

# Central and Cecil Housing Trust Rathmore House

## Inspection report

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11 May 2023

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Rathmore House is a residential care home providing personal care to up to 20 older people and specifically those who are living with dementia. At the time of our inspection there were 18 people living at the home. Each person has their own bedroom and share bathrooms, lounge, dining room and large garden.

### People's experience of using this service and what we found

The service provided safe care and responded correctly if any concerns were raised.

Three people spoke with us briefly. We observed that these people were comfortable in their environment and we also saw a number of positive interactions between people living at the home and the staff caring for them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 13 April 2018).

### Why we inspected

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The provider sent CQC a notification about a specific concern raised by a person using the service that they had been harmed. As a result, we undertook a targeted inspection to review the key question of safe only.

We found no evidence during this inspection that people were at unnecessary risk of harm from this concern. Please see the safe section of this full report.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed following this targeted inspection and remains Good.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rathmore House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow-up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question good.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Rathmore House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by a single inspector.

#### Service and service type

Rathmore House is a 'care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rathmore House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 10 May 2023 and ended on 26 May 2023. We visited the home on 11 May 2023.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with the deputy manager and another senior member of the staff team. We had passing brief conversations with three people and were also introduced to the person about whom a concern was raised. We also had contact with a relative of this person. We reviewed two specific risk assessments and care planning records.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We also had a meeting with other authorities that were involved in the investigation of the concern raised.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of harm were and acted to minimise any untoward event.
- Prior to inspection, CQC had been informed by the provider that a person using the service had been heard to say that they had been harmed at the home. This concern resulted in the local authority and police investigating the allegation. The result of that investigation concluded that no evidence of harm was identified.
- We looked at further information and the provider was able to show us evidence of records of complaints and incidents that did not show that anything involving a similar concern had been raised since our previous inspection. Where other concerns had been raised these had been reported and responded to properly by the service in liaison with other authorities.
- Induction records showed that staff had completed safeguarding training and had access to guidance about what to do if they had concerns about a person's safety and wellbeing.
- A member of staff told us, "Before starting to work, the DBS was completed. The training and induction were undoubtedly very beneficial."

Assessing risk, safety monitoring and management

- The provider ensured that potential risks that people using the service faced were assessed and action was taken to minimise the risk of harm.
- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks. The risk assessments also took into account events in people's past lives that may pose a potential risk for them.
- People's risk assessments included guidance for staff on how to manage and minimise any risks identified, not least the potential risk of people being cared for by staff they would not wish to support them. The deputy manager was clear about the risk mitigation measures in place should this specific risk be prevalent for particular people living at the home. We also saw since the concern was raised the person's risk assessment and care plan had been updated and amended to reflect changes necessary to minimise any risk of recurrence of the concern.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had policies and procedures in place in respect of COVID-19 and infection control and prevention. We asked the deputy manager about procedures if there should be a future outbreak of COVID-19 at the home. They told us in detail about the control measures that would be put into place and also that there had been no new COVID-19 infections for some months. Visitors were allowed into the home and were asked to provide assurance that they were free from COVID-19 infection before entering the home.