

Mrs Michelle Macadangdang

Rose House

Inspection report

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Tel: 01708349212

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 31 March 2016. The service was last inspected on 22 May 2014 and met all the regulations we checked.

Rose House is registered to provide accommodation and personal care to four people with learning disabilities with learning disabilities or who need support to maintain their mental health. At the time of the inspection, there were four people using the service.

The service had a registered manager. A registered manager is a person who has registered with the (CQC) 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 and a relative told us that they liked the home and people were safe. However, we noted that there were not always enough staff on shift to provide appropriate care and ensure people's safety.

People's care files contained risk assessments and guidance for staff on how to manage identified risks. We noted staff knew how to support people by reducing risks to them. We found that medicines were well managed and each person received their medicine as prescribed by their doctors.

People and a relative told us the staff were caring and good at providing supporting people. We observed staff explain to people the reason why they needed to do certain activities such as washing hands. This showed that staff were knowledgeable about how to effectively communicate with people. Staff had received supervision, support and various training in areas relevant to their roles. For example, they had received training in Mental Capacity Act 2005 (MCA).

Staff supported people to engage in different activities in the home and in the community. We saw, and records confirmed, that people took part in activities in the home and were supported to go out into the community. Care plans showed that people's needs were detailed, reviewed and personalised. It was evident that people and their relatives were involved in formulating the care plans.

The service had a complaints procedure and people and a relative told us they knew how to make a complaint if they were unhappy about the service. The registered manager told us all complaints would be recorded and investigated to ensure that people's concerns were addressed. We noted that people, relatives and staff had opportunities to share their experience through meetings and surveys facilitated by the registered manager.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There were not enough staff at all times, which left people at risk of not receiving care and support that met their needs.

Staff had knowledge about adult safeguarding and people told us their privacy and dignity was respected. People and a relative told us they felt safe. They told us the staff were very good.

Medicines were administered as prescribed by people's healthcare professionals.

Requires Improvement 

Is the service effective?

The service was effective. Staff had the appropriate knowledge and skills to provide care and support people to meet their needs.

Staff had a good understanding of the requirements of the Mental Capacity Act 2005, which ensured people's human rights, were respected.

People's dietary requirements with regards to their preferences were met.

People were referred to the relevant health care professionals in a timely manner, which promoted their health and well-being.

Good 

Is the service caring?

The service was caring. People and relatives told us they were satisfied with the service and were happy with staff.

Staff knew people's likes and dislikes. We noted staff supported people to visit and keep in touch with their relatives. Staff treated people with respect and ensured their privacy and dignity.

Good 

Is the service responsive?

The service was responsive. People's needs were assessed prior to them moving into the service.

Good 

Staff knew how to support people and took account of people's individual preferences in the delivery of care.

A complaint procedure was in place to ensure people could make a complaint if they were not happy about the service.

Is the service well-led?

Good ●

The service was well-led. The registered manager and staff had a clear view as to the service provided.

People, relatives and staff were complimentary about the support they received from the registered manager. There were opportunities for people, relatives and staff to share their views and influence the quality of the service.

The registered manager undertook effective audits to check the quality and safety of the service.

Rose House

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 31 March 2016 and was unannounced. The inspection was conducted by one adult social care inspector.

As part of the inspection we reviewed the information we held about the service. This included information we held about the service and the notifications that the provider had sent us. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we observed people's interaction with staff, spoke with three people who used the service, two care staff and the registered manager. We spoke by telephone with one relative and reviewed three people's care files, three staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We had a guided tour of the premises.

Is the service safe?

Our findings

People and relatives told they were happy using the service. One person said, "I like the home, I feel safe [at the home]" A relative told us, "I am very happy with the service. [My relative] is safe."

When we arrived at the home we saw there was one care worker and another person who was on work placement. We noted that the care worker was doing maintenance work in the kitchen. We were informed that this maintenance work had been on-going since November 2015. We were concerned that four people were sitting in the lounge and there was no other care worker to attend to people, whilst the care worker on shift was undertaking the maintenance work. We noted a student on a placement from a college arrived at the same time as us and was not in a position to support people without supervision.

