

Rosenmanor Limited

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Inspection report

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Date of inspection visit:
27 June 2018

Date of publication:
27 July 2018

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 unannounced inspection took place on 27 June 2018. At our last inspection in May 2016 the service received an overall rating of 'Good'.

Rosenmanor Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rosenmanor Limited provides personal care to people but not nursing care.

Rosenmanor Limited accommodates up to 12 people with mental health needs across three floors in two adjacent and internally connected terraced buildings. Eight people were living in the service at the time of 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 continued to be safe receiving care and support from Rosenmanor Limited. People's risks were identified, assessed and reduced and staff understood their role to protect people from abuse. People received medicines safely and the provider ensured the staff used appropriate hygiene practices around personal care, environmental cleanliness and food safety. There were enough suitable staff available to deliver safe care and support to people.

People received effectively delivered care and support from supervised and trained staff. People's needs were assessed and reviewed and they had timely access to healthcare services. People were supported to meet their nutritional needs and were supported in line with mental capacity legislation.

People continued to describe the staff who supported them as caring. People and staff shared positive relationships and people were supported to maintain relationships with relatives. Staff protected people's privacy and dignity and provided culturally and spiritually sensitive support.

The service delivered individualised care to people based upon their personal needs. People had input into their care records which guided staff to meet their needs. Staff were responsive to changes in people's mental health and supported people to be active. A complaints process was in place and people understood how to use it.

The service continued to be well-led. Rosenmanor Limited had a service manager who ran day to day operations which were overseen by a registered manager who was also the provider. The service sought and acted upon the views of people and staff and the quality of care was audited.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Rosenmanor Limited

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 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 inspection took place on 27 June 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we spoke with two people, two members of staff, the service manager and the registered manager. We read five people's care records and five staff files. We read the minutes of team meetings and records relating to the management of the service including quality checks. Following the inspection we contacted four relatives and five health and social care professionals requesting their views about the service being delivered.

Is the service safe?

Our findings

At our last inspection of Rosenmanor Limited in 2016 we found the service was delivering care and support safely. As a result the service received a rating of 'Good'. At this inspection we found the service continued to be safe for people receiving accommodation and personal care from Rosenmanor Limited.

People told us they felt safe living at the service. One person told us, "I feel safe and secure. If I feel unwell within myself mentally the staff reassure me and make me feel safe." The service had a safeguarding policy in place and staff were trained to identify and report any suspicions of abuse or improper treatment. Where safeguarding concerns had been raised these were reported to the local authority and to CQC and the provider participated in subsequent enquiries. Additionally, the service provided people with information and advice about keeping themselves safe when in the community. For example, in one residents meeting staff advised people not to pass personal information to strangers.

The risk of people experiencing avoidable harm was reduced by the risk assessments and risk management plans in place. Staff assessed people's general and individual risks. For example, people at risk of financial or sexual exploitation had plans in place to keep them safe. Risk management plans were regularly reviewed by staff alongside health and social care professionals. When people's needs and risks changed this was reflected in risk management plans.

People's behavioural support needs were identified and met. Staff were trained in the management of behaviours which may challenge and collaborated with healthcare professionals to assess and review people's behaviour. Where people presented with self-harming risks they were assessed by mental health specialists and staff followed their guidelines to keep people safe. This included making the care home environment safe and information for staff about recognising factors which may trigger behavioural incidents.

Staff were available in sufficient numbers by day and night to keep people safe. The registered manager regularly reviewed the staff rota and adjusted it to meet people's changing needs. The registered manager and head office team had satisfied themselves that the staff they employed were suitable to deliver care and support. Staff passed a vetting and selection process prior to joining the service. This included submitting an application, being interviewed and providing two satisfactory references. The registered manager confirmed the identities, addresses and eligibility of staff to work in the UK and ensured that criminal records checks had been completed.

People were supported to receive their medicines safely. Staff were trained to administer medicines to people and to maintain accurate entries in Medicine Administration Record (MAR) charts. The service manager regularly audited MAR charts, checked medicines storage and observed staff administering medicines to people. Protocols were in place to support the administration of people's 'when required' medicines. These protocols included the maximum number of doses people could receive in a 24 hour period. Where people presented with risks associated with refusing to take their prescribed medicine staff had guidance in care records. This included recognising people's right to refuse, recording refusals in care

records and informing healthcare professionals.

Staff protected people from risks associated with unclean environments and poor hygiene practices. One person told us, "It's really clean here." Staff followed a cleaning schedule for the service. This included mopping floors, vacuuming carpets and wiping skirting boards as well as cleaning toilets and the laundry room. The service manager checked and recorded to confirm these cleaning tasks had been carried out. When providing personal care staff wore disposable gloves and aprons. To protect people from the risk of becoming ill due to bacterial contamination when preparing food staff wore disposable gloves and used different coloured chopping boards when preparing different food types. Posters in the kitchen explained the colour coded system and staff we spoke with understood which chopping boards were used for which food types. Additionally, posters were displayed in the kitchen explaining food safety and the correct techniques for handwashing.

