

Community Integrated Care

Rose Vale

Inspection report

15 Rose Vale
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rose Vale is a residential care home providing personal care and support for 5 people at the time of the inspection. The service can support up to 8 people.

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

Right Support:

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. Staff supported people to access specialist health and social care support in the community. People were supported safely with medicines. The staff team was appropriately trained to meet the needs of people. People were safeguarded from abuse and staff were knowledgeable about how to support people safely. Accidents and incidents were recorded and shared with staff to promote learning.

Right Care:

People were supported by caring and kind staff. Staff knew people very well and knew their likes and dislikes. Observations demonstrated positive relationships between staff and people that used the service.

Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 November 2022).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safeguarding people from abuse and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rose Vale on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Rose Vale

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Rose Vale is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Rose Vale 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 not a registered manager in post. A manager was in post who had begun the process of registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person living at the service and contacted 3 relatives and 1 representative to gather their views of the service. We spent time with people; getting their feedback and observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to communicate with effectively. We spoke with 8 members of staff including the head of operations, a regional manager and the manager. We reviewed a range of records, including 2 people's care records and medicine records. We looked at a variety of records relating to the management of the service.

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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, appropriate action had not been taken when there was a suspicion people may not be safe. This placed people at risk of harm. This was a breach of Regulation 13 [safeguarding service users from abuse and improper treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We issued a warning notice for this breach. At this inspection, we found sufficient improvements had been made to meet the requirements of the warning notice and the provider was no longer in breach of regulation 13.

- Staff had received up to date training in safeguarding people.
- At the previous inspection staff had not received up to date training to give them the skills to safely transfer people who were unable to mobilise independently. This had now been completed and competency assessments were undertaken to assess if staff could provide this support safely.
- Staff confirmed they knew how to identify when a person may be at risk of harm and knew who to report concerns outside of the service. One staff member said, "I would report to the manager and expect her to progress, I would then go to the regional and then CQC if needed". Another staff member said, "We have contact numbers if we want to whistle blow. We can contact the manager and we have the local authority safeguarding number."
- There had only been 2 accidents and incidents since the previous inspection, the manager had reported both incidents to the safeguarding team and investigations had been carried out.
- Information about reporting concerns, together with relevant contact numbers, was displayed in the service. This meant staff had access to information about how to raise concerns and what procedures to follow.

Assessing risk, safety monitoring and management

- People's needs and risks were assessed, and care plans developed to ensure people's needs and risks were met appropriately.
- Staff knew about people's health needs and ensured they were safe when carrying out any task. Risk assessments were reviewed and updated to reflect any changes in people's needs. For example, an agency staff member was able to tell us about one person's risk of aspiration and the diet they followed to ensure they were safe.
- Parts of the property needed redecoration. The provider had started the process of improving the environment. Flooring had been replaced and new furniture and soft furnishings had been ordered.
- A wardrobe in one bedroom had not been secured but was resolved during the inspection. The bath was not working; however, a new part had been ordered and people were still able to use a wet room.

- Environmental certificates and risk assessments were in place. Fire drills were occurring, but the last drill and evacuation had taken place in July 2022. Following the inspection, the manager informed us another drill had taken place which included night staff.
- Personal Emergency Evacuation Plans were in place to and provided details about people's individual support needs and how these should be met in an emergency.

Staffing and recruitment

- The service still relied heavily on agency staff. However, the manager told us there was a recent appointment and they were currently waiting for their documentation. Agency staff we spoke with worked in the service regularly and clearly knew the people they supported. One agency staff member told us, "We do have enough staff. We only have 5 residents. We work really well as a team. I love the team work here it is very good."
- Agency profiles were in place, and agency staff completed an induction before providing support to people. One agency staff member said, "We had an induction and I was given the residents files to look through. We have staff meetings and as agency staff we are included. We can access and look at care plans on the system."
- Since the previous inspection there have not been any new member of staff that had started working at the service, so we did not look at recruitment files.

Using medicines safely

- There were safe systems in place to ensure medicines were administered safely.
- Staff had received training in administration of medicines and competency checks were completed.
- Medicines were stored and disposed of safely. Most people had medicines stored securely in their rooms and there were systems and practices in place to ensure this was done safely.
- Medication Administration Records showed people received their medicines as prescribed and these records were completed accurately.
- Most staff had received training to administer a specific drug to support people who may have a seizure. However, not all staff had completed this training and a protocol was in place to guide staff about what to do if they could not administer these medicines. We discussed this with the operations manager who confirmed all staff including agency staff will receive this training to ensure there is always someone on shift that could administer this medicine if required. Following the inspection, it was confirmed this training was being organised.

