

Haven Rose Residential Care Home Ltd

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Inspection report

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Date of inspection visit:
05 July 2016

Date of publication:
05 August 2016

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 was carried out on the 05 July 2016. Haven Rose provides accommodation and support for up to 16 older people with mental health needs or living with dementia. At the time of our inspection there were 13 people living at the home.

The home had a registered manager who has been registered since December 2010. 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 felt safe living at Haven Rose and they were very much at the heart of the service. The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Haven Rose to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions of supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

A complaints procedure was in place. There were appropriate management arrangements in place and staff felt supported. Regular audits of the service were carried out to assess and monitor the quality of the service.

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 felt safe living at the home and staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs and recruitment practices were safe.

Risks were managed appropriately and medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported, had regular sessions of supervision and received a wide range of training.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion. People were treated with privacy and dignity.

People were involved in planning their care and were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who were able to meet their needs. Care plans provided comprehensive information and were reviewed monthly.

A range of daily activities were available within the home, which people could choose to attend.

An effective complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided. Staff attended regular staff meetings.

Haven Rose Residential Care Home 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 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.

The inspection took place on the 05 July 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning and undertaking the inspection. We reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the home, and one family member. We also spoke with the registered manager who is also the provider and four care staff. We looked at care plans and associated records for five people, staff duty records, six members of staff's recruitment files, accidents and incidents records, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas.

Is the service safe?

Our findings

At our previous inspection of the home, which took place in May 2015, we identified infection control guidance was not being followed and risks to people were not always managed. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by July 2015. At this inspection we found improvements had been made to infection control risks and risks to people were managed appropriately.

People told us they felt safe and were treated with respect. People said they felt comfortable around the staff and they told us staff supported them. One person said, "I feel very safe here. I more or less keep myself to myself. I talk to people but I'm quite quiet." A staff member told us, "I feel residents are very safe as they are top priority at all times."

There were sufficient staff to meet people's care needs. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. However, at the time of our inspection the home was having to use agency staff, due to some recent departures of staff, staff holidays and sickness. One staff member told us, "At the moment we are using agency staff, but there is more than enough staff on each shift." Another staff member told us they were, "finding it hard working with agency staff." The registered manager told us, "I'm having to use agency staff at present while waiting for checks to come back on new staff. But we are using regular staff from the agency."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

People were protected against the risks of potential abuse and had access to information about safeguarding and how to stay safe. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "In safeguarding training I'd learnt how to deal with abuse and how to report it. I would report it to my manager and the safeguarding team." Another staff member said, "I would report immediately to my manager and make notes of my concerns then follow up with safeguarding."

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Photographs were taken of people and attached to their MAR chart and cream labels to help prevent medicines being given to the wrong person. The home used a system of using specific labels supplied by the chemists to record the date of opening and the expiry date to ensure creams remained safe to use. Where medicines were needed to be kept in the fridge, these were kept securely and temperatures taken daily to

ensure medicines were safe to be administered. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. Audits were carried out regularly on MAR charts and audits of medicines in the trolley were carried out once a week. One staff member told us, "Medicines are checked every day by two people in handover."

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. There were plans in place to deal with foreseeable emergencies, the registered manager told us, "If we had to evacuate we have an agreement with a local care home."

The risks posed by people who smoked were managed appropriately. People were not permitted to smoke in their bedrooms and had agreed to staff looking after their lighters for them. A safe and sheltered area of the garden had been set aside for smoking.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed regularly. We saw that people were supported in accordance with their risk management plans. For example, for one person records showed that they sometimes walk too fast so is at risk of tripping and falling. Staff need to remind them to slow down. Risk assessments were in place for moving and handling, falls, people's rooms, going out in the community, tissue viability, nutrition, hydration, personal care, infection control, pain management, continence, self-harm, challenging behaviour, and the mental capacity act (MCA).

Where people found it difficult to manage their money independently, the registered manager had systems in place to support them from financial abuse. This included money which was held, and spent, by people living in the home. One staff member told us, "People's finances checked by two people and kept securely with a running total."

Arrangements were in place to manage infection control. An infection control annual statement showed there had been no outbreaks of infection since 2014 and all staff had received training in infection control.

Is the service effective?

Our findings

People were happy with the service offered at Haven Rose. One person told us, "I like it here very much." Another person said, "Couldn't be better, the food is really good, and so are the staff who look after me." A third person told us, "My room is really nice." A family member told us, "[person's name] loves it here he wouldn't move, says no way he's moving."

People told us they liked the food and were able to make choices about what they had to eat. One person said, "The food is good." The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals at lunch time and a choice of two different puddings. A staff member said, "The food is amazing, homemade bread lots of choices. What people want, if they request something we will get it for them."

