

Signature Health and Living Ltd

Rosemanor-Hopton

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?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosemanor-Hopton is a residential care home providing support to 13 people with mental health needs at the time of the inspection. The service can support up to 17 people in one adapted building.

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

Since the last inspection, the service had made improvements in relation to fire safety. The provider had taken steps to employ suitable staff to meet people's needs. Risk management plans gave staff clear guidance on mitigating identified risks. Staff were aware of the provider's safeguarding policy and how to raise a safeguarding alert. People's medicines were managed safely. The provider had infection control measures in place to minimise cross contamination.

People received support from staff that underwent training to enhance their knowledge and skills. Staff reflected on their working practices through regular supervisions and annual appraisals. Refurbishment of the service meant the service was more dementia friendly. Food provided reflected people's cultural needs and met their preferences and dietary requirements. People were encouraged to live healthier lives and were supported to access healthcare services.

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.

People told us they were treated with respect and had their dignity, privacy and diverse needs met. People were observed as being relaxed in staff's company. People's independence was promoted and monitored. People were encouraged to make decisions about the care and treatment they received.

The provider had made improvements in relation to complaints management. Complaints were managed in-line with the provider's policy. The provider had made improvements in relation to activities. People were encouraged to participate in activities of their choice. Care plans were person-centred and gave staff guidance to meet people's needs. The provider had an Accessible Information Standard policy in place. People's end of life wishes were documented.

The provider had made improvements in relation to the oversight and management of the service. Audits were regularly undertaken, and issues identified were acted on swiftly. The provider had notified the CQC of reportable incidents in a timely manner. People's views were regularly sought to drive improvements. People and staff spoke positively about the management of the service. The manager sought partnership working and guidance given was implemented into the delivery 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

The last rating for this service was Requires Improvement (published 6 August 2019). The service remains rated requires improvement.

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.

This service has been in Special Measures since 8 November 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Rosemanor-Hopton

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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

At the time of the inspection the manager was in the process of applying to become registered with the Care Quality Commission. This means that they and the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since their last inspection. We sought feedback from the local authority and professionals working with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people and six staff including care workers, the manager, the operations manager and

the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including three care plans, three medicines records, three staff recruitment files, the complaints file, policies and the training matrix.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, employment advertisement and a specific complaint record. We spoke with one professional who regularly visits the service to gather their views.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection staff were not always clear on how to report and identify potential safeguarding incidents. At this inspection, we found the provider had listened to our feedback and taken appropriate action.

- People confirmed they felt safe living at Rosemanor-Hopton. Comments included, "Yes, I feel safe here. I've not experienced any trouble. The [people] are cool because the staff are cool" and "I'm safe."
- Staff were confident about the steps they would take if they witnessed any form of abuse or were concerned about people's wellbeing. Comments included, "Safeguarding is protecting vulnerable adults in our care, make sure they are not at risk and looking after their wellbeing. I will speak to my team leader and manager and can also report to the safeguarding team", "People can be at risk of sexual, neglect, financial. If people become withdrawn or haven't eaten, you see sign of malnourishment then that could mean they are being neglected", "Safeguarding is reporting and recording any concerns with the manager or we can call the safeguarding team, the number is in the office."
- Records showed that staff had received training in safeguarding vulnerable adults. Guidance was available on a noticeboard in the home, alerting staff about what steps to take if they suspected someone was at risk of harm.
- No safeguarding concerns were on-going or being investigated at the time of our inspection.

Assessing risk, safety monitoring and management

- At our last inspection, we identified records needed improvement to reflect specific guidance on how to support people. We also identified that furniture had been blackened with burn marks from cigarettes, and soft furnishings in people's rooms were not made suitably fire retardant. We also identified risk management plans did not give clear details for staff to follow to mitigate risks
- At this inspection we had identified the provider continued to work with the Fire Authority to safely manage people who smoked. The service had now purchased a fire-retardant spray, which was regularly sprayed on soft furnishings in people's rooms, to minimise the risk of a fire.
- The provider had continued to make improvements in relation to documenting guidance for staff to mitigate identified risks.
- Risk management plans were now comprehensive and gave staff clear guidance on how to keep people safe, when faced with identified risks. For example, one person's risk management plan clearly indicated how to de-escalate the person when they were showing signs of agitation.
- Risk management plans were regularly reviewed and covered all aspects of people's lives. For example, accessing the community, managing behaviours others may find challenging, fire safety, self-neglect and personal care.

