

# Mrs Mobina Ali

# The Rose

## Inspection report

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Date of inspection visit:  
29 April 2016  
04 May 2016  
06 May 2016

Date of publication:  
24 May 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

The inspection took place on 29 April and the 04 and 06 May 2016 and was announced due to the nature and size of the service. This was to make sure that staff and people who used the service would be available to talk with us as part of our inspection. The Rose is a residential care home for up to three people with learning difficulties. At the time of our inspection three people lived at the home. At our last inspection on 12 September 2013, the service was found to be meeting the required standards in the areas we looked at

There was a manager in post who had registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run. The registered manager is also the provider for this location.

Relatives and staff very were complimentary about the manager, deputy manager and how the home was run and operated. However we found regular audits had not been completed and there was no improvement plan for the home.

People communicated to us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe.

Relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained

throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

## 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 were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

### Is the service effective?

Good ●

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Staff were trained and supported to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

Confidentiality of personal information had been maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

### Is the service well-led?

Good ●

The service was well led.

Systems were in place to provide a good service.

People, staff and relatives were all very positive about the manager.

Staff understood their roles and responsibilities and felt supported by the manager.

# The Rose

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 29 April and the 04 and 06 May 2016 by one Inspector and was announced. We carried out one visit during the day to see the home and meet the manager and review documentation. We also visited in the evening to meet the people living in the home. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the home, three relatives, two staff members and the registered manager. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and two staff files.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "I feel safe because of the staff." Another person who did not speak but could understand what was being said gave us the thumbs up to indicate that they felt safe living at the Rose. One relative commented, "We feel they are safe, Staff know [name] well."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was displayed at the home. Staff were able to demonstrate how to report any concerns and how to escalate concerns if required. One staff member said, "I would inform the manager and document any incident." Staff we spoke with were aware of other organisations they could report concerns to such as, the Local Authority and CQC.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. We saw references were checked by the registered manager and all relevant checks were in place before staff were allowed to start their employment. There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way.

There were suitable arrangements for the safe storage and management of medicines. Staff had received medication training. The registered manager had a medication policy and lockable storage in place. However, at the time of our inspection none of the people who used the service were taking any prescribed medicines.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. These included areas such as nutrition, mobility, health and welfare. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible. For example where one person had been identified as at risk of being overweight this had been achieved with healthy meal options, regular exercise and healthy portion sizes. One relative said, "They like their food but do not know their limits," The manager told us that people are involved with the food they choose and we will give advice around healthy options. We saw where people were not safe to cross roads by themselves; there had been good guidance for carers to support people. People were prompted to stop, look left and right to ensure it was safe before crossing.

Information from any accident, injury and incident reports were monitored and reviewed. However, there had not been any accidents or incidents since the last inspection the registered manager explained that all the people living in the home were independent.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example

fire alarms were regularly checked. We saw in one person's room an easy read picture format for what to do in the event of a fire.



# Is the service effective?

## Our findings

Staff were able to demonstrate that they established people's wishes and obtain their consent before providing support. One person told us, "Staff talk to me about what I want." A relative said, "[Name] is relaxed and they like it here, if they weren't happy staff would know." One staff member said, "We always ask people what they want."

Some people who lived at the home were either unable to communicate verbally or had limited means of communication available. Staff worked closely with them and their relatives to learn and understand how to communicate effectively in a way that best suited their individual needs. We saw staff knew people well and used a variety of appropriate and effective techniques, both verbal and non-verbal; to communicate with people. For example, one person who did not communicate verbally communicated by writing or using hand gestures such as a thumbs up for that's ok. Staff used pictures to support people's choices, for example, when looking at food choices. One staff member told us, When I am communicating with [Name] I tend to write things down as they are a good reader and this is how we communicate."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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 in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people who lived at the home had capacity to make their own decisions and were supported to make choices. One staff member said, "You should always assume people have capacity, respect their privacy, give people choice because that's what people like it is very important, it's their life."

People who lived at the home and their relatives were positive about the skills, experience and abilities of the staff. One relative said, "Staff know [Name] well and they are happy here." New staff were required to complete an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, first aid, nutrition and infection control. A staff member said, "I feel I have the skills to do my job, I like my job." Another commented, "I did my induction, I had training and felt supported in my role by the manager." Staff told us they were supported to gain their national vocational qualifications (NVQ).

Staff felt supported by the registered manager and were actively encouraged to have their say about any concerns they had. They had the opportunity to attend regular meetings and discuss issues that were important to them and had regular supervisions with the registered manager where their performance and development were reviewed. A staff member commented, "I love working here. The manager is supportive and I can talk to them about anything." Another commented, "I feel I have a voice and the manager listens to what we have to say but you don't have to wait for meetings if there are any problems, we can just talk to the manager." Staff we spoke with confirmed they had regular supervisions.

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs. Identified needs were documented and reviewed by people's key workers on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. People were supported to maintain healthy diets and were weighed on a regular basis. We were told by family members that their relative had been over weight because they didn't want to exercise and would eat the wrong types of food. However since being at the home the person reached a healthy weight and was encouraged to exercise by walking. This was achieved as staff understood the person needed walks to have a purpose like, for example, to have a cup of tea in town. The persons relative were happy with the care and support provided.

