

Rosenmanor Limited

Rosemanor 2 Residential Care Home

Inspection report

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Date of inspection visit:
15 December 2015
16 December 2015

Date of publication:
03 February 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Rosemanor 2 is a 24 hour residential care service providing rehabilitation and recovery programmes for up to nine women who are suffering or recovering from mental health issues. At the time of our inspection there were eight people using the service.

Our inspection took place on 15 and 16 December 2015 and was unannounced. At the end of the first day we told the provider we would be returning the next day to continue with our inspection.

The service had a registered manager in post. 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.

People told us they received their medicine when they needed to but some records were not complete and some people's medicines were not being stored securely and managed safely.

People's care records focused on their healthcare needs and the risks associated with them. There was very little information on people's individual needs, history, their likes, dislikes and preferences. This meant that staff may not know people well which could impact on how staff manage and support people when they became upset.

People's records were not always accessible, complete or reviewed regularly. Internal audits and reporting mechanisms were weak so some errors and risk were not highlighted or acted upon.

There were systems and processes in place to protect people from the risk of harm but sometimes incidents and accidents were not investigated or acted upon to help reduce the possibility of future events.

People using the service told us they felt safe at Rosemanor 2. They were encouraged to take part in activities and to continue to be part of their community. People were supported to maintain relationships with family and friends who were important to them.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers on each shift were sufficient to help make sure people were kept safe. Appropriate recruitment checks took place before staff started work. Staff told us they felt supported by the management team.

People were supported to have their health needs met. Staff worked with the person to access the GP and other local health services as appropriate to help make sure their individual health needs were met.

Staff received training which gave them the knowledge and skills to support people effectively. Staff had

received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were asked for their consent to the care and support they received.

The service was in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the management of medicines, safe care and treatment and governance. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. People's medicines were not always being managed or stored safely. Learning from incidents did not always happen or was not recorded.

There were enough staff to meet people's needs. Recruitment processes were in place to help ensure people's safety. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. People did not always have food available that was suitable or nutritious. People's likes and dislikes were not recorded and it was not clear how people made choices of the food they ate.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with kindness and their dignity was respected.

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

Good ●

Is the service responsive?

Some aspects of the service were not always responsive. Staff were knowledgeable about people's care and support needs but care records contained little evidence of people's involvement, there was no personal history or information about likes and dislikes or things that made people feel happy or sad.

People were supported to be independent and to maintain

Requires Improvement ●

contact with people who were important to them.

People using the service and their relatives felt able to raise concerns or complaints.

Is the service well-led?

Some aspects of the service were not well-led. People's records were not always accessible, complete or reviewed regularly. Internal audits and reporting mechanisms were weak and errors and risk were not highlighted or acted upon.

Staff felt supported in their role and said they did not have any concerns about the service.

Requires Improvement 

Rosemanor 2 Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 15 and 16 December 2015 and was unannounced.

The inspection was carried out by one inspector. We spoke with three people who used the service, three members of staff, the registered manager and a Director of the organisation. We conducted observations throughout the inspection. We looked at three people's care records, three staff records and other documents which related to the management of the service, such as training records and policies and procedures.

After the inspection we spoke with two relatives of people who used the service to obtain their views about the care provided.

Is the service safe?

Our findings

People told us they received their medicines when they needed them. We saw people's Medicine Administration Records (MAR) were a mixture of typed and hand transcribed information. Staff explained that people's medicine came from different sources including the local GP and mental health teams in the community which was why some people's records were hand written. We checked a sample of MAR records against people's prescribed medicines and found them to be completed correctly. We were told that two people were able to self-medicate, one person had their medicines in a locked cabinet in their room and another came to the main medicine cabinet in the office to receive their medicine. When we asked staff to show us this person's risk assessment for self-medication they were unable to find one. Another person did not have a picture on their medicine records so staff not familiar with them may not have been able to easily identify the person who the medicine was prescribed for.

Guidance was not readily available for staff for when 'as required' (PRN) medicine should be used. For example, one person's medication administration record showed they had been prescribed a PRN medicine. However, there was no information in the person's care plan to guide staff about, how much to give or what the medicine was required for. We asked to see the person's medicine and found it was being kept in an unlocked filing cabinet. We were told monthly medicine audits were being carried out by the manager and Boots pharmacy had conducted an audit in November 2015. We saw the Boots audit and noted that amongst other irregularities had raised the issue of excess medication being stored in an unlocked filing cabinet and concluded this was an unsafe and unsuitable practice. We found people's medicines were not always being stored, recorded and managed in line with policy, procedure, current legislation and guidance and amounted to a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke with the manager about these shortfalls, they assured us they would be addressing them as soon as possible and were looking at purchasing another medicine cabinet for the storage of medicine. In the meantime during our inspection all the medicine had been removed from the filing cabinet.

