

Mrs Parvadee Shumoogam

La Rosa 2

Inspection report

39 Stanthorpe Road
Streatham
London
SW16 2DZ

Tel: 02087693591

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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 ●

Summary of findings

Overall summary

This is the first comprehensive inspection we have carried out since the service registered with the Care Quality Commission (CQC) under a new provider in January 2016. The inspection was unannounced.

La Rosa 2 provides accommodation and personal care for up to six people with mental health needs. At the time of our inspection, four people were using the service.

A registered manager was in post at the time of the inspection. 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 were safe from avoidable harm. Staff had detailed guidance about how to manage identified risks to people's health and well-being. People received safe care from a sufficient number of staff deployed at the service. Staff knew how to identify and report any concerns and potential abuse to keep people safe.

Appropriate selection and recruitment procedures followed at the service ensured only suitable staff delivered care to people. People received support to take and manage their medicines safely in line with best practice.

People received effective care provided by competent and skilled staff. Staff attended training and refresher courses and had their practice monitored to ensure they maintained their effectiveness to provide care.

Staff upheld people's right to make choices about care and treatment and respected their freedom in line with the Mental Capacity Act 2005.

People received the support they required to maintain a healthy diet. Staff supported people to access a range of health and social care professionals when needed.

People received care and support from staff who were kind and compassionate. Staff encouraged and supported people to maintain relationships that mattered to them. People made decisions about how staff delivered care and support. Staff upheld people's rights to have their care delivered with respect and to have their dignity and privacy maintained.

People's needs were assessed and appropriate plans were in place to ensure the care provided met their individual needs. Staff adapted care delivered to people in line with each person's changing needs.

People enjoyed taking part in a wide range of activities of their choosing for social interaction and stimulation. The provider actively sought people's views about the service and ensured they acted on feedback received.

People knew the registered manager well and were happy about the management of the service. Staff were valued at the service and felt confident to share ideas about how to improve the service. Effective quality assurance systems ensured a continuous improvement of the service and the care people received. The provider enjoyed close working relationships with external organisations. This enabled the service to deliver care in accordance with best practice guidelines and current legislation.

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. People were safe because staff knew how to identify and protect them from abuse. Staff attended safeguarding training to enhance their understanding about dealing with concerns to keep people safe.

Staff followed the appropriate procedures of identifying and managing risks to people's welfare.

Competent and trained staff managed and administered people's medicines safely in line with the provider's procedures.

People received care from a sufficient number of suitably qualified staff who were recruited through a robust recruitment process.

Is the service effective?

Good ●

The service was effective. People received effective care because staff had the relevant knowledge and skills to undertake their role. Staff received an induction, supervisions and an appraisal to develop their practice.

People consented to care and treatment. Staff promoted people's freedom and right to make choices about their care.

People's dietary needs and food preferences were met at the service.

People received the support they required to access healthcare services when needed to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring. People received compassionate care at the service. People were involved in making decisions about their care.

Staff supported people to maintain relationships that were important to them.

People received appropriate support to maintain their

independence.

Staff treated people with respect and promoted their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People had their well-being assessed. Care plans contained sufficient detail that enabled staff to provide personalised and responsive care to each person using the service.

People enjoyed taking part in activities of their choosing at the service and in the community.

People understood the provider's complaints procedure and were confident of a positive resolution of their concerns.

Is the service well-led?

Good ●

The service was well led. People using the service and staff made positive comments about the registered manager and the management of the service.

People were at the centre of the decisions made at the service because of an open and transparent culture embedded in staff's practice.

Regular checks and audits to the quality of the service resulted in an improvement of the care provided to people.

A close working partnership between the provider and external agencies ensured people received a good standard of care.

La Rosa 2

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.

This inspection took place on 14 July 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection, we checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

We undertook general and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with four people using the service and two healthcare professionals who were visiting. We also spoke with one care staff, a team leader, a compliance manager, the registered manager and the nominated individual. We reviewed four people's care and medicines administration records. We looked at five staff files including documents relating to recruitment, induction, training and supervision notes. We reviewed records relating to the management and auditing of the service. We checked feedback the service had received from people using the service, their relatives and health and social care professionals.

After the inspection we received feedback from three health and social care professionals and two relatives about their views of the service people were receiving.

Is the service safe?

