Review of compliance

ACH of London LLP Rosebank Lodge	
Region:	London
Location address:	82-84 Mitcham Park Mitcham Surrey CR4 4EJ
Type of service:	Care home service without nursing
Date of Publication:	July 2011
Overview of the service:	Rosebank Lodge provides care and support for up to thirteen people who have a learning disability. The home is situated in a residential area of Mitcham close to shops and public transport facilities. Accommodation is provided on the ground and first floors of the home. There are eight full en suite single bedrooms, four full en suite single

	bedrooms with kitchenette and a self contained flat.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Rosebank Lodge was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 June 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with two people who use the service. One person said they were 'fine' and reported that they liked living at the service. Another individual said that they were treated with dignity and respect but felt that their needs were not being met at the service. They stated that staff did their best but there were too many people living at the home who needed help from them.

We observed the care and support being given to individuals during our visit and saw that people were treated with dignity and respect by staff members. There were a number of very positive interactions between staff and individuals although the number of these varied from person to person.

Four staff members spoken with said that the service provided a good quality of care and that they felt well supported by the managers at the service. Comments included 'it's a good staff team', 'it's a good place' and 'I can always talk to someone'.

Two staff members said that the service needed additional staff to fully meet people's support needs particularly considering the wide range of needs the home caters for. Two other staff felt that there were enough staff on duty to meet people's needs.

What we found about the standards we reviewed and how well Rosebank Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Overall, we found that Rosebank Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

People using the service are treated with dignity and respect. Opportunities and encouragement are provided for people to be independent and part of the community. The service however needs to closely monitor the support being provided to ensure that everyone living at the home benefits from this equally.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Overall, we found that Rosebank Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Care plans and other associated documentation could be further improved to ensure that the individual needs of people are being fully met by the service.

Outcome 05: Food and drink should meet people's individual dietary needs

Overall, we found that Rosebank Lodge was meeting this essential standard.

People are provided with a choice of suitable food that meets their needs.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

Overall, we found that Rosebank Lodge was meeting this essential standard.

People who use the service get their medication at the time they need it, in a safe way because staff follow appropriate procedures.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

Overall, we found that Rosebank Lodge was meeting this essential standard.

People who us the service are provided with a safe and accessible place to live.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Overall, we found that Rosebank Lodge was meeting this essential standard.

Effective staff recruitment procedures help to make sure that people living at Rosebank Lodge are kept safe.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

Overall, we found that improvements were needed for this essential standard.

Staffing levels must be reviewed to ensure that there are sufficient numbers of suitably qualified staff to meet the health and welfare needs of people using the service.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Overall, we found that improvements were needed for this essential standard.

Improvements are needed to ensure that staff receive the training they need to deliver effective care and support.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
The home supports people with a wide range of support needs. Some individuals receive intensive one to one support whilst others are much more independent. The manager told us that another individual was currently being assessed to come and live at the service.

We spoke with two people who use the service. One person said they were 'fine' and reported that they liked living at the service. Another individual said that they were treated with dignity and respect but felt that their needs were not being met at the service. They stated that staff did their best but there were too many people living at the home who needed help from them. They felt this was 'unfair' and said they wanted to live somewhere else more suited to their individual preferences. This issue was discussed with the manager on the day of our visit.

We observed the care and support being given to individuals during our visit and saw that people were treated with dignity and respect by staff members. There were a number of very positive interactions between staff and individuals although the number of these varied from person to person. One person received little or no interaction for some periods of time during our observation and this individual was observed to eat and drink a number of items of their choosing without staff noticing this was happening.

One person was supported to cook their own lunch on the day we visited. Three other people were individually escorted by staff to go swimming, to have lunch out and for a daytrip of their choosing. Two other individuals were out attending college.

Other evidence
Two care files were looked at during our visit and we saw that individual needs are fully assessed before the person comes to live at the service. Good information had been recorded about each person in documents titled 'about me' and 'things that are important to me'. These recorded important information about individual preferences, likes and dislikes.

Care plans were in place for both individuals and contained satisfactory information although some parts lacked detail about how the support was to be delivered. The plans need to fully reflect the preferences of individuals and how their needs are to be met on an ongoing basis.

Four staff spoken to individually stated that they thought the care provided was of a good standard. Two staff members said that the service needed additional staff to fully meet people's support needs particularly considering the wide range of needs the home caters for. Two other staff felt that there were enough staff on duty.

Our judgement
Overall, we found that Rosebank Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

People using the service are treated with dignity and respect. Opportunities and encouragement are provided for people to be independent and part of the community. The service however needs to closely monitor the support being provided to ensure that everyone living at the home benefits from this equally.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
As stated previously one person we spoke said they were happy with the service provided to them at Rosebank Lodge.

Another individual felt that they were not receiving the support they required due to the high needs of some other people using the service. They said that 'when staff are busy, they cannot just leave that person' so they sometimes had to wait for the support they needed.

Records kept by the service showed that recent day trips for some people had included Richmond Park, Central London, Box Hill and Crystal Palace. Notes kept by staff referred to individuals going to the shops, to see family, for meals out and using the sensory room in the garden.

Other evidence
The two care plans we looked at contained satisfactory information about the support required around areas such as communication, behaviour and personal hygiene. Both documents had recently been updated and new copies were printed out for us on the day of our visit. We saw that a plan was still in place for one person to help them to get to know the home environment and this was dated May 2010. It was unclear whether this goal had been achieved.

Separate health action plans were maintained for individuals and these contained some good person centred information. Some of the detail recorded for the support required

by one person around personal hygiene was better than that recorded in their main care plan.

Daily notes recorded for one person on the day of our visit did not reflect our observations. The notes recorded just referred to the person as 'sitting in the lounge' and having lunch. We had observed this person being supported by staff to cook their own lunch and had been informed they had been out to the shops earlier that day.