The staff rota showed that a care worker and the manager were on shift during the day and a sleep-in care worker on night shifts. We noted the rota did not specify the starting and finishing time of the registered manager. During the inspection, the registered manager arrived at the home after 10:30 am. This meant that people who had to go to activities or appointments had to wait, as there were not enough staff at the home to provide the support they needed.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. We spoke with one member of staff and asked them how they would respond if they became aware of an incident of abuse. We found staff were clear about their role and responsibilities. The member of staff told us that they would record any incidents of abuse and would report them to their manager, or to the local authority and the Care Quality Commission. The member of staff told us they had read the provider's whistleblowing policy and were confident to raise concerns with the registered manager.

People's care records included risk assessments. These were regularly reviewed and covered areas of activities related to people's health, safety, care and welfare. Staff told us they were aware of and followed people's risk assessments. For example, staff told us one person was not able to make hot drinks without supervision and they always made sure that staff were present to assist them to make tea or coffee. During the inspection, we observed staff helping the person to make a drink. This showed that people's risk assessments were followed and risks to people were managed.

Staff told us how they supported and respected people's freedom and choices whilst keeping them safe. They told us they kept the home clean and tidy. They told us they supported people with personal care and ensured that people washed their hands before and after cooking or eating food. Staff told us they audited the facilities and any equipment was clean and in working order. This ensured that possible hazards were identified and managed properly.

A recent visit by an officer from the local authority identified maintenance of some aspects of the building as an area that needed attention by the provider. The provider had begun to address this requirement; however the length of time it has taken to complete the work, has had a negative impact on the quality of the service people received. This was because it was unsafe and inconvenient for people to use the kitchen while the refurbishing work was being undertaken.

Following the inspection we rang staff and were informed that the refurbishing work in the kitchen had been successfully completed. This ensured that the inconvenience and health and safety risks of using the kitchen because of the refurbishment work were removed.

The provider had followed good practice recruitment procedures. All the staff files we looked at contained evidence of police checks, two references and personal identification documents. Staff told us that they completed job application forms and attended interviews before being employed. Records showed that staff completed an induction programme before starting work. This showed that people were supported by staff who were recruited appropriately.

People received their medicine in a timely manner. Medicine was administered by staff who had received training. We looked at the records of four people who used the service and found that their medicine had been stored and administered safely. People's records showed that their medicine was regularly reviewed with a health care professional.

Is the service effective?

Our findings

Staff told us they had completed an induction programme when they started work at the home. A member of staff told us that the induction was "useful to them" as they were new to their roles and responsibilities. We noted that the registered manager and staff had recorded and signed the induction check-list to confirm staff had completed all the areas included in the programme. The registered manager said all new staff had to complete the induction programme before starting work at the home unsupervised.

Staff told us that they received training which enabled them to meet people's needs. A member of staff said, "Yes I had a lot of training." Staff told us they attended training which included health and safety, safeguarding, basic food hygiene, infection control, medicine administration, fire safety, first aid, challenging behaviour, person centred care and diabetes awareness. Records and certificates we saw in staff files confirmed that staff had attended these training programmes.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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. 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 noted that there were documents which detailed people's capacity assessments. We noted that a DoLS authorisation had been granted for one person and staff and the registered manager had the knowledge of what to do if someone needed to be deprived of their liberty. Staff told us that they asked people's consent when they provided care. We saw that people or their representatives had signed to confirm they consented, for example, to their photos being taken and kept in their files.

People told us that the meals were good and that there was enough to eat. One person told us they could ask for more if they wished. Another person told us the home provided food that they preferred to eat. A relative of a person said they had no concerns about the type, amount and frequency of the food provided by the home. The menu showed that a variety of food was prepared and offered to people. We saw that vegetables and fruits were available and people could choose what they wanted to eat. Records and people confirmed that people's preferences were considered and appropriate food was provided.

People told us that they had regular appointments with healthcare professionals that included chiropodists and opticians. Care files showed people had a general practitioner who reviewed their medicines. We noted that people had access to psychologists and psychiatrists and their healthcare needs were assessed.

Is the service caring?

Our findings

People and a relative were positive about the care provided at the home. A person told us staff were "good". A relative said staff showed "love and care to people." We observed staff listened to people and explained what they were doing in appropriate ways so people could understand them.

