

Rosenmanor Limited







Rosenmanor 1

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This unannounced inspection took place on 26 January 2016. Rosenmanor 1 provides personal care and accommodation for up to eight people with mental health needs. Six people were using the service at the time of the inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The previous inspection of the service took place on 6 September 2013. The service met all the regulations we checked at that time.

People told us they were happy at the service. They told us staff knew them well and they were friendly and helpful. Staff upheld people's rights and dignity and treated them with respect. Staff asked and received people's consent prior to providing support. People received support to promote their independence.

People were protected from the risk of abuse and neglect. Staff identified risks to people's health and

Summary of findings

ensured they followed guidance provided to keep them safe. People had always received their medicines safely as prescribed. There were enough staff to meet people's needs.

Staff assessed people's individual needs and supported them as indicated in their care plans. People received support in line with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. Staff knew people's interests and preferences and supported them in line with these.

People liked the food provided at the service and the choice offered. People told us they had sufficient food to eat.

People received appropriate support for their health and care needs. The service worked constructively with health

professionals to promote people's mental health and physical well-being. Staff promptly sought guidance from the community mental health team (CMHT) when people's mental health declined and followed the advice given.

The registered manager checked the quality of the service and made improvements if necessary. Staff received appropriate support and training to carry out their jobs.

The registered manager had investigated and resolved complaints in line with the service's procedures. People contributed their views about the service and their concerns acted on. People had individual recovery plans which identified what care and support they required from staff and how it should be delivered.

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. Staff assessed risks to people's health and had plans to manage these appropriately. Staff understood how to minimise the risk of abuse and neglect to people.

People received all their medicines safely as prescribed. Sufficient staff supported people to meet their needs safely.

Good



Is the service effective?

The service was effective. Staff received training and support to carry out their responsibilities and meet people's needs.

Staff sought people's consent to care and support they provided.

People received appropriate support and had their health needs met. People had a choice of healthy food and drink and their nutritional needs were met.

Good



Is the service caring?

The service was caring. People told us staff were caring and kind. Staff respected people's privacy and dignity.

Staff knew people well and understood how to communicate with them about their choices and preferences.

People received support in line with their preferences and choices.

Good



Is the service responsive?

The service was responsive. Staff assessed people's needs and supported them as planned. Staff involved people and their relatives to plan and deliver their support. People's support plans were personalised.

Staff regularly reviewed people's needs and support. People received support to pursue their interests and took part in activities arranged by the service.

Good



Is the service well-led?

The service was well-led. People, staff and their relatives found the registered manager approachable and welcomed their views.

The service worked in partnership with the community mental health team (CMHT) and ensured people received appropriate support.

The registered manager carried out checks on the quality of the service and used the findings to make necessary changes. People gave their views of the service and the registered manager acted on the feedback.

Good



Rosenmanor 1

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. It was carried out by a single inspector. 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 unannounced inspection took place on 26 January 2016 and was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service including any statutory notifications received and used this to plan the inspection.

During the inspection we spoke with five people who use the service. We also spoke with the registered manager and two members of care staff. We reviewed three people's care records and their medicines administration records (MAR) charts. We viewed three records relating to staff including training, induction, supervision, appraisals and duty rotas. We looked at monitoring reports undertaken by the registered manager on the quality of the service. We made general observations of the care and support people received at the service.

After the inspection we spoke with a social worker who supported people who use the service and a relative. We also spoke with a health professional from the Community Mental Health Team (CMHT) who was in regular contact with people using the service to obtain their view of the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, “I have nothing to worry about”. Another person told us, “Staff treat us well and I have no concerns”. A person’s relative told us, “Staff have made this place comfortable for my relative.

People were safe as staff understood their responsibility of safeguarding reporting any abuse or neglect. Staff knew how to recognise the signs of abuse or neglect and who to report it to ensure people were safe from the risk of harm. Staff were able to explain to us how they would report safeguarding concerns and how to ‘whistle blow’ if the provider had not taken sufficient action to keep people safe.

Staff ensured people’s money was securely stored at the service. Staff supported people to manage their money safely at the service. One person told us, “I am happy about the way staff look after my money. I have no concerns about this”. Another person said, “I am happy, my money is safe”. People said they had access to their money if needed and were happy with the arrangement of signing for cash withdrawals. The service had financial procedures which staff followed to ensure they appropriately accounted for people’s finances. Two staff signed for any financial transactions they did on people’s finances. The registered manager made regular checks of people’s cash balances and ensured financial records were accurately completed. The service had financial procedures in place to reduce the risk of financial abuse.