The service had fire safety doors throughout. Staff were trained in fire safety and undertook regular tests of the fire alarm and emergency lighting systems. Staff also supported people to rehearse building evacuations. This meant the provider maintained the level of preparedness required to respond appropriately to a fire emergency.

Is the service effective?

Our findings

Rosenmanor received a rating of 'Good' when we last inspected against the key question, 'Is the service effective?' At this inspection we found that people continued to receive effectively planned and delivered care and support.

Staff assessed people's needs. People's needs assessments covered a range of areas including people's mental and physical health, risks, social needs, medicines and behaviours. Care records reflected the involvement of people, their relatives and health and social care professionals in their assessments.

Care and support was delivered to people by trained staff. The registered manager and service manager ensured that staff received the training they required to meet people's needs effectively. Staff received training in areas including mental health, health and safety, food hygiene and equality and diversity. The provider collaborated with others to ensure staff skills and knowledge were up to date. For example, staff accessed training provided by the local authority which included safeguarding, mental capacity and infection prevention and control.

People received support delivered by supervised staff. The service manager arranged one to one meetings with staff to discuss people's changing needs, staff performance and improving team work. A member of staff told us, "It is always positive to get feedback on how we are doing and to set goals."

People received the support they required to meet their nutritional needs. Where people presented with identified needs around eating or drinking these were assessed and met by staff. One person told us, "The staff are really good at supporting me with my diet." People were provided with nutritious food and menus contained three options for people to choose from. Where people presented with specific dietary requirements care records reflected this and the staff we spoke with were able to confirm they knew what these requirements were.

The service had clear transitional arrangements in place for people moving into and out of the service. People's needs were assessed prior to transition into the service. This was to ensure the service was capable of meeting their needs. Upon arrival at the service people were supported to have a trial period. The trial period was for a duration of eight weeks and was an opportunity for people to determine if they were satisfied with the service being delivered and with the arrangements for their care and support. People moving out of the service were supported with transition documents to assist new providers.

People were supported to access and engage with local and specialist healthcare services. Staff made appointments for people and supported their attendance at a GP surgery which was located nearby. Additionally, staff supported people to attend appointments at home and in clinics with mental healthcare professionals. Staff maintained a record of people's health appointments. These records noted which healthcare professional the appointment was with, what was discussed, any examinations carried out, along with the outcome of the appointment. This information was reviewed by the service manager and

registered manager and made available to health and social care professionals at people's reviews.

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. Where people lacked capacity, staff followed the appropriate guidelines to deliver effective care. For example, references were made to the Local Authority for mental capacity assessments to be undertaken. Where restrictions were necessary to keep people safe the appropriate DoLS authorisations were in place in care records. These included the details of lawful restrictions and the date upon which the restriction expired.

Is the service caring?

Our findings

The service was rated as 'Good' when we asked the question, "Is the service caring" at our inspection. At this inspection people told us the service continued to be caring. One person said, "The staff are very nice to me. They like me and they care about me."

The registered manager promoted positive relationships between people and staff. People had pen portraits within their care records. These provided staff with information which people chose to share about their lives. For example, one document entitled, 'My life so far' noted people's achievements, jobs, relationships and activities. Each person was allocated a specific member of staff with whom they were encouraged to share a special rapport by meeting together each week and discussing important issues.

Staff supported people to make choices. Where required staff supported people's understanding by making information accessible. For example, the provider produced activity plans in a pictorial form. To support people around more complex choices staff supported people who chose to access advocacy services. We found people accessed advocacy services to support best interest decision making around issues such as their accommodation and to address matters with the local authority. Staff also supported people to make choices throughout the day. For example, we observed staff advising people about appropriate clothing choices on what was a particularly hot day.

People's cultural needs were identified, assessed and met. Staff supported people around their cultural and spiritual needs. For example, a Catholic priest visited the care home each month and delivered a service to those who wanted to attend. People who had dietary requirements related to their religion and culture received support from staff. For example, one person chose to abstain from one food type. Staff supported this person's cultural preference and offered alternatives.

Staff treated people with dignity and respect. One person told us, "Staff are always polite and kind to me. They say nice things to make me feel better." Another person said, "None of the staff talk down to me." Staff respected people's privacy by knocking on their bedroom doors and waiting to be invited in and respected people's confidentiality by keeping care records and discussing private matters in the office. This meant information that was personal to people could not be read about or overheard by others.

Staff enabled people to maintain contact with those who were important in their lives. We found that people received the support they required to maintain contact with relatives. For example, staff supported people to receive visits from family members and to make telephone calls to them. Additionally, staff made arrangements for people to visit and stay with relatives.

Is the service responsive?

Our findings

Rosenmanor Limited received a rating of 'Good' when we checked how responsive the service was at the last inspection. At this inspection we found the service continued to provide people with a personalised and responsive service.