Care records contained assessments of risks associated with people's support such as personal security, accessing the community, financial vulnerability and aggressive behaviour. Staff knew about people's risk assessments and what they needed to do to help keep people safe. For example, one staff member explained how they encouraged one person to smoke outside and was careful to secure any lighters or matches inside because of a potential fire risk.

Incidents and accidents were recorded in people's care records, these included details of the event and who was notified. However, we saw little information concerning outcomes or action taken to reduce or prevent future risk. For example, one person had left the service without letting staff know, earlier in the day the person had been feeling unwell and there were details in their daily notes that suggested the person may have missed their medicine. Although staff were able to verbally explain the outcome and what they had done to mitigate the risk at the time this information had not been recorded and we were not able to see how the incident had been investigated, what action was taken to remedy the situation and what action was taken to prevent future occurrences. There were no records of how the experience was shared with the

person concerned or with staff to promote learning or prevent future harm. These incidents amounted to a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe. One person said, "I feel safe and secure. Yes." Another person commented, "I feel safe cos no one is violent and everyone respects one another." A relative told us, "I think [my relative] is doing really, really well, I have no concerns."

Staff told us, and records confirmed they had received training in safeguarding adults from abuse. They knew the action to take and who they would report concerns to in order to protect people using the service. Staff felt confident that managers would take appropriate action to keep the people using the service safe. One staff member said, "If there were any concerns I would ring the manager and let her know." Safeguarding was discussed during staff meetings and we saw details of safeguarding contacts available for staff. A policy was available with information for staff about safeguarding but this needed to be updated to incorporate updated legislation from the Care Act 2014. The manager told us safeguarding was discussed at service users meetings however we did not see any evidence to substantiate this.

During our tour of the service we noticed that the communal toilets did not have any hand drying facilities. We pointed this out to the manager who then placed kitchen towels in each toilet for this purpose. The service had a small kitchen on the first floor and a staff member some people used this to cook meals independently. When we looked in the cupboard under the sink we saw various cleaning products, including bleach. We pointed this out to the member of staff who removed the cleaning products immediately. We looked at the services Health and Safety policy that covered the use of the COSHH (Control of Substances Hazardous to Health) and noted this stated that no bleach was to be kept on the premises. We brought this to the attention of the manager as we were concerned that some of the people who used the service may not be safe as these strong cleaning chemicals were easily accessible to them and they may be at risk of harm. The manager told us she would be reminding staff of the policy. We will look at this issue again during our next inspection.

Before our inspection we received a notification from the London Fire and Emergency Planning Authority highlighting their concerns about fire safety at the service following their inspection. The manager told us that all of the issues identified had been rectified and after our inspection sent us an action plan which highlighted the areas of concern, the action taken and the date completed. During our inspection we asked to see evidence that work had been completed but the information was not available at the time. The service was due to be re-inspected by the Fire Authority in the coming months and we will monitor the situation and look at fire safety again during our next inspection.

People told us there were enough staff on duty to meet their needs. Two support staff were on duty during the day and two waking staff on duty overnight. The manager explained staffing levels were flexible and could rota more staff when needed to help with outings or medical appointments. During our inspection the deputy manager and one other member of staff was on duty.

We were only able to see a limited selection of staff recruitment files as the manager kept these records off site. From the records available to us we found recruitment checks were carried out before people could work at the service. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration and proof of their eligibility to work in the UK. We were told staff were asked about their full employment history, however, this information was not present in the example we viewed during our inspection. We will look at staff recruitment again during our next inspection.

Is the service effective?

Our findings

People had mixed views about the food provided at Rosemanor 2. Comments included, "The food is nice", "I keep asking for change but [the meals] stay the same" and "The food is OK but sometimes it goes off...they still give it to us." There was a set menu on the wall for breakfast, lunch and dinner with nutritional information attached and staff told us this was changed weekly. We were told people's food choices were considered at residents meetings and we saw meeting minutes held in November 2015 where people had made suggestions although we did not see how these choices had been acted upon. We were shown food diary's and told that this was where people's food choices were recorded. For example, on one day people had decided to have a take away instead of the menu option. However, in contrast we noted from the minutes that people were "not to make substitute alternate choices, just purely for the fact that they fancy a particular food in place of the set dinner menu." When we looked at people's support plans there was very little information about their likes and dislikes and we were unable to establish how staff catered for people's choices during mealtimes. On the first day of our inspection we found food in the fridge that was out of date we pointed this out to the member of staff who threw it away. On our second day we looked again and found more food that was out of date and we showed it to the manager. We were concerned as food that is past its use by date presents a risk to people using the service because it is no longer nutritious and is unsuitable for consumption. These issues were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said that they received the training they needed to care for people and meet their assessed needs. The provider had just implemented the Care Certificate as part of their induction and mandatory training. 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 good quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015.