- Personal Emergency Evacuation Plans (PEEPs) were in place and reviewed regularly. A PEEP is a document that gives staff clear guidance on how to safely evacuate someone in the event of an emergency.
- Appropriate environmental checks were completed which helped to ensure the home was a safe space for people to live. We saw current test certificates for the fire alarm system, electrical appliance and gas safety.

Staffing and recruitment

- At our last inspection we raised our concerns about the lack of male staff available to support people, given the potential risk that some people could pose to female staff. At this inspection we found there had been some progress in this area and the provider had actively tried to recruit more male staff.
- A healthcare professional told us, "They [the service] are constantly trying to recruit [male staff members]."
- Staff rotas for the period 20 January 2020 to 16 February 2020 showed that male care workers were employed, however there were some shifts where there were only female staff allocated. The manager and operations manager told us they had actively advertised and recruited for male staff and although some had been employed, they were still looking to recruit more.
- They showed us records that evidenced they had been proactive in seeking male care workers. This included using a recruitment provider to advertise for a male care worker, details of male candidates that had been interviewed for a position but had not been successful in passing this stage and also male care workers that had been employed but had failed to complete and progress past their probationary period. The HR department said since January 2019, 22 interviews had been carried out with males, 11 were unsuccessful and six male staff had left in the last year. There were currently five male staff still in employment at the time of the inspection.
- Staff rotas showed there were four care workers on shift during the day and two at night. One person we spoke with felt there were enough staff to meet their needs.
- Staff recruitment files demonstrated the provider had robust recruitment checks in place. Staff files included application forms, signed contracts, and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Using medicines safely

- At the last inspection we identified where staff members had recorded the administration of medicines, they had not recorded the reasons why they had administered 'as and when required' (PRN) medicines. At this inspection we identified the provider continued to make improvements to medicines management and PRN medicines were clearly documented and the reason for administration recorded.
- People received their medicines as intended by the prescribing G.P. We observed staff administering medicines and found these were done so in-line with good practice.
- Medicines were stored safely, recorded appropriately and stocks and balance were accurate. Regular medicines audits ensured issues identified were acted on in a timely manner.
- The dispensing pharmacy visited the service on 13 November 2019 to carry out an audit. No action points were recorded.

Preventing and controlling infection

- At our last inspection, we identified the premises were not as well kept as they could be. We also identified there was no toilet paper or paper towels in any of the communal toilets used by people living at the service.
- At this inspection we identified the provider had made improvements to the premises, with areas being revamped and clean. We also identified all communal toilets had adequate supplies of toilet roll and electric driers.
- People were protected against cross-contamination as the provider had clear infection control measures in place. Staff had access to sufficient Personal Protective Equipment (PPE), for example, gloves and aprons.

- The provider had an infection control policy in place, which staff could access.

Learning lessons when things go wrong

- The manager was keen to ensure lessons were learnt when things went wrong to drive improvements.
- Incidents and accidents were recorded on the electronic care planning system with details of what took place, the action taken in response and these were signed off by the manager. The system allowed for incidents reports to be generated to allow for trends and patterns to be analysed.
- Records showed the provider took appropriate action as required, such as ensuring risk assessments and care plans were updated following an incident.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

The provider will need to demonstrate that these improvements are sustainable over time before this key question can be rated as 'good'.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff training was up to date or staff were fully equipped to meet the needs of all individuals at the home. These issues were a breach of Regulation 18 (Staffing) 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 18.

- Training records showed that refresher training had been delivered to all staff and was still current. Staff had received training in topics that were appropriate for people using the service. This included working with personality disorders, mental illness, signs and symptoms, communication and therapeutic engagement, physical health, substance misuse and alcohol and drug awareness. On the day of the inspection, staff were booked to attend a training session covering understanding and dealing with challenging behaviour, promoting positive behaviour and understanding hoarding.
- New care workers were supported to complete the care certificate. We saw the training file of a care worker who had been recently employed. They had completed their induction to the service, a medicines competency assessment, three modules of the care certificate and were currently working their way through the remaining care certificate modules. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Care workers received regular supervisions where they were able to discuss issues related to work practice, shift planning and any areas of concern. These were also used as an opportunity to discuss relevant topics such as safeguarding, whistleblowing and key working. The registered manager maintained a supervision matrix which helped to ensure all care workers received regular supervision.
- Annual appraisals were completed which looked at care worker's performance over the past year and identified any goals and developmental opportunities for the upcoming year.
- Care workers told us they were happy with the training and general support they had received. Comments included, "The training has been good", "I've done some training online" and "We [staff team] work quite well together." One person said, "Yes, I think the staff are skilled."

