

Mrs Michelle Macadangdang

Rose House

Inspection report

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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

Rose House is a residential care home for four people with learning disabilities or on the autistic spectrum. Four people were using the service at the time of inspection. At the previous inspection of this service in March 2016 we rated them as Good overall. We found one breach of regulations at that inspection because the service did not always have enough staff on duty to meet people's needs. During this inspection we found this issue had been addressed and the service remains rated as Good.

The service had a registered manager in place. 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. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed in a safe manner. Steps had been taken to promote the safety of the premises. Robust staff recruitment practices were in place.

Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals. Systems were in place for the assessment of need for prospective people to use the service.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

Care plans were in place about end of life care. However, these were not always comprehensive and we have made a recommendation about this.

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. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner. Steps had been taken to ensure the premises were safe.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe way and the service had taken steps to ensure the premises were clean with a reduced risk of the spread of infection.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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 was a comprehensive inspection and took place on the 3 April 2018 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed information we already held about this service. This included details of its registration and previous inspection reports and any notifications of serious incidents they had sent us. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with two people who used the service and observed how staff interacted with people. We spoke with two staff, the registered manager and a support worker. We looked at care records relating to two people including care plans and risk assessments. We reviewed the medicines records of four people. We checked staff recruitment and supervision of four staff and looked at the training records for six staff. We examined various policies and procedures and looked at minutes of staff and service user meetings. We checked the quality assurance and monitoring systems that were in place.

Is the service safe?

Our findings

At the previous inspection of this service in March 2016 we found they were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they did not have enough staff working in the mornings to meet people's assessed needs. During this inspection we found this issue had been addressed. At the previous inspection we found between 8am and 9am only one staff member was on duty even though this was a busy time of day with people requiring support with personal care and breakfast. Since that inspection the service has arranged for two staff to be on duty between 8am and 9am. We arrived for the inspection in this time period and found two staff on duty and observed that was sufficient for them to carry out required tasks. Staff told us there were enough staff working at the service and we saw throughout the inspection they had time to support people in a timely manner. The staff rota was in line with the staff on duty on the day of our inspection.

The service had robust staff recruitment procedures in place. Staff told us checks were carried out on them before they commenced working at the service. One member of staff said, "They did everything, DBS, passport, references and everything." DBS stands for Disclosure and Barring Service and is a check to see if a person has any criminal convictions or are on any list that bars them from working with vulnerable adults. Records confirmed pre-employment checks were carried out including proof of identity, right to work visa's, employment history, references and criminal records checks. This meant the service had taken steps to help ensure suitable staff were employed.

Systems were in place to help protect people from the risk of abuse. The service had a safeguarding policy in place which made clear their responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Staff understood their responsibility for reporting any such allegations. One member of staff told us, "Oh, I need to report it to my manager if I saw something. If the manager doesn't do anything I need to call the safeguarding team."

The service had a whistleblowing procedure in place which made clear staff had the right to whistle blow to outside agencies if appropriate and staff were aware of this. The registered manager told us there had not been any allegations of abuse since the previous inspection.

The service held money on behalf of people which was kept in a locked safe. Records were kept of monies held. We checked these and found the records tallied with the amounts of cash the service held at the time of our inspection. This helped to protect people from the risk of financial abuse.

Risk assessments were in place for people which included information about the risks individuals faced and how to mitigate those risks. These covered risks associated with personal care, accessing the community and using the kitchen.

Guidance was in place for people who exhibited behaviours that challenged the service. We saw these had been developed with input from relevant professionals with an expertise in supporting people with such behaviours. The registered manager told us in recent weeks there had been an escalation in the frequency of

behaviours that challenged the service in one person. Records showed the service was working closely with relevant professionals to seek to support this person.

Since our previous inspection the fire authority had inspected the service. They found two issues of concern. The kitchen door did not fit properly and fire alarms and emergency lighting were not serviced by qualified persons. We found both of these issues had been addressed. In addition, other checks were carried out to help ensure the premises were safe. These included gas safety and electrical installation safety checks along with weekly testing of the fire alarms.

