

Haven Rose Residential Care Home Ltd

# Haven Rose Residential Care Home Limited

## 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

### About the service:

Haven Rose Residential Care Home is situated in a residential area of Southampton and provides accommodation and care for up to 16 people living with dementia or enduring mental health needs. At the time of our inspection there were 14 people living at the home.

### People's experience of using this service:

People received safe care and support living at Haven Rose. This was because the staff had received training in safeguarding adults and the service worked with health care professionals in meeting goals agreed and developed with people. The registered manager had also taken steps to maintain a safe environment for people.

The service employed sufficient numbers of staff to meet people's assessed needs and the staff employed had been subject to robust recruitment procedures. Staff received appropriate training and supervision to support them in working with people living at the home.

Medicines were managed safely with staff receiving appropriate training.

People's needs had been assessed and care plans developed with people's consent.

The service was working within and meeting the requirements of the Mental Capacity Act 2005 . People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's dietary needs were met and people were encouraged to lead healthy lives.

People told us the staff were supportive, kind and respectful of their right to privacy and dignity. Many of the people had lived at Haven Rose for many years and had built positive relationships not only with the staff but with each other .

People were encouraged to go out and be involved in the local community.

The home was well led with good leadership from the registered manager.

### Rating at last inspection:

The home was last inspected in August 2016, when it was rated as good .

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Haven Rose Residential Care Home Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector on both days of the inspection.

#### Service and service type:

Haven Rose Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, who is also one of the directors of the company, registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about

important events the service is required to send us by law.

We met everyone who lived at the home and spoke with eight of these people to gather their views about the care they received. We looked at three people's care records in depth and sampled other people's care plans. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We received feedback from a health care professional who provided support to people in the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse :

- The service had effective safeguarding systems in place. All staff spoken with had a good understanding of what to do to make sure people were protected from harm. The provider had responded appropriately when concerns were raised and worked with the safeguarding team to ensure people were safe.
- The majority of people had lived at the home for many years. People felt Haven Rose was their home where they felt safe and secure. One person told us, "My room is my haven", and another person told us, "It's alright here; I like it, the staff are very good."

Assessing risk, safety monitoring and management:

- Risk assessments had been carried out to minimise any risk of harm to people. These demonstrated that people were supported to be independent, balancing the home's duty of care to protect people from harm with people's right to freedom to take positive risks. For example, the risks of people leaving the home without support from staff had been assessed and agreements made to keep people safe. Staff demonstrated a good understanding of these plans.
- On the first day of the inspection we identified some areas for improvement. For example, some radiators were not covered and could pose a risk of people getting burnt. Some hot water outlets needed to be checked to make sure hot water temperatures met safety guidelines. By close of the inspection the registered manager had taken action and the environment was safe.
- The registered manager had ensured that checks and regular servicing of equipment, such as the fire safety systems, boilers, portable electrical equipment wiring and water systems, had taken place as required.
- Emergency plans were also in place to ensure people received the support they needed in the event of a fire or other incidents.

Staffing and recruitment:

- There were sufficient staff to meet people's needs. People told us staff were available to provide the support they needed. One person told us, "Yes, there are enough staff here. There is always someone if I need them".
- Staff corroborated that levels of staff were suitable to support people living at the home. A visiting health care professional told us, "People receive low level support, which is right for them".
- Recruitment procedures were robust, and ensured people were supported by staff with the appropriate experience and character. Staff recruitment records showed the required checks had been carried. These included a Disclosure and Barring Service (DBS) check and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with people in a care setting.

#### Using medicines safely:

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Staff completed training in medicines administration and their competency and knowledge was checked.
- Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.
- We observed staff following safe practice when supporting people with their medicines.

#### Preventing and controlling infection:

- The registered manager ensured minimum standards of cleanliness were maintained, whilst acknowledging that Haven Rose was people's home.
- Staff were provided with protective equipment, such as gloves and aprons, and supported people in maintaining standards of cleanliness appropriate to this setting.

#### Learning lessons when things go wrong:

- Staff were aware of their responsibilities to report events. Systems were in place for staff to report accidents and incidents and for these to be analysed by the registered manager to look for ways of minimising their recurring. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring. For example, the staff had learnt to be aware that one person's mood could be very affected should they have a urinary tract infection and the need for early intervention.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved to Haven Rose. Information had been sought from the person, their relatives and other professionals involved in their care.
- Assessments and people's care and support plans were individualised for each person and reflected their preferences and wishes.
- Care plans and associated assessments were regularly reviewed and updated in consultation with people, family and health professionals when appropriate.

Staff support: induction, training, skills and experience:

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles. This included completing the care certificate, where they were new to care.
- Staff confirmed they received the training they needed to support people effectively.
- The registered manager had put in place any specialist training to ensure staff could support people appropriately.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles.