People had personalised care records which detailed how their assessed needs should be met. The individual objectives of each person's placement with Rosenmanor Limited were listed within their care records. For example, a goal for one person was to encourage them, "To become more independent by promoting daily living skills." Another person's goal was described as, "To be able to express their feeling and concerns...with staff."

People received care and support which was designed to be responsive to people's changing mental health needs. One person told us, "I get scared when I think I can't cope because of my mental health. The staff talk to me and show me how well I have done and how far I have come and that helps." Staff had guidance in care records to recognise and respond to relapses in people's mental health. For example, where people presented as confused or agitated, refused medicines or to have their personal hygiene needs met staff took action by informing mental health specialists.

People were supported around activities of daily living. These activities were used to promote and develop people's independent living skills. For example, staff supported people around the tasks required to maintain their bedrooms such as, cleaning, changing bedding, vacuuming and laundry.

One person told us, "I have got really good at tidying my room and my cooking has come on in leaps and bounds. The staff help me to cook from scratch." People received the support they required to manage their finances. For example, whilst some people managed transactions independently other people required staff prompting and to review each transaction with staff afterwards. This meant that staff were supporting people to regain the skills they needed to live independently in the future.

People were provided with a variety of activities to participate in. Indoor activities included arts and crafts, table top games, movie nights, cooking, laundry, manicures and pedicures. Within the community people's activities included going to college, doing voluntary work and dining out. The service had a garden to the rear. However, a large part of the garden was unkept and overgrown allowing people only limited access to it. The service manager informed us that this had already been recognised as an issue and plans were in place to restore the garden.

People were supported by keyworkers. Keyworkers are members of staff with specific responsibilities in relation to individual people. People had meetings with their keyworkers each week to discuss people's emotional and mental wellbeing as well as budgeting, shopping, skills teaching, activities and appointments. These arrangements helped the service to identify people's changing needs and be flexible in the planning and delivery of care and support.

The provider had a complaints process in place. Copies of the provider's complaints policy were given to

people when they moved into the service. An outline of the provider's complaints process was on display on a noticeboard in a communal area of the home entitled "How to make a complaint." The provider investigated complaints and provided written responses to complainants in line with the complaints policy.

Is the service well-led?

Our findings

Rosenmanor Limited was rated 'Good' at our last inspection when we reviewed leadership and governance in the care home. At this inspection we found the service continued to be well-led. The registered manager was also the provider and was registered with CQC to manage other locations. The registered manager was supported at this location by a service manager who coordinated the day-to-day delivery of care and support. One member of staff told us, "The registered manager and service manager are quick to respond and are good at prioritising." Another member of staff said, "The new manager [service manager] is very nice to us."

People and staff told us that the leadership of the service had created a supportive and open atmosphere in the care home. One person told us, "They [the registered manager, service manager and staff] talk to me a lot. They get me out of my shell and we talk about what's to do here [in the care home]" Another person said, "I speak my mind. I'm never told not to." A member of staff told us, "We all share our ideas. Everyone gets involved in discussions and our views are encouraged." The registered manager arranged for staff to attend regular team meetings. These meetings were used to discuss people's changing needs and aspects of service delivery. For example, we read in team meeting minutes that staff discussed cleanliness and infection control within the home, medicines, safeguarding and documentation.

The leadership of the service was visible. People knew the registered manager and service manager well. The service manager was based at Rosenmanor and their office was on the ground floor of the building adjacent to the communal lounge. The office had a large window so people could see who was inside and the service manager operated an open door policy. One person told us, "I pop in the office whenever I want. We talk about different things at different times." Another person told us, "The manager says, 'It's good to talk' so I go and see her and we talk." Staff we spoke with understood their roles and responsibilities as well as those of their colleagues and managers.

People's views were gathered and acted upon. Staff facilitated regular residents meetings. These were used to discuss issues such as activities, the cleanliness of the care home, health and safety and upcoming events. Additionally, the provider undertook regular survey questionnaires. These surveys asked people questions such as, "Do the staff involve you in making decisions about your care" and, "Do staff treat you with dignity and respect." The results we read from people were positive.

The service manager felt supported in their role by the provider. The registered manager visited the service regularly, planned support, attended meetings, reviewed quality and supervised the service manager. The registered manager regularly assembled the service managers from each care home. These bi-monthly meetings enabled the registered manager to discuss quality and areas of improvement across the organisation.

The registered manager checked the quality of the care and support people received. A range of audits were carried out covering areas such as care records, medicines, health and fire safety, food hygiene, finances and the physical environment of the care home. Where improvements were required these were identified and

recorded. The registered manager developed action plans to make improvements where audits showed shortfalls. Action plans were regularly reviewed by the registered manager and service manager to ensure the satisfactory completion of planned tasks.

The service continued to work collaboratively with other agencies. The management and staff worked with mental health specialists, health care professionals and social workers. Timely notifications were made to CQC regarding important events and the service liaised with relevant departments of the local authority where appropriate.