to what I have to say." Staff knew people's preferences and personal histories. This included preference on the gender of the care worker that people wanted to provide them with care and support. One person told us that they had asked for same gender for personal care and that, "I asked for a female care worker and they got one for me." The interim manager explained this was a question asked to all clients at the beginning of their stay.

We observed staff were very polite and respectful in their manner when speaking with people who used the service and their relatives. One person said, "Staff talk to us with respect and they are very caring." People told us that staff did not enter their flats without first knocking and asking their permission to enter. People and relatives confirmed that they had been involved in the planning of their care. One relative commented that they met monthly with the acting manager to discuss their relative's care, and these meetings were recorded in the person's care plan.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Relatives had been asked about people's cultural and religious needs. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People's likes and dislikes regarding food, their interests and how they wanted to spent their time were also reflected in their care plans. Where possible, people had also been supported to be as independent as possible and manage their needs. People's care plans showed that they had been involved in managing aspects of their care.

People told us that they understood and had been involved in making decisions about their care and support. All the care plans we looked at had been signed by either the person or their relatives.

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning and reviewing their care needs. One relative said, "They were meticulous and did a detailed needs assessment, and if there are any changes to what we need these are dealt with." Care plans were detailed and gave staff information about people's care needs and their preferences regarding how they wanted to be supported. Staff were able to explain the cultural and religious needs of people who used the service and how they supported them to meet those needs.

We observed activities taking place in the communal sitting room and people were able to choose if they wished to participate in meaningful activities. One person told us, "I feel at home here and I do my things the way I like to do it. I go out for shopping." We observed that people were listening to music from the 1940's. Sing- a- longs and regular film evenings were organised by people who used the service. Activities were planned based on people's interests as identified in their care plans.

Care plans reflected the needs of people, and these were linked to risk assessments. Care plans and risk assessments were reviewed regularly. Staff understood the importance of recording changes in people's needs. We found that timely and appropriate referrals were made to health professionals this ensured that changes to people's needs were addressed.

People and relatives told us that they had regular meetings with staff to discuss their needs and so that they could be involved in the development of the service. People's care records showed that they were regularly consulted about their needs and how these were being met. One person said, "I have recently attended my review and discussed changes I wanted made to my care plan."

People were also involved in wider decisions about the service through regular meetings. Minutes of these meetings showed that people were able to make their views known about how they wished the service to be managed. Staff made sure that the people were able to share their concerns and they acted quickly to resolve any issues.

People and their relatives knew how to make a complaint about the service. One person said, "The staff and management here are very open to communication and want to know if things are not right. If you do complain they take it seriously and try to put things right." Copies of the complaints policy were available on notice boards for people and their relatives to consult. Staff told us that the complaints policy had recently been updated with the involvement of people who used the service. People and their relatives had been given a copy of the updated complaints policy so that they knew what to do if they wished to make a complaint about the service. The complaint records showed that when issues had been raised these had been investigated and feedback was given to the people concerned. Complaints were used as part of ongoing learning by the service, so that improvements could be made to the care and support people received.

Good

Is the service well-led?

Our findings

We observed that there was an open and positive culture in the service. Staff, people and relatives told us that the service had a management team that was approachable and took action to address any concerns that they raised. One person told us, "You only have to call the office and the manager comes up and sees you." Staff were approachable and engaged positively with people and relatives. One person highlighted that, "Staff read the care plans and ask you what you need." Staff told us that they worked together as a team.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff told us the acting manager was open to any suggestions they made and they had benefited from clearer communication from the interim manager about how they should prioritise their work.

Supervision records showed that staff training and development needs had been identified. Any issues identified in staff supervision were discussed by the management team and plans were put in place to address these issues. Staff told us that the supervision they received enabled them to understand and improve the way they met people's care needs.

People and their relatives were consulted about decisions on how the service should be developed. A survey had been carried out and responses were generally positive regarding how the service listened to people's views and involved them in decisions about their care. People were also involved in decisions about the service through their representation at a customers forum that took place each month. Minutes showed that they were able to share their views of the service and that action had been taken to address any issues they had raised.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the acting manager and action taken to make sure that any risks identified were addressed. Two of these accidents showed that, where necessary, people had been referred to their GP or the district nurse for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people in their flats. These checks were recorded and any issues were addressed with staff in their supervision. Quarterly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements records showed that an action plan had been put in place and any issues had been addressed.