

## Aitch Care Homes (London) Limited

# Rosebank Lodge

### Inspection report

82-84 Mitcham Park  
Mitcham  
Surrey  
CR4 4EJ

Website: [www.regard.co.uk](http://www.regard.co.uk)

Date of inspection visit:  
25 October 2018  
08 November 2018

Date of publication:  
17 December 2018

### 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

Rosebank 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 provides accommodation and personal care for up to 13 people and was at full occupancy when we visited.

A registered manager was in post who was present on both days of the inspection. 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.

This was a planned inspection based on the rating at the last inspection in July 2016 when we rated the service Good overall. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated any serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service was operated in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were protected from avoidable harm, discrimination and abuse. Risks associated with people's needs were assessed, planned for and monitored for any changes. There were sufficient staff to meet people's needs and safe staff recruitment procedures were used.

People received their prescribed medicines safely and these were managed in line with good practice guidance.

Staff received the training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. Staff identified when people required further support with eating and drinking and took appropriate action. The staff worked well with external health care professionals and helped people access health services as required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received care from staff who treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood how people

communicated, their preferences, and what was important to them. Staff knew how to respond to people when they were distressed, working positively with external health and social care professionals when required.

People's needs were assessed and planned for. Support plans were detailed, up to date and staff knew and understood people's needs well. People were being offered improved opportunities to pursue their interests and hobbies with a renewed focus on quality of life. There was a complaints procedure and action was taken to learn and improve where this was possible.

The registered manager was committed to providing high quality person centred care and support. This ethos was central to how the service operated. There was an open and transparent and person-centred culture with good leadership evident. A newly appointed deputy manager had recently strengthened the management team

Further information is in the detailed findings below

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service improved to Good.

People were treated well and had their privacy and dignity respected.

Relationships between staff and people using the service were positive. Staff knew people well and provided care and support in line with their preferences.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Rosebank 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 checked 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.

One inspector visited on both days of the inspection. We inspected Rosebank Lodge on 25 October and 8 November 2018. The inspection was unannounced on the first day and announced on the second day.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three people who used the service to ask about their experience of the care provided. Written feedback was received from three relatives and one health professional following our visit.

We spoke with six members of staff including the registered manager, the deputy manager, the locality manager, and support workers.

# Is the service safe?

## Our findings

At our last inspection in July 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

We found people were kept safe and protected from avoidable harm. People using the service told us they liked living at Rosebank Lodge and generally felt safe there, although there had been some incidents in recent months where a person living there had been angry and upset. One person said, "I like it." Another person told us, "I like it here. It's just that one thing. They know I am unhappy about it." Evidence was available to show that the service had responded appropriately and the registered manager and staff told us how they were supporting the person whose behaviour required a response. This support included additional allocated staff and multi-disciplinary working with external professionals to support people's safety.

Staff understood when people using the service required support to reduce the risk of being harmed. Written assessments addressed any identified risks to people and included the control measures for staff to follow to help keep them safe. For example, around someone's behaviour, their use of electrical items and the risk of them leaving the home without staff support. The support plans included key information for staff to help them keep the person, themselves and others safe. An external health professional commented, "It is my experience that the home manager takes great care and pride in ensuring that when a resident is leaving his care, albeit for an outpatient appointment or a hospital admission, that risks are minimised and plans for a safe return are negotiated."

The service had effective safeguarding systems in place and staff said they would report any concerns immediately. One staff member told us, "I trust the seniors. 100% they'd take action." We saw staff received mandatory classroom and electronic training around this important area. Safeguarding policies and procedures were available for staff to reference online and on paper.

People and staff said that staffing levels were safe however recent events involving one person using the service had meant that staff were sometimes busy. The frequency of these incidents had reduced by the second day of inspection.

Recruitment procedures made sure that the right staff were recruited to support people to stay safe. The files seen included references from previous employers and proof of identity documentation. Criminal Records checks had been completed. These important checks identify staff who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.

Medicines were safely received, stored, administered and disposed of. Where people were prescribed medicines to take 'as and when required' there was information to guide staff on when to administer them. Regular audits took place to check medicines were being managed safely. Where any errors were found during these checks we saw they were investigated.