Our findings

People were happy about the safe care and support they received at the service. One person told us, "I feel safe here." Another person said, "I have no worries at all. The staff are good." Staff had received safeguarding adults training about how to identify abuse to keep people safe. They understood their responsibility to report any concerns. An up to date safeguarding policy was in place and staff knew the procedures to follow when raising an issue about a person's welfare. The registered manager notified the local authority safeguarding team of any potential abuse to ensure the service had put people's safety first. Staff were confident that the registered manager would investigate any safeguarding concerns raised and that they could whistleblow to senior management and external agencies if issues remained unresolved.

People were safe from avoidable harm. Staff assessed risks to people's health and had detailed guidance about how to keep them safe. Risks identified covered areas such as managing finances and medicines, scalds and burns in the kitchen, trips and falls and health concerns. Staff knew how to support a person with weight management concerns and followed guidance from healthcare professionals when preparing their meals whilst encouraging them to adopt a healthy lifestyle. The environment was kept free of obstacles to ensure that a visually impaired person could walk safely around the home. Regular updates of risk assessments ensured staff provided appropriate support in line with the risks identified.

People's needs were met by a sufficient number of suitably qualified staff deployed at the service. One person told us, "I get all the help I need." Another person said, "There is always someone around to support me." Feedback from a healthcare professional who visited a person using the service indicated a potential concern about staffing levels. A member of staff told us they had experienced challenges when a person displayed challenging behaviours after their needs had increased. They said the registered manager had put in additional staff to enable them to provide appropriate support. A dependency assessment carried out ensured staffing levels were adapted to meet people's changing needs. Duty rosters were covered as required and additional staff were made available to support people to attend health and social care appointments and one to one activities at the service and in the community. We were confident that there were enough numbers of staff on each shift to provide safe care.

People received care that was safe because of the robust recruitment procedures followed at the service. The provider carried out checks on all new staff. Pre-employment checks were returned and all new staff completed a probationary period before the registered manager confirmed them as competent to provide care to people.

People took their medicines safely when they needed to in accordance with the support they required to do so. Staff were trained to manage people's medicines and had their competency reviewed regularly to ensure they remained up to date with current best practice and the provider's procedures. Medicines were securely and safely stored in a lockable cabinet. Records were accurately completed and audited regularly. These indicated that staff had administered people's prescribed medicines at the correct time and dose. Staff adhered to protocols and recorded reasons for administering 'when required' medicines such as pain management.

People lived in a well-maintained environment. One person told us, "Staff keep the home clean and tidy." Staff knew how to minimise the risk of cross contamination and followed the provider's procedures about how to prevent infection. Disposable gloves, aprons, face masks, paper towels and handwashing soap were available and used appropriately. Staff had attended infection control training and told us they applied their knowledge through good hygiene practices such as wearing gloves when giving personal care and handling food. Cleaning schedules were completed and regular checks by the registered manager ensured staff maintained high standards of hygiene.

People were safe in the event of an emergency. One person told us, "We have practice sessions on how to leave the building if there is a fire. Staff remind us of the fire exits." Staff practiced fire drills monthly and ensured they could evacuate the building safely. Emergency light testing and fire extinguisher servicing was carried out when needed. Staff had received fire warden training to enable them to support people safely in the event of a fire. People told us and records confirmed staff involved them in evacuation drills. Personal emergency evacuation plans were in place for each person and contained details of the support they required to leave the building safely. Escape exits were clear of any obstructions and labelled clearly to allow safe passage to people.

Is the service effective?

Our findings

People received effective care from appropriately trained and skilled staff. A skills audit identified staff training needs and suitable plans were in place to support them to gain the expertise required to carry out their duties. The provider's mandatory training and refresher courses included safeguarding adults, dementia, infection control, first aid, nutrition and moving and handling. Records confirmed staff were up to date with this training and their knowledge about how to provide effective care. Staff enjoyed career development opportunities and undertook national vocational courses in health and social care to enhance their knowledge and management skills in care provision.

New staff completed an induction to support them to perform effectively in their role. This included meeting each person using the service, familiarisation with people's care records, 'shadowing' experienced colleagues, completing required training and reading the provider's policies and procedures. New staff completed their induction before the registered manager confirmed them in post.

Staff received the support they required to deliver effective care to people using the service. One member of staff told us, "I have all the support I need. We meet regularly with the [registered] manager and discuss any issues affecting my work." Regular supervisions were carried out and gave staff an opportunity to discuss the support they required to provide care to people. Staff had attended further training and received extra one to one support when there was a need to improve their performance. Supervision records confirmed discussions on accurate record keeping and updating of activities people undertook. Each member of staff had received an annual appraisal to review their work practice and confirm their development and learning plans.