Staff assisted people to keep in touch with relatives. A relative told us that staff kept in contact and updated them with information about a person's wellbeing. They told us they were happy with staff for supporting a person to visit them at their home. This indicated that a person's needs to visit their relatives were recognised and assistance was provided to fulfil the person's and their relative's wishes.

Staff provided personalised care. They told us they knew people's needs, likes, dislikes and routines. We observed staff provided people with different services, for example, staff offered people drinks and encouraged them to do some activities, when and as needed. We saw people moved freely within the home and were able to talk to and ask staff what they wanted support with. This showed the caring and homely atmosphere in the home.

Each person had their own bedroom which they personalised according to their preferences. We saw the rooms were clean and tidy with no offensive odours. Staff told us they ensured that all parts of the home were clean and comfortable for people.

Staff ensured people's privacy and dignity. We noted staff knocked on the doors before entering bedrooms. We asked staff how they ensured people's privacy when supporting with personal care and they told us that they gave people choice, they made sure that doors were closed and curtains were pulled down. They told us ensuring people's privacy and dignity was part of their job. A relative told us staff treated people with respect and dignity.

Is the service responsive?

Our findings

People and a relative told us people received personalised care. One person told us staff assisted them with personal care. A relative said people were well looked after and they had no complaints. They said they could not fault the service.

People told us they enjoyed going out to various places with staff. One person told us how they liked walking in the parks with staff. Another person told us they went to Romford shopping centre. Records showed that people went to cafés, cinemas, clubs and the seaside. We also noted that people engaged in different activities in the home, for example, paper and water activities, which they told us they enjoyed. We observed people participating in these activities. We also saw one person going to a day centre and another person being supported by a member of staff to go for a walk in the park.

The registered manager told us they carried out an assessment of people's needs before they moved into Rose House. We noted there had been no new admissions which meant that people had lived together in the home for a long time. We noted people were friendly and got on well with each other.

Care plans had been developed from people's assessed needs and their views about their care had been added. This included information on their needs which included personal care, eating and drinking, sleeping, relationships, spiritual needs, and health. The actions staff required to take were written to ensure that people's needs were met.

We noted people enjoyed sitting in the lounge and watching television, doing activities or talking to each other. One person told us they "like watching television". We noted each person had a bedroom which was decorated and furnished according to their preferences.

The home had a complaints procedure. We saw copies of the complaints procedure displayed on the board in the home and in the bedrooms. We checked the complaints book and noted that no complaints had been recorded since the last inspection. The registered manager said that any complaints received by the home would be recorded and investigated following the procedure.

People and a relative told us they knew how to complain if they were not happy with the service. A relative told us they would speak to staff if they were concerned about the service.

Is the service well-led?

Our findings

People and relatives were positive with regards to the registered manager. One person said, "I like the manager." A relative told us, "The manager is good. I have no problems with the management of the home."

We noted that the registered manager combined her management role with frontline support work which meant that they supported people with their personal, social and healthcare needs. This helped the registered manager be positive role model for care staff to follow.

We asked staff what their understanding was of the service's values and how they ensured people's needs were met. A member of staff told us that their role was to make sure people were cared for appropriately and that their needs were met. They told us they had relevant training and support from the registered manager to deliver care. We observed that staff were clear about their roles and in providing care and support to people.

Staff told us the registered manager was open, approachable and supportive. They told us the registered manager was willing to help and advise them if they had any questions. A member of staff said, "The manager is supportive. She is willing to help." Staff told us they worked as a team by communicating with each other through handover sessions and daily notes. This ensured that there was consistency in the care provided.

The registered manager had undertaken audits of the service which focused on a range of areas including cleaning, checking fridge contents and temperature, medicine, fire, and equipment. The registered manager told us that any actions required were immediately addressed.

The registered manager gathered the views of people, relatives and staff through different means regarding the quality of the service. We noted house meetings and staff meetings took place and these enabled people and staff to talk about various aspects of the service. An annual survey questionnaire was also used to seek the views of people. The outcome of the last survey in May 2015 showed that people were positive about the service. The registered manager told us that the survey would be repeated this year. This gave people an opportunity to share their experience and influence the quality of the service

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People's health and safety could be at risk because enough staff were not deployed to meet people's needs. Regulation 18 (1).