The service managed the control and prevention of infection well. Staff were trained and understood their role and responsibilities, for example, around food safety. The house was clean and free of malodours when we visited. One person using the service told us, "It's very clean."

The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire. A programme of refurbishment was ongoing with communal areas being decorated at night to minimise the disruption to people using the service.

# Is the service effective?

## Our findings

At our last inspection in July 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

The needs of people using the service were assessed before they came to stay at Rosebank Lodge. Referral information and assessments were provided by each funding authority and the service carried out its own assessments to make sure they could meet the person's needs. Records showed the registered manager and staff worked closely with health and social care professionals to ensure people received co-ordinated and consistent care when moving into the service. The care and support people then received was based on current legislation, standards and evidence based guidance. For example, a staff intranet contained relevant standards and legislation for managers and staff to reference.

People were supported by staff who were trained, knowledgeable and well supported. Staff completed induction training when they began working at the service and this included shadowing experienced colleagues to get to know people and their needs. New staff completed the Care Certificate. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.

Training was monitored electronically by the registered manager to make sure staff kept up to date with mandatory training and with any specialist training to meet people's needs. Staff told us, "I'm grateful for the training. It makes up for the pay" and, "I found the induction really helpful. I was given a buddy and shadowed other staff." Staff said that the training was relevant to their roles and included how to support people effectively. For example, Pro-act SCIP (crisis / therapeutic intervention) training helped staff to support people who may have behaviour that required a response.

Staff confirmed they were supported by senior staff through regular staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this. A staff member told us, "I have regular one to one supervision."

Peoples nutritional needs, including any allergies, preferences and special dietary needs were recorded and met. One person told us, "The food is good." Another person commented, "I do choose what I want."

When people needed support from external healthcare professionals this was arranged and staff followed any guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals. An external health professional commented, "Residents of the home who come to hospital do so, with up to date hospital passports and other relevant information which is likely to enhance the patient experience." A relative of a person who used the service but had sadly passed away told us, "When [person's name] became ill, the support given by the manager and his staff was much more than I could have ever wished for." Another relative commented, "They support them very well with doctors' visits and not so long ago when [person's name] was in hospital they were very good too."



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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

Staff completed training about the MCA and understood their responsibilities. Staff assumed people had capacity and supported them to make choices, such as how and where they wanted to spend their time. One staff member told us, "There is lots of choice and freedom." When people were unable to make a decision themselves, the service consulted with their representatives and health professionals to make sure decisions were made in their best interests. DoLS applications had been made in line with guidance and the registered manager was aware of when these needed to be refreshed.

People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings. The garden area was well maintained and included a sensory area in an outside garden building. The registered manager and their deputy spoke about further enhancements being made to provide additional stimulation and activity for people using the service.

## Is the service caring?

### Our findings

At our last inspection in July 2016, this key question was rated as 'Requires improvement'. At this inspection the rating improved to 'Good'.

A relative told us, "With all the complex needs of each service user to be taken into consideration, I am always grateful for the care and support that is shown by all members of the team for my relative and other residents." Another relative commented, "Staff always spoke positively of [person] and brought out the best in him. The most remarkable change to me was how well he related to staff (and residents too) and they to him."

People spoken with told us staff were respectful and caring. One person using the service told us, "The staff are nice." There was a relaxed atmosphere in the house on both days we visited. Observed interactions between staff and people using the service were familiar and friendly. We observed the staff working with people knew how to interact with them positively and were aware of their likes or dislikes. Support plans included sections such as 'Things I would like you to know about me', "Things I like" and 'What makes me happy.'

Staff supported the privacy and dignity of people using the service. For example, knocking on doors, ensuring people had control of their space and had privacy when they wanted it. One staff member told us, "I have no concerns about how people are treated here."

People were supported to develop independent living skills and to achieve goals. One person told us, "I go shopping with the staff each week." Daily records recorded 'personal daily outcomes' for each person. These logs were detailed and addressed how staff supported the person throughout the day across all activities of daily living.

There were policies and procedures for staff about caring for people in a dignified way and to respect people's confidentiality. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. Information about each person was stored securely and confidentially.

People's needs on the grounds of protected equality characteristics were considered as part of the planning process. For example, included their religious, cultural and spiritual beliefs, their sexuality and how their disability affected them.