Activity plans seen for two people did not appear to reflect the support actually being provided. The plans for one individual included activities such as swimming, aromatherapy, music and beauty sessions. Daily notes looked at and records kept of one to one care did not reflect these plans referring mainly to trips to the shops, cooking sessions and car rides. We did however see that improved planning and recording sheets were being developed for the service on the day we visited.

Daily notes recorded for one person on the day of our visit did not fully reflect our observations. The notes recorded just referred to the person as 'sitting in the lounge' and having lunch. We observed this person being supported to cook their own lunch and they had been out to the shops earlier that day.

Key worker reports are also completed each month for people using the service. We looked at these records for one person that contained some good information about the individual although we noted that some parts were repeated from month to month.

It is important that information recorded by staff is accurate, detailed and up to date in order to properly inform the plan of care and help measure individual wellbeing.

Our judgement
Overall, we found that Rosebank Lodge was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Care plans and other associated documentation could be further improved to ensure that the individual needs of people are being fully met by the service.

Outcome 05:
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us
Comments from people who use the service included 'the food's ok' and 'it's alright'. One person told us they were able to choose their own meals.

We saw one person being supported to cook their own lunch during our visit.

Other evidence
The menu for the week included meals such as gammon, meatballs, sausage casserole and chicken curry. We saw that people are supported to choose the meals for the week on a rotating basis and the initials of the person who chose the meal were recorded.

Picture menus are available to help people make choices about what they want to eat.

As stated previously, the daily notes kept did not reflect accurately what one person had been doing on the day we visited. This included shopping for some items which the person then went on to eat and drink during the morning. This was not seen or recorded by staff.

Our judgement
Overall, we found that Rosebank Lodge was meeting this essential standard.

People are provided with a choice of suitable food that meets their needs.

Outcome 09:
Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
* Will have their medicines at the times they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us
We did not receive any comments from people who use the service about this outcome area.

Other evidence
We saw that medication is securely stored and that the majority of individual medication is administered as prescribed from 'blister' packs supplied by the pharmacist.

Records were seen to be accurately kept with two staff signatures recorded for each medication administered. Audit systems are in place to make sure that procedures are followed in practice.

Our judgement
Overall, we found that Rosebank Lodge was meeting this essential standard.

People who use the service get their medication at the time they need it, in a safe way because staff follow appropriate procedures.

Outcome 10:
Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us
We did not receive any comments from people who use the service about this outcome area.

Other evidence
We saw that the home provides comfortable and generally well maintained accommodation. Communal lounge, dining room, kitchen and bathroom facilities on available on the ground floor.

Bedrooms are single and we saw that these have been personalised to individuals own taste and preference.

There is a large garden to the rear of the home with a sensory cabin, trampoline and patio area.

Our judgement
Overall, we found that Rosebank Lodge was meeting this essential standard.

People who us the service are provided with a safe and accessible place to live.

Outcome 12:
Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
We did not receive any comments from people who use the service about this outcome area.

Other evidence
We looked at the staff record for one new member of staff. We saw that all the appropriate checks had been completed before they started work at the home. These included an ISA Adult First check, Criminal Records Bureau (CRB) check, written references and proof of the person's identity.

Our judgement
Overall, we found that Rosebank Lodge was meeting this essential standard.

Effective staff recruitment procedures help to make sure that people living at Rosebank Lodge are kept safe.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are moderate concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
One person who uses the service said that they were happy with the service being provided to them.

As stated previously, another individual felt that their needs were not being met by the service and stated that staff did their best but there were too many people living at the home who needed help from them.

Other evidence
The manager told us that there are seven staff on duty for the morning shift and six staff on duty in the afternoon/evening. The manager is supernumerary at all times with the deputy manager also having one or two 'office' shifts weekly.

As reported previously, two staff members said that the service needed additional staff to fully meet people's support needs particularly considering the wide range of needs the home caters for. One staff member stated that three people have one to one staffing and they were concerned that this did not leave enough members of staff to fully meet the needs of other individuals. Two other staff felt that there were enough staff on duty.

The manager told us that another individual was currently being assessed to come and live at the service.

Our judgement

Overall, we found that improvements were needed for this essential standard.

Staffing levels must be reviewed to ensure that there are sufficient numbers of suitably qualified staff to meet the health and welfare needs of people using the service.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are moderate concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
We did not receive any comments from people who use the service about this outcome area.

Other evidence
Staff members spoken with felt that the service provided a good quality of care and said that they felt well supported by the managers at the service. Comments included 'It's a good staff team', 'It's a good place' and 'I can always talk to someone'. Staff members told us they received regular supervision with their line manager.

Two staff members told us that they had received a good induction to the service but had not yet attended any further training. Another staff member reported that they had attended training around physical interventions in 2011 and had previously completed their mandatory training in 2010.

An induction pack dated March 2011 was seen for one staff member that was partially completed and not yet signed off by their line manager. Another induction pack seen had been more fully completed.

Training records kept by the service did not fully evidence that all staff were up to date with their mandatory training. The majority of training recorded was from 2009 / 2010.

Our judgement
Overall, we found that improvements were needed for this essential standard.

Improvements are needed to ensure that staff receive the training they need to deliver effective care and support.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	Why we have concerns: Opportunities and encouragement are provided for people to be independent and part of the community. The service however needs to closely monitor the support being provided to ensure that everyone living at the home benefits from this equally.	
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	Why we have concerns: Care plans and other associated documentation could be further improved to ensure that the individual needs of people are being fully met by the service.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: Staffing levels must be reviewed to ensure that there are sufficient numbers of suitably qualified staff to meet the health and welfare needs of people using the service.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: Improvements are needed to ensure that staff receive the training they need to deliver effective care and support.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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