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.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were being recorded and audited to look for learning. Team meetings included sharing information about safeguarding concerns with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to support staff to develop their skills or have effective training. Staff did not always receive updates to their training. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The Health and Care Act 2022 introduced a new legal requirement for all registered health and social care providers to ensure their staff received training in learning disability and autism, at a level appropriate to their role. This requirement has been in place since 1 July 2022, and we have updated our statutory guidance for Regulation 18 accordingly to reflect this.
- Staff had now received training relevant to their roles and to the specific needs of the people they supported. This included autism, learning disability, epilepsy and dysphasia.
- The training in relation to supporting people with a learning disability and autistic people had been matched against best practice. The provider had developed their own solution specifically in response to the new legislation.
- Staff told us they felt the training they had received was suitable and adequate for them to support people safely and effectively. Staff clearly knew people well and interaction between staff and people was very positive. A staff member told us, "There is a lot of training, I have recently had buccal training and loads of eLearning." Buccal Midazolam is a rescue medication that can be used to manage seizures for people with epilepsy.
- Senior staff checked staff's competency to ensure they understood and applied training and best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People living at Rose Vale had been there a long time. An assessment and intervention practitioner was working with people, relatives and staff at the service focusing on developing person centred support plans.
- People's support plans set out their current needs, included strategies to enhance their independence and aspirations. The service was looking at methods to ensure people's choices, aspirations and goals were reviewed regularly.
- Recently staff had been involved with community mapping exercises. Community Mapping is an approach that encourages people to get involved in their own development and the development of the community around them. The assessment and intervention practitioner told us, "I will be doing follow up visits, I have

been coaching the team on community mapping, communication and promoting independence."

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to input into choosing their food and planning their meals. A staff member told us, "We discuss menu options with people, and we do have a pictorial menu cards to use. People talk through what they would like." A person said, "I do love cooking and I was cooking cakes last night."
- Some people required their meal to be prepared in specific way to minimise any risks of choking. Staff knew how to prepare the meals and specialist advice had been sought and was being followed.

Adapting service, design, decoration to meet people's needs

- There was an improvement programme in place. New lounge chairs, curtains and blinds had recently been purchased and flooring had been replaced. One person told us they had helped choose the colours and said, "I think it was a bluey green colour."
- Most bedrooms were personalised, and people had pictures, photographs and personal items that were important to them. One bedroom did lack this detail and needed redecoration which we brought to the attention of the manager. Following the inspection, the operations manager told us redecoration of bedrooms had been approved as well as a replacement kitchen and work was due to start the following week.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff supported people with routine medical appointments and annual health checks, so early warning signs of ill health were detected. One person had recently been discharged from hospital and the service had organised visits from healthcare professionals to gain advice.
- Support plan's detailed how people's oral healthcare needs should be met, and people had access to dental services.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked in line with the MCA. DoLS were in place appropriately and the conditions related to these were met.
- People were encouraged to make their own decisions about their care.
- Staff knew when people had or lacked mental capacity and respected the choices people made. Where staff needed to make decisions for people there were records to demonstrate why this was considered to be in the person's best interest.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement robust governance systems to ensure the quality and safety of the care provided met people's needs. The provider failed to ensure action was taken to improve the care people received. This was a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach. At this inspection, we found sufficient improvements had been made to meet the requirements of the warning notice and the provider was no longer in breach of regulation 17.

- The manager and provider had continued to develop systems to improve oversight of the service and to monitor the quality of care people received. Audits had been completed regularly and were effective in highlighting any shortfalls.
- Training and competency assessments had been updated and the manager had oversight of all incidents and accidents that occurred.
- Additional support had been provided to the manager to improve support plans that included people's circle of support.
- Staff were clear about their roles and responsibilities. Staff were able to talk in detail about individual people without having to refer to documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found the morale in the staff team had improved. One staff member said, "I think residents are getting a good service, I think staff really care about people. I would be very happy if a relative lived here. This place is a really nice place to work."
- Another staff member said, "We care for them really well and go above and beyond for people. If there is something going on or someone is ill, we come in. We are like a family and we treat the agency as part of the team. Everyone gets on really well."
- One person told us they were very happy living there and had a positive relationship with the staff. They said, "I am very happy, this is my lovely [staff member] and this is my other lovely [staff member]. They are very kind." A relative said, "The staff I have seen are very caring and [family member] always looks comfortable in the company of staff when they bring them to see me."
- Staff told us they communicated well together. Staff were concerned about how long it was taking for

people's funds to be released so they could plan holidays and events. However, they did confirm the manager was supporting them in this area.

- Staff were positive about the manager. One staff member said, "The manager is lovely and made me feel comfortable, they interact with us really well. It is a really nice atmosphere."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their registration requirements with CQC and of their duty of candour.
- Staff were aware of the providers whistle blowing policy and knew how they could use this to raise concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The manager and staff worked closely and openly with people's representatives. Staff told us they kept in regular communication to promote consistent care and involve relatives. However, we did receive mixed view about communication. One relative said, "I cannot visit my [family member] in the home so I believe the manager will again try the zoom calls so that I can see them." The manager was aware of this and intended to follow this up.
- Another relative told us, "I have not visited [family member] for a while, but the carers do bring them to visit me. They always look well cared for and they do ring me to update me or I ring them."
- There were systems in place to ensure the service sought the views of people through regular reviews, and surveys.
- Staff had regular team meetings and supervision and felt supported and listened to. They told us they enjoyed working at the service and felt supported.

Working in partnership with others

- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.