People using the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. An organisational satisfaction survey had recently been completed by three people using the service. Regular meetings took place with people using the service and we discussed developing this forum to make sure people's views and choices were acted upon with the registered manager. They agreed to review this with people and staff.

People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. Quarterly meetings were held with relatives and representatives. Past discussion topics had included staff recruitment, holidays, events and CQC inspections. Staff also contacted relatives regularly to give them updates about the person and their activities.

## Is the service responsive?

### Our findings

At our last inspection in July 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

Relatives told us that the service was responsive to people's needs. One relative commented, "I have no issues regarding [person's] quality of care and support. [Person's name] is unable to verbally communicate so I receive a weekly update via email." A relative of a person who previously used the service said, "I received weekly overview feedback from staff on what [person's name] had been doing and their wellbeing either by phone or e mail - this applied to all residents."

Support plans were comprehensive, up to date and fully addressed the support required by each person around areas such as communication, their personal care, nutrition and health needs. These gave staff the guidance they needed to provide people with the support they needed and wanted. Each person's plan was personalised to them including their life history and the things that made them happy.

Detailed daily notes were recorded by staff with weekly summaries and monthly reviews then kept to document if the person had achieved their set daily outcomes. The completion of the summary and review documentation varied from person to person and we discussed this with the managers at Rosebank Lodge. They agreed to review the system in place to make sure it was working well and helpful in achieving positive outcomes for people using the service.

We found that staff employed at the service were knowledgeable about the needs of the people they supported. Staff told us that they received a daily handover and were prompted to read updated care documentation when required. For example, we saw a communication book was used which had reminders to staff to read updated care plans and assessments. Daily tasks and responsibilities were also allocated to staff through shift planning.

Positive work was taking place to support people with their quality of life led by the deputy manager. A new activity schedule was in place by the second day of inspection including attendance at new external activities and renewed focus on one to one sessions led by the allocated key worker for each person. One person told us they loved going to the day centre and another person told us about their classes at college. A staff member told us, "There's more attention on quality of life and activities." A survey was due to go out to family members to get their views on activities to help develop this area even further in the future.

The provider had a complaints process in place. Any complaints were handled in line with the provider's policy with the outcomes documented. People were asked during regular house meetings if they had any complaints. People we spoke with were comfortable talking with staff about any concerns they had and felt confident staff would take any action that was needed. Concerns or complaints were used as a learning opportunity and to make improvements to the service.

People received information in accessible formats and the registered manager knew about meeting the

Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. NHS and publicly-funded adult social care services are legally required to comply with this standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The complaints documentation was available in an 'easy read format'. Care planning information was made available in picture formats with objects of reference and communication books also used. There were photographs of staff displayed to help people understand and identify which staff were on shift. One person using the service took an active part in making sure the staff photograph board was up to date each day.

## Is the service well-led?

### Our findings

At our last inspection in July 2016, this key question was rated as 'Good'. At this inspection the rating remains 'Good'.

A registered manager was in post at the time of our inspection. They were supported by a deputy manager and senior support workers. 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.

Relatives were positive about the registered manager and told us that communication had improved. One relative commented, "He has always taken on board any queries that I have had and issues have been resolved smoothly and quickly." A second relative commented, "I have to say we need more care homes like Rosebank."

One person using the service told us, "I am able to talk to the manager." Staff told us that they found the registered manager and senior staff to be approachable and supportive. One staff member said, "He's approachable. You can really talk to him." Another staff member said, "He's brilliant. Really helpful." A third staff member commented, "I cannot fault him. He's been so supportive."

Regular staff meetings took place addressing areas such as CQC standards, dignity and respect, key working and activities. Staff could also receive information and important messages via their work email address.

The staff members spoken with said that they felt the quality of care for people was of a good standard and they had no concerns about the service being provided. They said they would recommend it to others. One staff member said, "It's good. The manager is thorough." Another staff member commented, "It's all pretty good."

People using the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. An organisational satisfaction survey had recently been completed by three people using the service.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided. For example, recent multi-disciplinary working had helped staff know how to respond to one person using the service and the number of incidents had decreased.

Regular quality returns were supplied to senior managers who were able to monitor aspects of the service delivery electronically. For example, complaints, safeguarding alerts and incidents or accidents.