Staff identified and managed risks to people’s safety to keep them safe. The registered manager had assessed risks to people’s health and well-being and put plans in place on how staff would manage these to minimise the chance of harm. For example, a person’s record had information on how the person mobilised around in the home and the equipment they needed to use when they went out. We saw staff support the person in line with their risk management plan when they stood up to walk. The registered manager worked with the community mental health team (CMHT) professionals for guidance on how to manage identified risks to people. Staff regularly updated

risk management plans and had sufficient information on how to support people to minimise the deterioration of their mental and physical health. Staff knew how to recognise signs and symptoms of people becoming unwell. Records showed staff acted promptly when a person’s mental health had showed signs of decline and involved a CMHT professional to ensure they could take effective action.

People were happy with the support they received with their medicines. Staff administered people’s medicines accurately and as prescribed. Medicine administration recording sheets (MARS) records were completed and showed people had received the correct dosage of medicine at the correct time. Staff followed the service’s procedures on supporting people with ‘as required’ medicines for pain relief and coughs. Staff accurately recorded the time and reason why people had received the ‘as required’ medicines. Medicines were stored appropriately and securely to reduce the risk of misuse. Staff made regular checks to ensure medicines were stored at the correct temperature. The registered manager ensured people received their medicines from competent staff.

People told us they there were enough staff to meet their needs. One person told us, “There is always staff around to help”. We saw the number of staff on duty on the day of the inspection matched the staffing level set by the provider. We saw staff responded to people’s requests for support immediately. There were sufficient staff to support people to attend hospital appointments and to go out. The registered manager ensured there was adequate cover for both planned and unexpected staff absences.

The service used robust recruitment procedures to ensure people received support from suitable staff. Interview records showed staff had demonstrated they had sufficient knowledge and skills to undertake their role to support people with mental health needs. Recruitment records showed the provider had carried out checks on the new staff’s background, employment history and experience. The provider had obtained references and a criminal records check and ensured the new staff’s suitability before they started to provide support to people.

Is the service effective?

Our findings

People told us they received the care and support they needed. One person told us, “All staff are capable”. Another said, “I am free to come and go from the service as I wish. I am going out after lunch”. We saw people go in and out of the service as they wanted.

Staff had received training which enabled them to on promote people’s rights. Staff understood the principles of the Mental Capacity Act (MCA) 2005 in relation to presuming people’s capacity to make decisions. Training records showed staff had attended courses on MCA and the Deprivation of Liberty Safeguards (DoLS). Staff respected people’s liberty as they understood they required a DoLS authorisation from a relevant authority to limit their freedom. The registered manager told they had contacted the local authority when they had concerns about a person’s ability to make a decision and ensured appropriate mental capacity assessments were carried out. Records showed where people lacked mental capacity and were unable to make decisions, ‘best interests’ meetings were held.

People had their mental and physical health needs met. A health professional told us the service supported people well with their complex needs. For example, in relation to supporting people whose behaviour challenged the service, a member of staff told us, they had made a referral to the community mental health team (CMHT) for advice and support. Records showed that staff had taken appropriate action and ensured the CHMT urgently assessed the person’s mental health needs. Staff had followed the advice and the person’s mental health had improved. There was information in people’s files about their physical health needs. A person told us, “Staff will help me see someone if I am unwell. Staff book my transport and remind me of my hospital appointments”. People’s records showed staff had supported people to access their CMHT, GP, podiatrist and other services when needed.

Staff asked people for their consent before they supported them. One person told us, “Staff ask and only help me with things I agree to. They respect my decisions”. During the inspection, we observed staff ask one person what they wanted in relation to their support. For example, a person was asked, “Would you like any help with your laundry?” The person agreed and the member of staff carried their laundry basket for them.

People received support from staff who had the knowledge and skills to meet their needs. New staff underwent an induction programme which ensured they developed the knowledge their required to support people effectively. One member of staff told us, “I read the service’s procedures and people’s support plans”. Records showed new staff had observed care and support delivered to people by more experienced staff as part of their induction. The registered manager had observed their work practice and ensured they had gained sufficient knowledge of the service to work in a permanent role. Staff completed relevant training in courses such as mental health awareness, safeguarding of adults and management of medicines.