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

- People were supported to maintain a healthy and balanced diet. Menus were planned taking into consideration people's meal preferences and choices. Where people had specific dietary needs, these were understood by staff.
- Care plans clearly documented any likes, dislikes, and dietary requirements, and these were respected by staff.
- People made comments such as, "The food is alright, they know what I like", and, "Not too bad at all".

Staff working with other agencies to provide consistent, effective, timely care:

- Each person was supported with their health and the registered manager ensured that people's needs in respect of opticians, dentists and access to their GP were met.
- Staff had detailed guidance of how to support people with any health conditions and worked well with other health and social care professionals in meeting people's needs.
- A visiting health care professional told us there was good communication between the themselves and the home, so that people's needs were supported appropriately.

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

- Haven Rose is a large converted property situated in a residential area of Southampton, where people shared communal areas and had their own private space. Improvements had been made over the years to the premises and there were ongoing plans for redecoration and improvement.
- The layout of the home was suitable for people.

Supporting people to live healthier lives, access healthcare services and support:

- Staff encouraged people to eat healthily and to maintain good health. For example, some people were being supported to reducing their smoking dependency and another person supported with issues involving alcohol use.
- People had access to health care professionals when they needed it. Clear records were kept of any health care appointments and follow up treatment.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make particular decisions, any made on their behalf must in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected. We discussed how some decisions could be worded better in care planning to reflect the agreements made with people and that decisions were not being imposed on people.
- Appropriate applications had been made in respect of deprivation of liberty safeguards. Any restrictions were kept under review involving other health and social care professionals, the person and their families.
- Care plans were developed with people and people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Everyone we spoke with during the inspection was positive about how their care and support was managed.
- A relative commented in a returned quality assurance survey, "I feel that xxxx (person) is extremely lucky to have the care and friendship she receives at Haven Rose". Another relative said, "I am very happy with the care that my husband receives at the home".
- People made comments such as, "I keep myself to myself, but the staff are all alright and they are there if I need them", and "The staff are okay, they treat me nicely and I have no complaints".

Supporting people to express their views and be involved in making decisions about their care

- People were involved in how their care and support was planned and delivered. People, and where appropriate, family members and health professionals were involved in assisting people in setting goals and making decisions. For example, one person had been placed at the home because they had been neglecting themselves whilst living in the community. A visiting health professional told us how they and the staff had worked with this person and that now the person was able to go out occasionally on their own, which they had not been able to do before .

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by a consistent staff team who knew them very well. There were good relationships between staff and people living at the home.
- People's privacy was respected. People could lock their bedrooms and people told us staff knocked before entering their bedrooms.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was upheld.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support that had been individualised to their needs and preferences. Staff had received appropriate training to make sure an individual's social and cultural diversity, values and beliefs were respected.
- Care plans reflected people's health and social care needs. These were kept under review and updated as people's needs changed. Care plans we reviewed reflected people's needs, goals and agreements they had developed with staff.
- People were encouraged to have active and meaningful lives with access to leisure, educational resources. On both days of the inspection people were interacting with each other, going out into the community or involved with the staff.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met.

Improving care quality in response to complaints or concerns

- There had been no formal complaints made about the service since the last inspection.
- People told us that they felt able to speak to the registered manager at any time and confidence that they would be listened to.

End of life care and support

- No current end of life care was being delivered. The registered manager was aware of what was required to support people with end of life care should this be necessary.
- People had been asked about any wishes to be taken into account in the event of end of life

# 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Overall, there was positive feedback from everyone involved in the inspection. The registered manager and staff worked with people to set goals and work towards their aspirations.
- The registered manager had clear visions and values for the way in which they wished the service to be run. They were committed to providing a person-centred service for people enabling people to live as independently as possible.
- This vision and underpinning values was communicated to the staff, who in interviews showed these were upheld within the team. Staff were committed to providing care that was tailored to the person.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was 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.
- There was good communication maintained between the registered manager and staff as well as supporting health professionals.
- Staff were positive about working at Haven Rose. Comments included, "I enjoy working here. We have a good team now", and "It is a good place to work, everyone is an individual and we do our best".
- The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed.
- The registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The staff supported people to engage and be part of the local community. People told us they enjoyed going to local shops and frequented local cafes and clubs.
- Residents' meetings were held regularly, giving people the opportunity to put forward suggestions, discuss routines, activities and menus.
- Staff had received equalities training to ensure they understand the importance supporting people with diverse needs.

#### Continuous learning and improving care

- Surveys, sent out to staff, relatives and the people living at Haven Rose had been used to gain feedback on the quality of service provided to people. Responses had been collated to inform management on development of the service.
- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager and provider. There was a service development plan to address areas for improvement. This included training, job roles and improving communication.

#### Working in partnership with others

- Staff worked collaboratively with other agencies to meet people's care and support needs. The service had established links with the local community and supported people to engage with life outside of the home.