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. People consented to care and treatment. One person told us, "Staff do check with me about how I want things done. They support me as I wish." Care records confirmed staff promoted people's freedom and right to make choices about how they wanted their care delivered. Two people were subject to a DoLS authorisation by the local authority. This enabled staff to support people effectively with managing their health, finances and accessing the community safely.

People enjoyed a variety of meals offered at the service. The food provided met people's dietary needs and individual preferences. Staff involved people in menu planning and maintained records of their food

preferences and allergies and any support they required to eat and drink. Records on a healthcare professionals' advice about a person who required support with weight management showed that staff supported the person to follow a recommended diet for healthy eating.

People received appropriate support to prepare their meals. For example, a visually impaired person had access to utensils that measured the temperature of hot drinks which enabled them to do so independently. Another person prepared [his/her] sandwiches for lunch. People had access to the kitchen area and could store their favourite foods in the fridge. Staff checked for expiry dates and freshness of food to prevent illness. We saw people preparing refreshments and snacks and fruit was available at the service.

People had access to healthcare professionals when needed. One person told us, "Staff contact the GP if I am unwell. They don't take chances." Staff monitored people's health and made referrals when necessary to ensure they maintained their well-being. Records of hospital appointments attended and visits to healthcare professionals such as GPs, opticians, podiatrist and dietitians indicated that people received the support they required to have their health needs met. A visiting healthcare professional commented that staff notified them without delay of any changes to people's health and that they followed the guidance to support people to live a healthy life as far as practically possible.

Is the service caring?

Our findings

People had their care and support delivered in a compassionate and caring manner. One person told us, "Staff are gentle and caring." Another person said, "[Staff] are friendly and considerate." A relative told us, "[Staff] are helpful and supportive of [person]. They get on well and we are very happy with the care." We observed staff were polite when talking to people and when they made reference to each person's needs and the support they required.

People were involved in making decisions about their care. One person told us, "[Staff] always check with me how I want things done. They are flexible to any changes I make." Staff discussed with people how they wanted their care provided. Care records confirmed people's preferences and routines, for example, the time they liked to go to bed and to wake up and how they wished to spend their day. Daily observation notes showed staff delivered care in line with people's wishes.

People enjoyed relationships with people that mattered to them. One person told us, "I visit my family whenever I wish to do so." Relatives were welcome and invited regularly for social events at the service. A relative told us, "We do not have any restrictions to the times we visit. Staff make us feel at home." Staff supported people to visit their families whenever they wanted. Relationships between people using the service were positive. We observed staff encouraged interaction between people to reduce boredom and the risk of social isolation.

People received support to maintain their privacy and dignity. One person told us, "Staff are respectful. They knock on my door and just don't barge in." Another person said, "I lock my room and staff ask me if it's ok to go in." Staff respected people's privacy by providing care behind closed doors and allowing them private time when needed. People's records and information about their health was kept in locked cabinets, maintained on password protected computers and only accessible to authorised staff. We observed staff addressed people by their preferred names. People were appropriately dressed and their personal hygiene maintained.

Is the service responsive?

Our findings

People received care and support that met their individual needs. One person told us, "I am aware of my support plan." A needs assessment of people's health and well-being by staff and health and social care professionals ensured that the provider was able to provide appropriate care. Care plans identified areas people required support with such as managing their health, nutrition, personal care and developing daily living skills. Regular reviews of care plans enabled staff to update support plans in accordance with people's changing needs. For example, a person had received responsive care through one to one support when their mental health showed signs of decline.

People using the service and their relatives where appropriate were involved in care planning. Detailed care plans in place showed people's histories, preferences about how they wished their care to be delivered and likes and dislikes. For example, one person's care plan stated, "I require minimal support with personal care but want some help in cleaning my room. Daily observation notes confirmed staff met people's preferences as far as practicably possible when they provided care.

People undertook activities provided at the service and in the community. Staff encouraged people to attend a range of activities for social interaction and their personal development. For example, staff supported a person to practice their faith, which they did by attending a weekly religious service in the community. Another person volunteered in a restaurant to explore their passion for food and to develop their cooking skills. The person was happy that they were able to prepare tasty meals, which they shared with other people using the service. A person received one to one support to go shopping and to visit places of interest. Each person had a schedule of their weekly activities, which staff monitored to ensure people received the appropriate support to achieve their goals. We saw certificates of achievements a person had obtained for attending different courses at a local college. Another person had a talking clock and watch, had access to a computer for the visually impaired which enabled them to live an independent life.