People were supported to go shopping and select the food they wanted; the registered manager told us that there was guidance around healthy options. People were involved in cooking with support from the care staff. One staff member said, "[Name] likes to cook and is supported with this." One person told us, "I like cooking and I cook here, I cook chicken, rice and stir fry." The registered manager told us people chose what they want to eat each day. Everyone could have what they liked. This meant each person could eat different meals and their choices were met.

People were supported to access appropriate health and social care services in a timely way and received the ongoing care they needed. The registered manager was with one person at the dentist when we arrived for our inspection. They confirmed people were supported to see health care professionals when required.

## Is the service caring?

### Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "I like it here because the staff are nice."

We saw staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. Staff were able to demonstrate that they respected people's privacy. Staff would always knock on doors before entering into people's rooms. The manager said, "We don't go into people's rooms without their permission." One staff member said, "[Name] needs support to get into the bath but then I will wait outside until they need me."

People were supported to maintain positive relationships with friends and family members who were welcomed to visit them at any time. One relative said, "The manager calls weekly to update us about how [Name] is." One person said about the staff, "We are good friends." We saw that people had developed relationships with staff. People told us they liked living at the Rose. Each person had a keyworker to support them. One staff member said, "I am the key worker for [Name] and I know them very well." One relative said, "We are happy with the care they seem to be settled here."

People and their relatives had been fully involved in the planning and reviews of the care and support provided, which was reflected in the guidance made available to staff about how people wanted to be cared for. One staff member said, "I sit down and talk to [Name] about their care plan and they are able to communicate to me what they want." We saw care plans had been reviewed and people were involved in their everyday care and choices. For example, one staff member told us that they sit down and talk about what the person wants to do, or eat that day.

Staff understood it was important to maintain confidentiality. We found people's personal information was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included information about their preferred routines, relationships that were important to them and personal care preferences. "One person said, "I like it here because staff look after me."

We found people's needs were reviewed. For example on the day we inspected there was a review held for one of the people who lived at the home. The meeting was attended by the person, three family members, the registered manager and a representative from the day care centre they attended. The family said they always attended reviews with their family member and were involved with their care and support. One relative said, "[Name] is relaxed and likes it here and when they come home for a short stay, they are never worried about coming back. If [Name] wasn't happy we would know."

Staff had access to detailed information and guidance about how to support people. There was guidance in people's care plan about their personal care needs. We saw one person's care plan identified the person was independent but required prompting and encouragement with their daily living skills, for example by checking the bath was at the correct temperature.

Opportunities were provided for people to engage with meaningful activities and social interests relevant to their individual needs and requirements, both within the home and in the community. These included such activities as local walks, board games, music. The care staff also organised outings to places of interest. One staff member said, "[Name] loves football and we go down to the local parks to watch the football matches and they really enjoy themselves." We saw one person enjoyed swimming and was supported with this activity. One person said, "I like swimming, I can do six lengths, they also added "I like walking in the park."

We saw people's rooms were personalised to their taste and reflected their interests. For example one person had their football team memorabilia in their room with a carpet in their football team colours. Another person showed us their paintings and played some music for us on their electric organ. This showed people were supported to maintain their interests.

People's relatives told us they were consulted and updated about the services provided and were encouraged to provide feedback about how the home operated. The registered manager contacted relatives on a weekly basis to discuss any changes with family members. Relatives felt listened to and told us that the registered manager responded to any complaints. One relative said, "The manager communicates with us and I will call if needed." Relatives confirmed they knew how to complain but had no reason to. We saw where complaints had previously been received they had been dealt with in line with the service policy.

## Is the service well-led?

### Our findings

People, relatives and staff were all positive about how the home was run. They were very complimentary about the registered manager who they said was approachable, supportive and well organised. One staff member said, "The manager is very approachable, I can speak to them about anything."

The registered manager was clear about the purpose of the home, how it operated and the level of care provided. They told us that the home was very important to them and the people who lived there were like family to them and their needs were important. The registered manager said they made unannounced visits to the home to ensure good practice; they performed daily spot checks around the home. They said, "I speak with relatives, staff and people who use the service to ensure people are safe and happy. And will deal with any issues found. My door is always open."

However, we found that regular audits for health and safety or environment audits were not completed and there were no action plans to improve the service. The registered manager said there were regular reviews of care plans and that as the home was very small any issues that arose were dealt with. For example they told us that they had recently changed the living room carpet as this was identified as needing to be changed. The registered manager told us that people had been involved with the choice of colour. All regular checks for electrical appliances, fire and gas safety checks had been completed. This meant that the registered manager had completed checks but had not had in place an audit check and improvement plan. We discussed this with the registered manager who agreed it would be implemented.

We asked to see the training matrix, the registered manager told us they did not use a matrix but instead reviewed staff files on a regular basis to check when training updates were required. The registered manager explained because the staffing levels were small this worked well. We looked at the staff files and found that their training was current. The registered manager demonstrated that although not all processes were in place they provided a good service.

Staff confirmed the registered manager was very visible around the home and every one spoke highly of them. One staff member said, "The manager is very approachable and their door is always open. Another staff member said, "I can speak to [Name] anytime." A relative said, "There is good communication from the manager."

Staff understood their roles; they were clear about their responsibilities and what was expected of them. As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. Staff we spoke with felt supported to develop their skills. One staff member said, "I have completed my NVQ level three."

The manager attended network meetings to ensure they were up to date with best practise. They said they visited other homes and engaged with other managers for ideas. They also used the CQC website to keep abreast of updates. They were supported by an independent organisation that ensured that any policy updates were amended and updated. The registered manager said this meant the service policies were

always current.