

Metropolitan Housing Trust Limited

Rosswood Gardens

Inspection report

4,6 & 8 Rosswood Gardens
Wallington
SM6 8QZ

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05 October 2022

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Rosswood Gardens is a residential care home providing personal care to up to sixteen people. The service provides support to people who have a learning disability and/or autism. At the time of our inspection there were nine people using the service. Rosswood Gardens comprises three adjoining properties.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This was a targeted inspection that considered the safety and suitability of the environment, risk management and governance arrangements.

Right Support:

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. People had a choice about their living environment and were able to personalise their rooms. 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; the policies and systems in the service supported this practice.

Right Care:

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks, this included in relation to environmental risks.

Right Culture:

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Where improvements were identified as being required, action was taken to address the concerns and ensure continuous improvement. A new permanent manager had been recruited to ensure stability within the management team and provide greater oversight of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice and requirement notice we previously served in relation to Regulation 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We 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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Rosswood Gardens

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 Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice and requirement notice in relation to Regulation 12 (Safe Care and Treatment), Regulation 15 (Premises and Equipment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

This inspection was undertaken by one inspector.

Service and service type

Rosswood Gardens is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosswood Gardens is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed the information we held about the service, including information from the provider about key events that occurred. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who use the service. We undertook general observations of the safety and suitability of the environment. We spoke with four staff members, including the operations manager, the manager, a senior care worker and a care worker. We reviewed records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served about safe care and treatment. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Since our last inspection improvements had been made to make the environment safe and minimise risk to people's welfare. This included new flooring, maintenance to bathrooms, ensuring emergency call bells were accessible and ensuring harmful substances and sharps were locked away.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Since our last inspection appropriate assessments had been undertaken to review the risk of scalding to each person, specifically in relation to use of the kettle. Those that were assessed as being able to use the kettle safely were able to do so and maintain their independence around making hot drinks. An 'easy pour' kettle had been purchased to make it easier for people to lift and pour hot water reducing the risk of spills.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Since our last inspection care records had been reviewed and updated to ensure they provided accurate, up to date, detailed information about risks to people's safety and how the person was to be supported to minimise those risks.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. DoLS conditions were currently being reviewed and the manager told us they felt more confident challenging certain conditions if there felt it was not the least restrictive option available.

Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. At the time of the inspection care staff were not wearing face masks which was not in line with current recommended guidance. There had been no formal assessment of this arrangement and how it may impact on the risk of spread of infection. The manager told us they were reviewing this arrangement and as they went into the winter season they were going to re-introduce face masks when staff were working in close proximity to people to reduce the risk of spread of infection.
- We were not always assured that the provider's infection prevention and control policy was up to date. Staff told us there had been a change in the provider's requirements regarding the use of PPE and the frequency of testing. However, the provider's policy had not been updated to reflect this change in procedure. We spoke with the operations manager about this who assured us they would ensure the policy was updated to reflect and clarify current requirements regarding PPE use and testing requirements for staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

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 our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirement notice we previously issued about the suitability of the environment. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to ensure a safe and suitable environment was provided that met people's needs. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. People told us they liked the environment and found it to be homely. They confirmed they were able to personalise their room and were supported to purchase and put up decorations in their room which were in line with their hobbies and interests.
- The manager confirmed they were continuing to purchase soft furnishings and replace curtains to further improve the homeliness of the environment.

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 our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served about good governance. We will assess the whole key question at the next comprehensive inspection of the service.

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 the provider had failed to ensure there were appropriate systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There continued to not be a registered manager in post at this service. However, a permanent manager had recently been employed and they told us they intended to apply to become the registered manager in line with their CQC registration requirements. The manager was aware of what was required and the role of the registered manager, including the submission of notifications about key events that occurred at the service.
- The recruitment of a permanent manager had begun to provide some oversight and stability at the service, however, it was too soon for us to judge the longer term impact of this appointment.
- Quality assurance processes had been improved and there was regular audit of key parts of service delivery to ensure people received high quality care that met their needs. Where improvements were identified as being required, prompt action was taken to address the concerns.
- Arrangements had been streamlined to ensure maintenance requests were addressed in a timely manner.
- The manager was working with the registered managers from the provider's other services and a member of the provider's quality team in order to share ideas and focus on continuous improvement.