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

- At the last inspection we identified improvements were needed to the decoration of the service and communal areas required plugs. We also identified the premises had not been suitably adapted to support people who may be disorientated by their surroundings.
- At this inspection we identified the provider had taken steps to improve the decoration of the service. People's rooms were decorated as they wished, and people took great pride in their rooms. One person told us, "I like my room, I've decorated it."
- Since the last inspection, the provider had liaised with the Alzheimer's Society to gather guidance on signage of the service, to aid people's familiarisation with their surroundings. Whilst this has been done, there was further work required to make the service further accessible for people with dementia. We will review this at their next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service carried out pre-admission assessments to ensure they could effectively meet people's needs, prior to offering a care package.
- Preadmission assessment covered, for example, physical health, diagnosis, life history and mental health needs. This formed the basis of their care plan.

Supporting people to eat and drink enough to maintain a balanced diet

- People continued to be supported to access food and drink that met their dietary needs and preferences. One person told us, "[The food's] okay, it's good. Soup and dumplings are my favourite. We get Caribbean food." Another person said, "I like the food here. I really like liver and bacon."
- People were encouraged to input to the weekly menu planning. Records showed people were offered choices of available meals and meals reflected people's culture.
- We observed the lunch preparation and found food looked appetising, was well presented and included healthy options.

Staff working with other agencies to provide consistent, effective, timely care

- People's needs continued to be regularly assessed to ensure the support provided could effectively meet their needs.
- Records confirmed healthcare professionals were consulted during reviews of people's care and placement.
- Guidance and advice from healthcare professionals was implemented into the delivery of care and care plans updated accordingly.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be encouraged to maintain and monitor their health. Care plans detailed people's health needs. One person told us, "If I want to or need to see the GP, I can."
- The provider sought guidance from healthcare professionals, which was duly implemented into the delivery of care. Healthcare services involved included, for example, mental health teams, GP, local authority social workers and dentists.

Ensuring consent to care and treatment in line with law and guidance

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 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 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.

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 were aware of their responsibilities in line with legislation. One staff member said, "The Mental Capacity Act [2005] is an assessment to see if people are able to make decisions on their own. If they can't, their care plan will guide us, or we can ask family."
- One person told us, "I can go out more or less whenever I want. Staff let me out when I want to go out."
- People were free to access all communal areas of the service.
- The provider had an MCA policy in place, which staff could access as and when needed.
- Records identified DoLS were in place and in date and the manager was aware of when the DoLS would expire, in order to re-apply in a timely manner.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to receive care and support from staff that treated them with kindness and respect. One person told us, "Excellent staff, they're all nice and helpful in their own way. They do treat me with respect, if I were upset they would help me." Another person said, "The staff are really nice. They help me to calm down [by] touching my shoulders or my back to help me."
- During the inspection we observed staff interacting with people, and people could be heard laughing and joking. There was a calm and pleasant atmosphere within the home.
- People's cultural and religious needs were identified in their care plans and where people wished, they were supported to engage in cultural and faith activities.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to share their views and make decisions about the care and support they received.
- Throughout the inspection, we observed people being encouraged to make decisions in relation to taking their medicines, accessing the community and engaging in activities.
- Records confirmed key-worker meetings enabled people to reflect on the last few weeks and set goals and share their aspirations and make decisions for the coming weeks.

Respecting and promoting people's privacy, dignity and independence

- People continued to be supported to maintain their independence where safe to do so. Care plans detailed the level of support people required.
- People confirmed they were treated with dignity and had their privacy respected. One person told us, "They, [staff members] knock on my door before coming in [my room]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

The provider will need to demonstrate that these improvements are sustainable over time before this key question can be rated as 'good'.

Improving care quality in response to complaints or concerns

At our last inspection the provider had not upheld their duty of candour. This was a breach of Regulation 20 (Duty of Candour) 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 20.