People using the service, health and social care professionals and staff shared their views about the service with the registered manager. Staff held regular group meetings with people where they discussed their experience at the service and the care provided. Each person had one to one meetings with a member of staff assigned to coordinate their care. Records showed people's views were listened to, for example people enjoyed music from regular disco sessions run by another person using the service. Comments from the April 2017 survey were positive with people agreeing that they were involved in "making decisions about the service" and stating that "Staff have good care skills."

People knew that they could raise any complaints or concerns about the service when needed. One person told us, "Staff encourage me to speak up if I am unhappy about anything." People had access to and understood the provider's complaints procedure which was also available in an easy to read format. They were confident that the registered manager would address their concerns. The registered manager explained the process to resolve complaints at the service which entailed acknowledging a concern, followed by an investigation and providing a written response. Records showed complaints were resolved in line with the provider's procedures.

Positive comments from people's relatives and health and social care professionals were shared with staff. This ensured they remained focussed on providing care that was responsive to people's needs. Comments we read included "[Service] is homely and welcoming" and "Great meals and friendly staff."

Is the service well-led?

Our findings

People using the service and their relatives said the service was well managed and had positive comments about the registered manager. One person told us, "The [registered] manager spends time chatting with me and is interested to find out how I am getting on with life." Another person said, "[Registered Manager] is friendly and supportive." A relative told us, "You can contact the [registered] manager at any time and communication is very good with the service." In spite of this, there were different views from health and social care professionals about the registered manager. One professional commented that they were not visible at the service and that this might have an impact on the care provided. However, another professional commented, "The registered manager is very supportive, very knowledgeable, knows [person] very well and attends all review meetings." We contacted the registered manager to understand their view about this. We were satisfied that there was sufficient contact and interaction between people using the service and the registered manager and records confirmed their involvement. We saw the registered manager held meaningful conversations with people, which showed that they had taken time to understand each person and their needs.

Staff described the registered manager as "supportive and approachable." One member of staff told us, "The registered manager is available to give guidance and to discuss any concerns about the service." Staff said communication was good and that the registered manager kept them informed of developments at the service, changes to people's health and the support they required. Handovers at the start of each shift, daily updates in the communication book, emails from the registered manager and the frequent interaction between people using the service and staff ensured information sharing remained appropriate. The registered manager read and checked that staff provided high standards of care in line with the provider's procedures. Staff said good teamwork at the service enabled them to provide continuity of care because they were focussed on meeting people's needs. Records showed the registered manager encouraged staff to work well as a team to ensure people received high standards of care.

People benefitted from an honest and transparent culture that prevailed at the service. The registered manager encouraged staff to acknowledge and learn from mistakes through discussing incidents and concerns about people's well-being at team and individual meetings. They shared best practice guidance to improve the quality of care provided at the service. The registered manager shared feedback and guidance from health and social care professionals and ensured staff understood and adopted the changes required. Regular updates of policies and procedures including any changes in legislation were discussed at team meetings and one to one supervision to enhance staff's knowledge of trends and changes in the care sector.

People gained from the monitoring carried out on all aspects of the service. Regular checks and audits enabled the provider to identify and make the required improvements to the care people received. Weekly and monthly checks on medicine administration records and stocks determined whether staff had followed the provider's procedures and allowed staff the opportunity to rectify errors promptly. Regular health and safety checks provided for a safe environment as equipment and premises received the required servicing and routine maintenance as needed. Monthly review of daily observation logs ensured the registered manager understood the care people received and whether it met people's individual needs. Staff had

received additional training on record keeping to make sure what they wrote was a true reflection of the support people had received and any concerns about their health that needed to be acted on. For example, when a pattern developed that a person's needs had increased, the registered manager had ensured staff provided additional support to them.

The service had a registered manager as required by law. Notifications were submitted to the Care Quality Commission in a timely manner and other agencies as appropriate to ensure people's safety was secured. The registered manager told us the provider was supportive and organised the recruitment, induction and training of staff.

Health and social care agencies contributed to the provision of care to people living at the service. The involvement of various agencies allowed people to access support in line with best practice guidelines.