

Aitch Care Homes (London) Limited

Rosebank Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 18 December 2014. Although Rosebank Lodge had previously been inspected by the Care Quality Commission (CQC) the home was taken over by a new provider. This was the first inspection of the home since the new provider Aitch Care Homes had taken over.

Rosebank Lodge is a care home that provides accommodation and personal care for up to 13 people who have physical disabilities, some of whom also have a learning disabilities. At the time of our visit there were 11 people living at Rosebank Lodge. The service provides a

range of accommodation for people including studio type accommodation. Historically this has resulted in a range of people being admitted to the service. Some people are independent whilst others require one to one support.

The service did not have a registered manager in post. A new person had been appointed to the post and was due to start in early January 2015. 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.

Summary of findings

The service had policies and procedures in place to make sure people were kept safe. Staff were knowledgeable about the actions they should take if they suspected abuse. Staff were appropriately recruited. There were enough staff on duty to make sure people's needs were met.

The provider had ensured that staff had sufficient skills to do their jobs. There was an induction programme in place for new staff. There was also on going training for other staff to make sure they had the knowledge to undertake their roles competently. Although staff felt supported by managers, there were not always the formal one to one meetings between staff and managers or regular team meetings. Staff therefore did not have the opportunity to consider their professional development. You can see what action we told the provider to take at the back of the full version of the report.

Staff in general maintained people's privacy and dignity. Although we did observe an interaction between a staff member and someone using the service that did not ensure the person was treated with respect.

People's needs were assessed and plans put into place so their needs could be met. This included people's health needs and making sure they stayed well. People were involved in writing their own plans and reviewing them so they were getting the care they wanted and the information was always kept up to date.

People were encouraged to be as independent as possible. There was a range of activities for people to participate in, if they wanted to. People we spoke with knew how to make a complaint if they were not happy with the service they or their relative was receiving. The provider was regularly auditing the service this included at night to make sure everyone received good quality care at all times. The provider worked well with external professionals.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were procedures in place and staff knew what to do to keep people safe. Staff were appropriately recruited. There were enough staff on duty to look after people.

Assessments were undertaken of risks to people who used the service. Written plans were in place to manage these risks.

People received the medicines they needed, when they needed them.

Good



Is the service effective?

The service was not as effective as it could have been. Formal meetings between staff and their manager were sporadic; in one example a member of staff had only met their manager formally once in six months. Although staff did receive the training that they needed to do their jobs.

People were helped to maintain good health. They received a variety of meals that met their needs.

The provider met the requirements of the Mental Capacity Act (2005) to help ensure people's rights were respected.

Requires Improvement



Is the service caring?

The service was caring. Staff in general respected people's privacy and promoted their dignity. However we observed some staffs interaction with people which were not positive.

People were involved in making decisions about their care, and the support they received. People and their relatives told us they felt involved in the care.

Requires Improvement



Is the service responsive?

The service was responsive. People's needs were written down and were assessed and their care records were reviewed regularly to ensure these appropriately reflected people's current needs.

People had opportunities to be involved in a range of activities.

People were encouraged to say what they thought about the service and felt staff and managers would listen and act upon them.

Good



Is the service well-led?

The service was well-led. Appropriate management arrangements were in place whilst a permanent manager was appointed. People said managers were approachable and open.

There were systems in place to monitor the safety and quality of the service people received.

Good



Summary of findings

External professionals said the service was now working alongside them to achieve the best outcomes for people using the service.

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.

This inspection took place on the 18 December 2014 and was unannounced.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the

provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with two people who used the service, two care staff, and a registered manager from a sister service and the regional manager. We looked at a number of records including the care plans of three people, three staff files and other records relating to the management of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During and after the inspection, we received feedback about the service from three relatives or representatives of people who used the service. We also sought information from three health care professionals who provide a service to people who live at Rosebank Lodge.

Is the service safe?

Our findings

We saw each care plan had a document written in easy to understand language and pictorial format entitled, 'How to Protect Myself'. The provider had policies and procedures in place so staff had the necessary information about what to do if they witnessed possible abuse. There was also a whistleblowing policy to inform staff about how to raise any concerns they might have about the safety of people.

We asked care staff about safeguarding adults at risk of abuse and what they would do in given scenarios'. We were assured they understood what abuse was and what they would do if they suspected abuse. Staff confirmed they had received training about keeping people safe. Training records showed safeguarding training was completed every year.