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff were skilled and knowledgeable about how to care for people living with mental health needs and people living with dementia. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One staff member said, "My training is always updated." Most staff had obtained vocational qualifications relevant to their role or were working towards these. However records showed one staff member was very behind on their update for manual handling training, we spoke to the registered manager who was going to ensure this was completed as a priority.

New staff to Haven Rose completed a comprehensive induction programme before they were permitted to work unsupervised. All new staff worked towards the completion of the Care Certificate. The Care Certificate is awarded to staff who successfully complete a learning programme designed to enable them to provide safe and compassionate care. All staff members had also just completed diabetes training and were waiting for their workbooks to be marked.

People were supported by staff who had supervisions (one to one meetings) with their line manager and annual appraisals. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I had a supervision last week, which was fine. I am able to express any concerns or make suggestions." Most supervisions and appraisals were up to date, however there were some gaps. We spoke to the registered manager who told us, "Even if I don't do supervisions, I talk to staff regularly informally and observe practice and provide feedback."

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to 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. Where people had been assessed as lacking capacity,

best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

Staff were clear about the need to seek verbal consent before providing care or support and we heard them doing this throughout our inspection. One staff member told us, "I always get consent of people before providing any care." A best interest decision had been taken to allow staff to retain some people's cigarettes and lighters to enable them to smoke safely. As people were not allowed to smoke in the home but outside in a covered area.

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 was being met. DoLS applications were being processed by the local authority for two people. Staff were aware of how to keep people safe and protect their rights.

People were supported by health professionals and staff knew how to access specialist services for people. Records showed people accessed a range of health care services, which included doctors, chiropodists, and district nurses. Staff had good working relationships with community mental health nurses (CMHN) and could contact them directly for help and advice. The registered manager told us any medical problems I always call the GP and encourage them to come and visit." They also said, "If staff notice anything they always bring it to my attention, so we can call GP straight away so it doesn't get any worse."

Is the service caring?

Our findings

People were cared for with kindness and compassion all the people we spoke to described the staff as "Wonderful." One person told us, "Staff are very good and caring." Another person said, "Staff all know me. But I'm able to keep my private life and staff respect that." A family member told us, "Staff treat [person's name] with respect, he's very happy here."

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. One person told us, "I am fully involved in my care plan and have signed it." Staff informed us that people were fully involved in their care plan, and made sure they were happy with the care plan.

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their chosen name and maintaining eye contact. One staff member told us, "I enjoy working here because the residents are lovely." Another staff member said, "The best thing about working here is the residents, they make you smile we have some very nice residents here." Staff also told us it felt very comfortable working here just like being part of a family.

Staff respected people's privacy and dignity. We observed care was offered discretely in order to maintain personal dignity. For example one person required some cream to be applied at lunch time and the staff made sure they went into the bathroom to maintain privacy and dignity for the person. Staff knocked on doors and waited for a response before entering people's rooms. One staff member said, "I ensure privacy and dignity at all times, by making sure residents are covered up. I put myself in their shoes, so they feel comfortable." Another staff member said, "I always tell agency staff the importance of people's privacy and always about knocking on people's doors before entering."

The registered manager was the dignity champion for the home and had provided dignity training for staff in staff meetings. The registered manager kept updated by attending local forums on dignity and sharing best practice. They told us, "We had a dignity day recently which went really well I asked residents what they thought dignity was and staff and residents got really involved and we made a colourful tree. I brought lots of food treats in and we had karaoke afterwards so it was a really enjoyable day."

Staff understood the importance of promoting and maintaining people's independence. One staff member told us, "I promote independence all the time by encouraging people and make it enjoyable and being happy so they feel involved."

People bedrooms were personalised with pictures and personal items. For example, one person was keen to show us their room and they were very proud of it. Their whole room was covered in pictures of their favourite things including animals and famous people. They were keen to tell us, how they were able to decorate their room how they liked it and the enjoyment they got from seeing it. There were sufficient

communal areas to provide people with a choice of seating in quiet or busy areas, depending on their preference. A conservatory was used for private meetings when family visited. The rear garden was accessible, which included a sheltered smoking area which was well used. Some communal areas of the home had been re-decorated since our last inspection including new flooring to bathrooms and the provider had a plan to re-decorate other areas in the future.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard.

Is the service responsive?

Our findings

People received personalised care and people were able to make their own choices. One person told us, "I'm taking it easy today, I can put the CD player on if I want." Another person said, "There is plenty to do here. We have activities in the afternoon." A third person told us, "I'm very happy I go out once a week to get some shopping."

Care plans provided information about how people wished to receive care and support. When people arrived at the home they were given choices and asked what time they usually like to get up, if they prefer a bath in the morning or evening and other likes and dislikes. Care plans contained people's life histories and were personalised with individual details about how people liked things to be done. Care plans were comprehensive and detailed including physical health needs and people's mental health needs.