The registered manager supported staff to understand their role and responsibility through regular one to one supervision meetings and an annual appraisal. One member of staff told us, “I discussed with the manager people’s care and support and the training I need to develop”. Another member of staff said, “The manager is available on site and on call to give us advice when necessary”. Regular team meeting minutes showed staff discussed how they provided support to people to meet their needs. The registered manager had reviewed staff performance against set objectives in appraisals and put a learning development plan in place.

People told us they enjoyed the food at the service. One person told us, “The food is ok and I get as much as I want”. Staff agreed the menu in advance at a meeting with people and individually with those who were absent. Records confirmed the discussions and menu plans reflected people’s choices. One person told us, “Staff ask us of what we like to have on the menu and that’s what they get for us”. People were asked every day what they wanted to have for their meal and were offered alternatives if they chose something different from the menu of the day. During the inspection we observed people having lunch. People we spoke with said they were happy with their lunch and the choice of food offered. One person said, “The food is tasty”. Staff told us they supported people to prepare their own meals in the kitchen if they wished. Staff told us they encouraged people to make healthy lifestyle choices when planning their menu. People told us fresh fruit and snacks were available at the service was available at the service any time they wished.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, “Staff are respectful and polite to me”. Another person said, “Staff are pleasant”. We saw staff spent time talking and listening to people. Staff responded people’s questions in an unhurried and friendly manner.

Staff had developed positive relationships with people. One person told us, “I know all the staff and they understand how I want to be supported”. A relative told us they had always observed staff treating people with kindness and compassion. Records contained information about people’s background and life history which ensured staff understood their needs. For example, the records indicated some people in the service required a high level of support from staff because their mental health had declined. One person told us, “Staff are supporting me more as I have been unwell. They now help me attend appointments”.

People expressed their views and were involved in making decisions about their care and support. One person told us, “I control my care plan”. Another person said, “I go in or out of the service as I want. I spent time in my room or in the main lounge with other people”. Records showed the registered manager regularly met with people and discussed their needs and care. Staff explained to us how they supported people to express their views and to make decisions about their day to day care. One person told us, “Staff remind me of things I need to do and explain what options I might consider”.

People were encouraged to remain as independent as possible. One person told us, “I tidy my room although I

may at times ask for help with dusting”. Another person said, “I like to continue taking care of my personal hygiene as long as possible. Staff will help with difficult tasks”. Care records showed one person had gained their confidence over time, as staff encouraged them to do things for themselves such as going out to local cafes and shops on their own.

Staff respected people’s privacy and supported them to maintain their dignity. People told us staff respected their private space and always asked them if they could come into their room. We observed staff knock at people’s door and waited for permission to enter. One person told us, “Staff do not come to my room when I am resting”. Staff told us they ensured doors and curtains were closed when they supported people with personal care. We observed staff support a person discreetly in a way that promoted their dignity.

People’s confidentiality was maintained by staff. Staff kept people’s care records securely in the office and ensured they respected their rights to confidentiality. We observed staff sharing people’s information between shifts. Staff took notice of people around them and ensured there was no risk that confidential information could be overheard.

People were confident the service would respect their end of life wishes which they had discussed with staff. Staff had talked to a person about their end of life care and knew how they wanted to be supported. One member of staff told us, “The person asked that we involve their relative in their end of life planning, which we did”. Records showed the service had involved health professionals to ensure the person received appropriate support with their health needs.

Is the service responsive?

Our findings

Staff involved people and their relatives in planning their care and support to meet their individual needs. One person told us, “Staff talk to me about my needs and how I wish to be supported”. The service worked with the community mental health team (CMHT) who contributed to the assessment and planning of people’s care and support. People’s care records showed the involvement of the CMHT in developing their support plans. People’s individual support plans contained information about their needs and how staff supported them. For example, there was information about people’s mental health conditions and the treatment plan put in place by the CMHT. Staff met with people and regularly reviewed and updated their support plans. Records showed people attended Care Programme Approach (CPA) meetings organised by the CMHT. Staff told us they supported people in these meetings and their care records had minutes to confirm this.

Staff were informed about any changes to people’s mental and physical health needs and had up to date information about the care they needed. For example, staff were able to explain how a person’s mental health needs affected their behaviour. Staff discussed how a person needed support to go out because of an increase in risks. Staff identified people’s changing health needs and acted on them. Records were kept of the discussions staff had with health professionals and the plans that were in place in relation to the assessment and treatment of their mental health needs. The registered manager ensured people received appropriate support with their health needs. Staff ensured people attended appointments to have their medicines reviewed regularly. Records showed these reviews and how staff were to monitor people’s mood and behaviour following the changes.