The service followed safe recruitment processes. Staff files had been audited in October 2014 and the few omissions that were present had been addressed. For example, one historic file only had one written reference. However, this had been followed up by the provider by contacting the referee and obtaining a verbal reference in the interim. All other files contained a check list which identified all the pre-employment checks the provider obtained for each staff member. The information included two references from former employers, two forms of identity, a completed application form and notes from interview and evidence of a criminal records check. In this way the provider was ensuring that only suitable staff were employed.

With regards to staffing levels, the regional manager told us there had been seven vacant posts within the service. The vacancies had been covered by existing care staff completing additional hours or by the use of three regular agency staff. Vacant posts had all now been filled, with the majority of new recruits starting work in January 2015.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

Assessments were undertaken to determine any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, where a person's behaviours may challenge others. Risk assessments had been signed and dated by care staff. In this way everyone working with an individual did so in a co-ordinated way.

People received their medicines as prescribed. We spoke with staff and looked at training records which confirmed care staff had all completed recent training in the administration of medicines. We saw medicines were stored appropriately in locked cabinets in people's bedrooms. The individual records had a photograph of each person and of each tablet that was administered. In this way risks of an error occurring were minimised. The providers own internal policy stated that medicines should be administered and recorded on the Medication Administration Records (MAR) sheets by two care staff. We noted the second member of care staff was not always signing the MAR sheets in line with their own internal policy. However, we did the administration of medication to be safe and in line with current policies and procedures.

People using the service had been assessed with regards to their capacity and ability to take their medicines independently. At the time of our inspection there was one person who took their own medicines.

During the inspection we toured the building and looked at some bedrooms with people's permission. People had the choice of using keys to their bedrooms to ensure greater privacy. The premises were safe and adequately maintained; although we saw some of the furnishings were inadequate, for example a broken lounge chair. We talked with the provider about this issue and they were able to show us evidence additional furniture was being purchased.

We looked at accident and incidents records and saw that senior staff used this information to monitor and take action to reduce the risk of them happening again. Care staff had been told about any changes that had been implemented in response to these incidents.

Is the service effective?

Our findings

People received care from staff that were appropriately trained and supported. Staff told us about their induction which they considered to be thorough. It included training in key aspects of their role, reading policies and procedures and shadowing experienced members of staff.

We were shown a computer training matrix which identified ten mandatory courses the provider required all staff to complete on an annual basis. Care staff said they had opportunities to update training they had previously undertaken, as well as attend other courses that would be relevant to them.

Staff said their managers were approachable, and they could raise issues and they would be listened to. There were daily shift handovers so care staff were aware of key concerns for everyone living at the home. Despite care staff telling us they were well supported, our evidence was that staff team meetings and one to one supervision sessions were sporadic. For example, staff team meetings had been last held in June and August; a member of care staff had one to one supervision session six months ago, whilst other staff also indicated that sessions had not been held regularly. The regional manager told us they were aware of the issues and this would be addressed when the new manager came into post.

The service was aware of its obligations in relation to the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and consent. We spoke with the regional manager who understood her responsibility for make sure staff considered the least restrictive options when supporting people to make sure that people's liberty was

not unduly restricted. Staff we spoke with had received training in these areas in the last 12 months. We saw on care plans for people who used the service that a number of DoLS applications had been completed and there was also information which related to the Court of Protection. This meant staff had identified that some people could have been deprived of their liberty and had taken action to address this.

We received positive feedback from people about the quality of food they were offered. When we asked one person if the 'staff were all good cooks', the person gave us the thumbs up sign. People were regularly offered hot and cold drinks by staff. Some people choose to help themselves, and those who could not were assisted to make drinks. In this way people's independence was maintained as much as possible.

We saw that care plans included information about people's food preferences and some people were actively able to choose what they wanted to eat. People's weight was monitored regularly as a way of making sure they were having enough to eat and drink to stay healthy; We saw people also had the option of refusing to be weighted. Specialist advice was sought if staff had concerns about people's nutrition.

People were supported to maintain good health and access to healthcare services when required. Care records showed that any contact with health care professionals was recorded so staff could monitor the support people required. We saw that guidance from healthcare professionals was available to care staff and throughout the day, we saw that staff followed and adhered to it.

Is the service caring?

Our findings

We observed some practices taking place within the home which were not respectful of people's dignity. Whilst conducting our SOFI observation, we saw a member of staff bring someone into the lounge, change the TV channel and then walk out of the room. This was all completed without any interaction with the person using the service. In addition, we observed three members of staff standing in the kitchen seemingly not engaged in any meaningful activities with people who used the service. We talked with the regional manager about the issue who agreed to look into the issue.