- At this inspection we identified the provider had continued to make improvements in complaint management.
- People were aware of how to raise a complaint, comments included, "If I had a complaint I would speak to the staff" and, "I would tell a member of staff. I don't think I've had to complain before."
- Records showed there had been three formal complaints received since January 2019. These had been responded to in a timely manner and whilst one was still open, there was ample evidence to show the provider had reached out to the complainant to try and resolve the issues raised. This included maintaining contact with them, arranging meetings and keeping them informed about the progress.
- The complaints procedure was available to people and their relatives and was displayed in a noticeboard in the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we made a recommendation to the provider about exploring social, educational and vocational activities people might be interested in engaging with. At this inspection we found some improvement had been made in this regard.
- Key worker meetings were held on a regular basis during which people were encouraged to explore any goals and activities they wanted to pursue. One person indicated they liked to draw and were interested in art. Some of their artwork was displayed in the home. Another person enjoyed music, especially Elvis Presley. The provider had supported them to go to pubs where they had dressed up as Elvis and performed for people.
- People had access to activities within the home including yoga, exercises, cinema and bingo. Care workers completed daily records which included activities that people took part in.

- One person told us, "It depends. I'm okay, I do some activities. I go walking most days, my relative visits. I'm satisfied with the activities provided here. We watch TV together."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised and tailored to people's individual needs. Care plans were regularly reviewed to ensure they were current and reflected people's needs and preferences.
- A healthcare professional told us, "I found the care plans quite comprehensive and well completed."
- Care plans covered all aspects of people's lives, for example, communication, mental health, physical health, social need and medical needs.
- Where possible people were encouraged to help develop their care plans and have input to any support required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented in their care plans. Throughout the inspection we observed staff talking to people in a way they understood, adapting their techniques as needed.
- The provider had an AIS policy in place which confirmed they would provide information to people in a manner they understood. For example, large print, British Sign Language, Interpreter, text and phone.

End of life care and support

- People's end of life wishes were documented in their care plans.
- End of life plans documented people's faith needs, if they would like to be treated in hospital, if there are any special requests or arrangements and who they would like to be informed.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The provider will need to demonstrate that these improvements are sustainable over time before this key question can be rated as 'good'.

Continuous learning and improving care

At our last inspection the provider had not ensured that quality assurance systems were effective, and premises were not always well maintained. We also identified where audits had identified issues, these had not been addressed. These issues were a breach of Regulation 17 (Good Governance) 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.

- Following the last inspection, the provider had implemented and maintained an action plan to monitor its progress against the recommendations and breaches made at the last inspection. This was reviewed on a regular basis which helped to ensure that appropriate action was being taken.
- A healthcare professional told us, "I certainly would say they [the service] have worked very hard to introduce these changes."
- The provider had consulted with an external auditor who had completed a CQC style 'mock' inspection in September 2019. Areas for improvement that had been identified following this had also been incorporated into the action plan for ongoing monitoring.
- Formal audits were in place to check and monitor the quality of service. These included medicines audits looking at storage, security, administration and medicines records. The prescribing pharmacy had also completed an independent medicines audit during which no concerns were identified. Monthly infection control and health and safety audits were completed by the registered manager.
- Other checks such as fire alarm, emergency lighting and fire evacuation drills were carried out on a regular basis.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had not always informed the CQC of important incidents or submitted

them in a timely manner. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Registration Regulation 18.

- The provider had systems in place to ensure that any incidents and accidents that took place were checked to see whether a CQC notification was required or not. Records showed that these were submitted in a timely manner.
- The provider had implemented a notification schedule for managing notifications and also an alert system to remind the registered manager when a notification was required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, staff and a healthcare professional spoke positively about the manager. One person told us, "They [the management team] have never given me any problems. Within reason I can talk to them when I need to."
- Throughout the inspection we observed the manager supporting people and staff, answering their questions and delivering care. The manager was approachable, and people appeared at ease in her presence.
- The manager was aware of their responsibility in line with the Duty of Candour.
- The most recent CQC inspection report was on display within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems in place ensured people's views were sought to drive improvements at Rosemanor-Hopton. People appeared at ease in sharing their views with staff.
- People confirmed they could approach the manager and staff members and their views would be taken on board.
- Service user feedback surveys were undertaken every six months. This covered most aspects of the service, for example, 'Are staff caring?', 'Are you treated with dignity?', 'Is the service well-led', and 'Are there any areas of improvement required?'.
- People were also encouraged to participate in the house meeting, to share their views. Meeting minutes identified house meetings were well attended. Issues discussed covered, for example, activities, menu planning, smoking in the service, hand hygiene and personal care. Comments received during the meeting included, for example, "The food is okay." "I [would like to do more colouring]" and, "I like to go walking more."

Working in partnership with others

- Records showed the service worked in partnership with other stakeholders to drive improvements.
- A healthcare professional told us, "They [the service] do liaise with care coordinators. They do take advice."