The provider explained that existing staff had also been asked to complete the Care Certificate and that this would become part of their yearly mandatory training. Staff training records were not available at the time of our inspection and the registered manager provided some information to us after our inspection. We noted that all staff apart from one had either completed or were in the process of completing their mandatory training. The manager confirmed they were making enquiries into why one member of staff had not started their training.

The manager told us additional training for staff included autism awareness, COSHH, manual handling of objects and people, fire safety, medication management and the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us they had received additional training and we saw the provider kept records of this although it was not clear when training had been completed and when it was due for renewal. We will look at staff training again during our next inspection.

Staff were supported effectively in their job role. Staff said, and records confirmed, that they received regular one to one supervision sessions with the registered manager or the deputy manager where they could

discuss their work and identify any training needs. One staff member said, "Once a month I have supervision with the deputy manager where I can discuss any concerns...she helps us a lot."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

Staff told us that all the people using the service at the time of our inspection had capacity to make decisions and when people's capacity was in question the service worked with the local mental health team to act in the person's best interest. One staff member told us, "We have MCA and DoLS training we know the conditions of DoLS... everyone is to have the freedom to make decisions."

The people receiving support said they were able to come and go as long as they told staff when they would be back. Access to the property was monitored by staff to ensure people's safety and people were able to have their own door keys following a risk assessment. The people we spoke to were satisfied with this arrangement and understood the need to monitor who was on the premises for safety reasons.

Staff supported people to access the healthcare services they needed. Records showed that staff accompanied people to attend appointments with their GP and other specialist health services.

Is the service caring?

Our findings

We asked people about the service and the staff who supported them. People said they liked living at Rosemanor 2, that staff treated them politely and with dignity and respect. One person said, "The staff are OK, they talk to me nicely." Another person told us, "[The staff] are good." One relative told us, "I think [my relative] is doing fantastically well and the staff are friendly and helpful." Another relative told us, "[My relative] phoned the other day to say she was feeling unwell but the manager was being really nice and looking after her."

Observed interactions between people and the staff supporting them were friendly and respectful. People looked relaxed and comfortable with the staff during our visit and they could choose what to do and where to spend their time. Most people spent time in their rooms and people went out independently throughout the day. Staff knew people well and during our inspection they spoke with people in a familiar friendly way. People were preparing for a Christmas outing and staff were helping them get ready. One person was at the hairdressers and a staff member went to collect them. Another person wanted help with their makeup and staff advised them when this should be done so they could look their best.

People felt they were able to make their own decisions about how they spent their day. One person told us how staff encouraged them to get up in the mornings to help with their independence. They told us how they were looking forward to moving on and working hard on "doing well" at the service. Another person told us about how they liked to sit in the main lounge area to watch TV in the evenings and "chill out."

Staff spoke positively about the service provided, one staff member told us, "The best thing is the service users, every day is different...there is never a dull moment." Another staff member said, "Most [people] are looking forward to moving to their own flat, it's nice to help them." Staff gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received any assistance in private. One staff member said, "We always knock on the door and everyone will answer. We will only open a door to make sure someone is safe, it's very rare."

Each person had a keyworker who would talk with them about their progress. One person told us, "My keyworker sits and talks to me, but nothing really changes." Another person said, "Staff talk, they do listen and make changes." Records were kept of keyworker meetings, however, some meetings were more frequent than others and we found some records were missing. The registered manager reported that work was on-going to improve the quality of information being recorded.

People told us that they were supported to maintain relationships with family and friends outside of the service and people told us of their visits home or meeting friends in the community. Due to the vulnerability of some people living at the service some visits from friends and relatives were restricted. This was discussed at resident meetings and staff told us people were informed of possible restrictions when they first started to use the service. Relatives told us the service encouraged their relatives to visit them, one relative told us, "They encourage [my relative] to see us, but they find out all about us beforehand, I think that's a good thing."

Is the service responsive?

Our findings

The manager explained she assessed people's needs before they started to use the service however these assessments were paper based and kept away from the home.. The manager showed us one sample that contained detailed information completed by the person's social worker and included information about activities, budgeting, traveling independently and communication. Some of the information from the assessments fed into the support plans these covered areas such as activities, personal hygiene, substance misuse, physical and mental wellbeing and medication.

Although care records contained details about each individual and the support they needed for day to day living, there was very little evidence of people's involvement. For example, there was no personal history or information about likes and dislikes or things that made people feel happy or sad. This information may be important to help staff understand people better and identify triggers to stop escalation of possible events. We spoke to the manager about ways they could proactively involve people in their plan of care and empower them to find ways to manage their health, personal situations and to achieve their goals. After the inspection the manager sent information to us about how they intended to involve people in their care and provided information about the discussions they had had with people about the support they received.