Medicines were stored securely in a locked and designated medicines cabinet. We found one box of medicines was in the office. The registered manager told us this medicine was to be returned to the pharmacist which was confirmed by records. They said the office as always kept locked when not in use. We advised that good practice was to keep all medicines stored securely in the medicines cabinet and the registered manager placed the medicines referred to here in the cabinet once we brought the matter to their attention.

In addition to records of medicines that were returned to the pharmacist, records were also maintained of medicines obtained and of when they were administered. This meant the service was able to maintain a record of the quantities of medicines held. We checked the records and found they tallied with the actual stock of medicines at the service. Medicine administration records were maintained which included details of the name, strength, dose and time of each medicine to be administered and we found these were completed accurately and were up to date. This meant systems were in place to promote the safe administration of medicines.

Measures were in place to help prevent the spread of infection. Cleaning schedules were in place and records showed staff signed these after completing each designated cleaning task. We found the home to be visibly clean on the day of our inspection. Staff told us they wore protective clothing including gloves and aprons while providing support to people with personal care.

Records were maintained of accidents and incidents. The majority of these in recent months related to two people exhibiting behaviours that challenged the service. We saw the service had sought to learn from these incidents and try to prevent further such incidents. Risk assessments had been reviewed and referrals made to appropriate professionals for support. One incident related to a medicine administration error and again steps had been taken to reduce the risk of a re-occurrence, including re-training for relevant staff in the safe administration of medicines.

Is the service effective?

Our findings

People told us they were happy using the service. One person said, "I do like it here."

There had not been any new admissions to the service since 2008. The registered manager explained what the assessment process would be if there were to be a new admission. They said they would assess the person's needs to determine if the service was able to meet those needs. In addition, they would consider how well the person would fit in with the people already using the service. They told us, "We have to get a person similar to what we have already, female and around the same age."

Staff were supported to develop knowledge and skills helpful to their role. Records showed that staff undertook an induction programme on commencing work which included completion of the Care Certificate. This is a training course designed specifically for staff who are new to working in the care sector. Records showed staff had access to on-going training including about first aid, learning disabilities and autism, first aid, fire safety and Deprivation of Liberties Safeguards/Mental Capacity Act. Staff had regular one to one supervision meetings with their line manager. Staff undertook an annual review of their performance and development needs. This meant they had the opportunity to discuss issues of relevance to them, for example in relation to how best to support people. Staff

People were supported to eat a balanced diet. We observed people enjoying their lunch during the course of the inspection and one person said of their lunch, "It's nice." The service had a four week rolling menu which people had been involved in planning and this reflected people's cultural food preferences.

People were supported to access health care professionals as required. Records showed people saw GP's, dentists, opticians, consultant psychiatrists and others. People were also supported to attend screening appointments so as to be proactive by detecting potential health concerns at a stage where effective action could be taken to address the concerns. Hospital passports were in place for people. These included information for hospital staff about how to support people in the event of them being admitted to hospital.

At the time of inspection people did not have significant needs related to their mobility and the design of the premises was such that all communal areas were accessible to people. The service was decorated in a homely style and cosy in appearance which helped give the appearance of a 'family home'. Decorations included pottery ornaments made by people who used the service and photographs of people taking part in activities and on holiday.

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 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.

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). Where people were subject to a DoLS authorisation this had been done in line with legislation and the service had notified the Care Quality Commission in line with their obligation to do so. People were supported to make choices, for example we heard staff asking people what they wanted for lunch on the day of inspection.

Is the service caring?

Our findings

People told us they liked the staff. One person said of a staff member on duty, "They are nice."

Staff understood how to support people in a way that promoted their independence. One member of staff said, "[Person] can do her front, I only need to assist with washing their back because we need to allow them to be independent." Care plans made clear that people's independence should be promoted. For example, the care plan for one person stated, "Staff must encourage [person] to choose what clothes they wear and to dress on their own." People were supported to take part in daily living activities such as setting the table and doing laundry which helped to promote their independence.