People were involved in their care planning and care plans were reviewed monthly by the registered manager, or their key worker. One person told us, "My care plan is reviewed regularly, the last time was a couple of weeks ago." All the people living at the home had a keyworker. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. We spoke with a staff member who was a keyworker. They told us, "keyworker care plan reviews one to one, to make sure they are happy and agree with the plan or if any changes are needed. We complete this once a month. They tell us what they want, and we read it back to them and if in agreement they sign it." A comment from a care plan review included that the person was happy at the home and liked the company of other people at the home, staff and management. It also stated that they enjoyed activities of painting and 'visiting mum'.

Staff were aware of people's interests and how people liked to spend their time. Some people were able to go out on their own and others were accompanied by staff members. One person told us, "I go on the bus each week to visit my daughter." The registered manager said, "Most people at the moment are independent of care and some go out on their own. We take one person out twice a week."

Organised activities were held in the afternoon and people told us they did not feel pressurized to do any activities, it was their choice. We observed a staff member ask people if they wanted to join in a quiz, but people didn't at this time. Another staff member tried later in the afternoon and people were keen to join in and people seemed to enjoy this activity. The registered manager told us, "Lots of people like to go out, one person likes drawing and one person has suggested bingo so I am going to go out and buying some treats for prizes. Mostly quizzes and games people seem to enjoy."

'Residents meetings' were held every six months. The registered manager told us, "We have review meeting with people monthly and general house meetings every six months." Minutes from a resident meeting in May 2016 showed that most people had attended and that people were happy with the care and support provided. Food was discussed and people said they were happy and didn't want any changes in the menu. One person requested sardines on toast for breakfast or supper. The registered manager confirmed they had purchased the sardines and the person was really enjoying them, so they are now on regular order.

The provider sent out annual surveys to people and their families, and health professionals. The surveys seen from May 2016 showed people were happy with the service provided at Haven Rose. A comment from one person included, 'I am reaching the age of 81 and I am relieved I have a happy home to spend the rest of my life in.' A comment from a Relatives and friends survey stated 'I think all the staff are very helpful at all times and they are caring as well.' A comment from a health professional stated, 'I am very happy with my client's placement staff are very friendly and helpful and make my client feel at home. I would recommend this home to other clients.'

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. The provider hadn't received any complaints in the past year but the registered manager described the process they would follow as detailed in the provider's procedure.

Is the service well-led?

Our findings

At our previous inspection of the home, which took place in May 2015, we identified the provider had not notified us of all allegations of abuse. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by July 2015. At this inspection we found improvements had been made and the provider was now sending us notifications.

People and their families felt the home was well run. One person told us, "I get on fine with the manager and her husband." Another person said, "I couldn't be in a better place." A family member said, "Lovely home would recommend it to anyone."

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events. The registered manager told us, "I encourage an open door policy and encourage staff to see me; even residents come to see me. Anyone can see me at any time. If I'm not at the home I always ring up to check that staff are okay and give advice. I tell staff if you are ever unsure about anything even if it's in the middle of the night can call me anytime I'm on call over 24 hours to support the residents and staff." A staff member told us, "I love working here excellent manager that's why I have stayed so long."

Staff felt supported by the registered manager. One staff member told us, "I feel supported by the manager when I ask for something that the resident needs, she will always get it." Another staff member said, "Manager is a massive support anytime whether she is at home or in the building, she will answer and give advice which is amazing."

Staff meetings were carried out every two months and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. One staff member said, "At the last staff meeting I discussed that everyone should write in the staff handover, so now the manager is writing on it as well." Minutes from a meeting in May 2016 showed that some more mattress protectors were required and the manager had made arrangements for these to be put in place.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans and records health and safety, infection control, and falls. The registered manager told us that in addition to the audits they walk round the home daily. They told us, "I always walk round the home daily and speak to the residents to make sure they are okay, that way residents will open up if they have any concerns. I always listen to them for example one residents wanted some kippers and I got some in they were so happy I had to go out and buy a lot more as they are really enjoying them". They added, "One resident said the food wasn't hot enough, so I spoke to staff. Then I checked with the resident a few days later and they told me it was a lot better."

The registered manager informed us they kept up to date by attending provider forums every three months to share best practice with other providers, attending falls forums and then feeding back to staff. They told us, "I also read articles on the internet and contact professionals, GP and CQC for advice."

The provider had a business plan in place for the current year, which was being progressed. This showed that improvements were needed and actions were put in place with dates of when these actions would be completed. For example one of the actions was for the registered manager to complete falls training with staff in August 2016 from information from the falls champion training.

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.