Relatives and representatives of people who used the service told us they were happy with the level of care and support provided by the home. One relative told us, "I'm happy with the care". A representative told us the home had changed and improved over recent months.

Staff communicated with people in a way they would understand, sometimes repeating information and sometimes using other forms of communication such as Makaton. We saw in the care plans some signs had been designed specifically for individuals. There was also

guidance from a speech and language therapist about the best and most appropriate ways to communicate with some people who used the service. We saw people had visual timetables in their bedrooms so they could anticipate what activities they would be involved in during the day.

Staff respected people's privacy and dignity. Staff told us what actions they undertook to make sure people's privacy and dignity were maintained. This included keeping doors and curtains closed whilst people received care, telling people what personal care they were providing and telling people what they were doing throughout. We also observed staff always knocked on bedroom doors and sought people's permission before entering. Staff told us they were from experience able to observe if people were happy with the personal care that was being provided and would respond accordingly.

Relatives and representatives we spoke with said they could visit the service at any time and would always be made to feel welcome by staff. The majority of people said issues that they raised with staff would be listened to and acted upon.

Is the service responsive?

Our findings

People could take part in a number of social, recreational and leisure activities and were supported to do so. One person told us, “Go to Croydon, choose own clothes”.

There were a number of house activities that took place weekly. On the day of the inspection ‘the music man’ had arrived and was singing Christmas songs and encouraging people to join in playing musical instruments. We were also told there were visits from an aroma-therapist and ‘Us and a Bus’ which provided sensory equipment for stimulation of all the senses. We saw one person within the home was very engaged in writing and someone else was involved in bead craft.

Regular activities away from the service also took place. These included attending college, swimming and routine tasks such as going to the supermarket. We saw staff supported people to be as independent as possible. One person told us they sometimes helped with the cooking. People said they could make choices about the activities they wanted to be involved with and the type of support they received.

We looked at the documentation which related to people, these are called care plans. The care plans were specific to the individual and contained information about people’s diverse needs, including diet. The care plans were written

in the first person and outlined people’s likes, dislikes and preferred routines. For example, the routine one person had before going to bed, what time they liked going to bed and the support they required during the night. The service had a process of reviewing these care plans. They would talk to people directly and if people were not able to communicate verbally, would talk to friends and representatives about a person’s changing needs and future goals. People were also invited to review meetings of the care plans. In this way care plans were kept up to date and reflected what people’s actual needs were.

Each person who used the service had a key worker. A key worker is a member of staff who has responsibility for overseeing and coordinating the assessment and support planning of a particular person using the service. Staff could tell us about the person they had responsibility for and the future goals and aims the person had.

The home had a complaints policy which outlined the process and timescales for dealing with complaints. We were also shown the easy to read, pictorial complaints leaflet available to people. The service kept records which showed that complaints were dealt with in a timely and appropriate manner. Family and representatives told us they felt able to make complaints about the service and that generally they considered they had been responded to appropriately.

Is the service well-led?

Our findings

At the time of our inspection a new manager had been appointed to start in the New Year. Seven new care staff had also been appointed. In the interim, the service was being managed by a registered manager of a sister service who was in the home five days a week and by the regional manager.

There had been a number of improvements in the service in recent months which had taken place. Care plans had been updated so they were more individualised and reflected people's needs. Staff files had also been audited and any omissions rectified. There was now a clear management structure within the home and staff understood their roles and responsibilities. Relatives and representatives told us how the service had changed and generally they felt comfortable in raising issues or concerns with the managers or the organisation.

The regional manager showed us an action plan which they had written outlining what work needed to be undertaken in the next six months. The regional manager also told us about the provider's own quality assurance team who

completed four audits a year. A report following each audit highlighted works that required immediate action and those of a lesser concern, clearly documenting who and when the issues should be resolved by.

The regional manager told us about out of hour's visits to the service that they had undertaken every month to check that people were appropriately supported and cared for at weekends and at night. These had not been documented. We discussed this with the regional manager who agreed to record future visits.

We spoke with external professionals who supported people using the service. They told us the service worked alongside them to promote best practice and where professionals identified issues the necessary changes were made. The example given was of a person that the service had managed to get walking again following deterioration in their condition.

There was an annual survey in easy to read and pictorial format which was completed by people using the service. Satisfaction surveys also went to relatives, care staff and other professionals. The regional manager told us they analysed the responses and prepared an action plan where necessary to address areas that required improvements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered person had not made suitable arrangements for the supervision of staff (Regulation 23 (1) (a)).</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.