Staff told us how they promoted people's dignity and privacy. One member of staff said, "I need to ask them before I start personal care. They might say it's too early so I have to leave." Staff told us they knocked on bedroom doors before entering and we observed this was the case which helped to promote privacy.

People had their own bedrooms which promoted their privacy. Bedrooms were homely in appearance and contained people's personal possessions such as family photographs. One person told us, "I like my room." Records relating to people were stored securely and only relevant persons had access to them to support people's confidentiality.

Care plans included information about supporting people with their communication. For example, the care plan for one person stated, "[Person] takes individuals hands and carries you to the place or item they want." We observed staff were able to support people to communicate. We also saw staff interacting with people in a friendly manner and people were seen to be at ease in the company of staff.

People's religion, ethnicity and culture were recorded in care plans and needs were met with regard to these issues. Care plans included information about relationships and people were supported to maintain relationships with family and friends. The registered manager told us none of the current people using the service identified as lesbian, gay, bisexual or transgender (LGBT) but if in the future people did they would be supported.

Is the service responsive?

Our findings

Care plans were in place for people which included information about how to meet their assessed needs. Plans had been signed by people which indicated their involvement and agreement with the plans. They covered needs associated with personal care, eating and drinking, sleeping, health, communication, continence and relationships.

Care plans were personalised around the needs of the individual. For example, the care plan for one person stated, "[Person] has very dry skin, after every shower they must be encouraged to put cream all over their body and face."

The registered manager told us, "I review the care plans every month to see if there are any changes." Records showed this was the case and this meant care plans were able to reflect people's needs as they changed over time.

People were supported to engage in various activities. Three people attended day centres, one of whom was at a day centre on the day of inspection. Activities at day centres included pottery, arts and crafts and dancing. The service supported people to access community based activities including visiting cafes, shops, parks and the cinema and people were supported to go on an annual holiday. We saw staff working with people at the service on activities which included drawing and aquatically based pastimes.

The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. A copy of the procedure was on display in the communal area of the service to help make it more accessible to people. The registered manager told us there had not been any complaints received since our previous inspection and we found no evidence to contradict this.

The registered manager told us none of the people using the service at the time of our inspection were in the end of life stages of care. End of life care plans were in place. These included information about arrangements to be made for people in the event of their death but very little information about supporting people in the end stages of their life. We discussed this with the registered manager who told us they would arrange to discuss this matter with people and relatives where appropriate to develop care plans and we recommend this is done.

Is the service well-led?

Our findings

The service had a registered manager in place. Staff told us they found them to be supportive. One member of staff said, "[Registered manager] is nice. They look after you. They are strict but they will look after you. When we are busy they are helping to prepare the food."

The registered manager had a good awareness of their legal responsibilities with regard to their registration. For example, they were aware of what incident they had a responsibility to notify the Care Quality Commission about and records showed they had done so accordingly. The service's most recent rating by the regulator was prominently displayed within the service in line with legislation.

Staff told us and records confirmed that the service held team meetings. One member of staff said of team meetings, "They are about the clients, the staff, the activities, planning holidays." Minutes of staff meetings showed they included discussions about health and safety, food hygiene, issues relating to people using the service and reminding staff to always speak in English when on shift. Regular service user meetings were also held. This gave people who used the service the opportunity to raise issues of importance to them. The most recent meeting included discussions about appointments, birthdays, health and safety and activities.

The service carried out an annual survey of relatives and professionals, the most recent being undertaken in August 2017. The registered manager said the purpose of the survey was, "For us to know how we can improve the service." The survey asked about staff politeness and courteousness, communication and if people were satisfied with the service provided. Completed survey forms we viewed contained universally positive feedback and one relative wrote on their survey, "I am very satisfied with the care and work at Rose House."

The nominated individual carried out audits of the service, the most recent was in March 2018. This covered medicines, care plans, the physical environment, record keeping and health and safety. In addition, the registered manager carried out their own audits in relation to infection control and medicines. This meant there were systems in place for reviewing and monitoring the quality of support provided.