People received support to follow their interests and take part in activities of their choice. We spoke with a person who was about to go out, they told us, they were happy to be attending college. The person’s record contained information about their interest in gaining skills through formal education. Another person told us, staff supported them maintain contact with relatives and friends. A person’s relative told, us they liked visiting the service as they always felt welcome. They told us staff invited them to events such as birthday parties. Records showed people took part in activities at the service. Staff engaged people in activities which improved their quality of life such as going out with them for walks in the local park.

People told us staff had asked about their preferences and delivered their support in the way they wished. For example, the service had assigned a member of staff as a key worker to work with a person and had monthly meetings with them. One person told us, “I find the sessions useful as I can discuss my plans and the support I need to move on”. Staff kept records of these meetings which showed they supported people to be involved in reviewing their health and making plans about how to become more independent. For example, a person’s plan to promote their independence included sessions with a staff member of going out on their own for their hospital appointments.

The registered manager addressed people’s complaints appropriately. One person told us, “I know how to make a complaint if I need to. I can talk to the manager anytime”. People told us they were aware of the provider’s complaints policy. They were confident the registered manager would take their concerns seriously. Records showed the registered manager kept a record of all complaints received. The service had investigated a complaint and resolved the issue in line with the provider’s procedure.

Is the service well-led?

Our findings

People told us they were happy with the way the service was managed. One person told us, “The manager checks if everything is ok and makes sure things are sorted out”. Another person told us, “The service is run ok”. People, their relatives and staff told us the registered manager was approachable and involved in the day to day running of the service.

Staff told us the registered manager asked their views about the service and valued their contributions. Staff were confident the registered manager would take action to improve the service. Staff told us there was a positive and open culture at the service and they felt fully supported by the registered manager. One member of staff told us, “I can say anything that’s bothering me and the manager will resolve it”. Staff told us the manager gave them feedback to support them to develop their skills. Minutes of meetings the registered manager held with staff showed there was discussion about improvements to the service.

The registered manager used audits to take action to improve the service when issues were identified. Audits were carried out on people’s care records. The registered manager had checked staff had completed monthly care plan reviews, support plans and key worker session reports. Medicines management audits carried out showed staff had accurately completed the medicine administration records and people had received safe care and treatment. A senior manager regularly reviewed all concerns raised in the service and ensured staff acted on the issues raised. The service’s health and service audits showed repairs and refurbishment undertaken to make the premises safe. Staff told repairs the registered manager ensured maintenance staff promptly carried out any required work.

The registered manager monitored incidents and accidents and reviewed them regularly to address any concerns. Staff told us they completed and had kept a record of each incident that occurred as indicated in the service’s procedure. Staff minutes showed all incidents and accidents were reviewed to ascertain any on-going patterns and to discuss ways to mitigate further incidents.

This meant that the service learnt from incidents and accidents. The registered manager had submitted notifications to CQC as appropriately of incidents which had happened at the service.

The registered manager regularly obtained people’s views about the service. One person told us, “If something of concern comes up, I will talk to staff and they will sort it out”. People completed surveys about their care and support. Records showed the service listened to people’s feedback and responded to their concerns

The registered manager attended workshops with managers from other services by the same provider to share best practice in supporting people. On the day of the inspection, three senior managers were visiting the service for a monthly meeting with the management team. The registered manager told us, “I get the support I need from the provider and senior management”. The registered manager had a service improvement plan which they regularly reviewed and updated with senior management.

The service worked in partnership with CMHT professionals and ensured people received appropriate support on their needs. A health professional told us they received comprehensive updates about people’s mental health and any concerns the service might have about people. They said they considered the service well-run and said it had supported people to maintain their well-being and prepare adequately to move on to less supported living. Records showed staff received relevant guidance and best practice from CHMT, social workers and other health professionals.

The registered manager told us of the service’s vision and values which ensured people received appropriate support to move to a living that is more independent. One person told us, “Staff are supportive and are helping me prepare achieve my goals”. Staff told us they understood the service’s vision and values and used these as their focus in their delivery of people’s care and support. A health professional told us the service provided appropriate support to people as defined in their vision. The registered manager monitored how staff practised the values of the service and gave them appropriate support. Reports of one to one meetings between a member of staff and the registered manager showed they discussed team-working and people’s support and agreed on how to improve the service.