Keyworker reports covered issues such as people's progress, any problems or issues and activities and medical appointments. The manager explained that people met with their keyworker weekly to discuss things, a report would then be written which the person would sign. Although we saw some keyworker reports on the computer system they were not always recorded weekly and we saw no evidence of people signing these or being involved in the discussion. The manager explained staff were meant to scan paper copies on to the system once signed by the person. We asked to see the paper copies but these were not available at the time of our inspection.

People told us about their day comments included, "I go to MIND and study" , "Each day is busy I go to the gym, swimming, MIND groups and shopping" and " I go to uni but when I get home there is not much to do...I stay in my room." During our inspection we observed staff supporting people to clean their rooms and get ready for the day. Staff told us about activities in the service such as discussion groups, watching TV, baking or gardening.

Handovers, daily notes and the communication book helped to make sure that staff had access to the most up to date information about the people they supported. The daily handover had brief details of events over each shift in addition to staff allocation to tasks around the service such as cooking or cleaning. We saw information in the communication book about one person's medicine review with the GP, this gave guidance to staff about when 'as required' medicine should be given. We checked to see if support plans and the person's medicine records had been updated accordingly, but they had not.

Regular meetings were held to obtain the views of people using the service. We saw the minutes from one meeting and noted they were used to reiterate the house rules and discuss issues such as food and activities.

Information on how to make a complaint was available for people in the reception area. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. The manager confirmed that no complaints had been received since the service had opened. Relatives told us they had not needed to make a complaint but would talk to the manager if they needed to. Staff explained if people had any issues or concerns they tried to resolve it there and then.

Is the service well-led?

Our findings

During our inspection we looked at the way records were held and the way information recorded. The manager explained the service had moved from paper based records to a computer based system and staff were asked to update this on a regular basis. However, not all records were kept on the computer, such as people's initial assessments and letters and reports from healthcare professionals. During our inspection we found examples where records were incomplete or missing. For example, one person's support plan was last reviewed in their paper based file during February 2015, we looked at the computer records and found that the next review was completed on 15 December 2015 but there were no reviews in-between these dates. We asked the deputy manager if these had been completed. They confirmed they had but must have been lost or misfiled on the computer system. One person's records were found filed in another person's file and another person did not have a support plan for their medication on the computer system although the manager found a paper copy of the plan during our inspection but there was no evidence of reviews being completed. We saw the deputy manager kept the dates when people's key working and support plans were due for review and when these had been completed on a wipe board in the office. However, when we looked we found six people's details had not been updated and were still due for review. We spoke to the manager about the monitoring systems she had in place to ensure records kept were secure, contained the right information and were reviewed regularly. The manager assured us that she would check care records regularly but could not provide evidence of a care plan audit having taking place. After the inspection we received a care plan audit identifying areas where records were missing or needed updating. However, we were still concerned that records were not complete or maintained with accurate up to date information.

Records showed the home had some systems in place to check the quality of the service provided, for example, environmental checks such as medicine cupboard temperature checks, daily fridge and freezer checks and weekly room temperature checks. A log book was kept of fire safety that covered weekly alarm testing, monthly equipment checks and details of one fire drill that had taken place in September 2015. However, we found that some internal report systems were weak, for example, issues highlighted in the Boots medicine audit had not all been addressed and lessons had not been learnt. Issues like COSHH substances being accessible to people and out of date food being stored in the fridge for consumption did not provide us with assurance that systems were in place to monitor and drive improvement in the quality and safety of the services provided.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post who was also registered with the CQC for three other services in the surrounding area and split their time between the four locations. Rosemanor 2 had a deputy manager in post who was responsible for the day to day running of the service. We were told the manager visited the service two or three times a week and covered some shifts for the deputy manager. People and staff knew who the manager and deputy manager was and staff felt both managers were approachable and supportive. One staff member told us, "The deputy manager is really supportive; if I need help she will come." The deputy manager felt the manager supported them appropriately, they told us "The manager

supports me...I feel comfortable if I've got a problem to ring her."

Minutes of a recent staff meeting showed staff were involved in discussions about the operation of the service and how people were supported. Staff discussed what was working for people when they supported them and any concerns they had about individuals.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (2)(g) People's medicines were not always being stored, recorded and managed in line with policy, procedure, current legislation and guidance.</p> <p>Regulation 12 (2) (b) Incidents were not always reviewed, investigated and monitored to make sure that action was taken to remedy the situation, prevent further occurrences and make sure improvements were made.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>Regulation 14 (4) (a) (c) The provider did not always provide food that was suitable or nutritious. People's likes and dislikes were not recorded and how people made their choices of food was not clear.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (2) (c) (f) People's records were not always complete, accurate or maintained in a secure way. The provider did not have an effective system in place to monitor and audit the service to ensure it remained effective.</p>

