

## Haven Rose Residential Care Home Ltd

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### Inspection report

33 Landguard Road  
Southampton, SO15 5DL  
Tel: 02380322999  
Website: [www.havenrose.com](http://www.havenrose.com)

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### Ratings

#### Overall rating for this service

Requires improvement 

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?

Requires improvement 

### Overall summary

This inspection took place on 14 and 15 May 2015 and was unannounced. Haven Rose provides accommodation and care for up to 16 older people with mental health needs or people living with dementia. At the time of our inspection there were 15 people living at the home.

The home had a registered manager who has been registered since December 2010. 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.

We found people's safety was compromised in some areas. Infection control guidance issued by the Department of Health (DoH) was not followed and the risks of cross infection were not managed effectively.

# Summary of findings

There was no hand washing sink available in the staff toilet or the laundry. The recommended process for dealing with soiled linen, using soluble bags, was not used.

Risk assessments had been completed for the environment and safety checks were conducted regularly of gas and electrical equipment. However, three windows on the first floor of the home did not have restrictors in place and could be opened fully. The risks with respect to the windows had not been assessed. They could be accessed easily and presented a potential risk to people.

People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. Incidents of potential conflict between people were dealt with effectively and recorded appropriately. However, we had not been informed of two incidents where a person had had physical altercations with two other people living at the home.

People were supported to receive their medicines safely from suitably trained staff. There were enough staff to meet people's needs. They were well organised and attended to people quickly. Relevant checks were conducted before staff started working at Haven Rose to make sure staff were of good character and had the necessary skills. Staff received regular supervision and support where they could discuss their training and development needs.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu of the day.

People were cared for with kindness, compassion and sensitivity. We observed positive interactions between people and staff. Staff members knew about people's lives and backgrounds and used this information to support them effectively.

People and their families were involved in assessing, planning and agreeing the care and support they received. People were encouraged to remain as independent as possible. Their privacy and dignity was protected.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

People liked living at the home and felt it was well-led. There was an open and transparent culture with people able to access the community as part of their daily activities. There were appropriate management arrangements in place and staff and people told us they were encouraged to talk to the manager about any concerns. Regular audits of the service were carried out to assess and monitor the quality of the service.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one breach of the Care Quality Commission (Registration) Regulations 2009.

You can see what action we have told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.

Guidance on the prevention and control of infections was not followed.

No hand washing sink was available in the laundry or the staff toilet. The floors of the shower room and downstairs toilet presented infection risks.

Three windows on the first floor of the home did not have restrictors in place and posed risks to people.

Staff knew how to identify, prevent and report abuse and medicines were managed safely. There were enough staff to meet people's needs at all times and recruiting practices were safe.

Requires improvement



### Is the service effective?

The service was effective.

Staff received appropriate training, supervision and appraisal. People were supported to access health professionals and treatments. The provider worked closely with local mental health professionals.

People received sufficient food and drink and could choose what to eat.

Good



### Is the service caring?

The service was caring.

People got on well with staff and described them as "caring". Staff knew people well and used this knowledge to build positive relationships.

People were involved in planning their care and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

Good



### Is the service responsive?

The service was responsive.

People received personalised care from staff who were able to meet their needs. Care plans were regularly reviewed in monthly meetings.

People had access to a range of activities based on their personal interests. The provider sought and acted on feedback from people.

Good



### Is the service well-led?

The service was not always well-led.

There was an open and transparent culture in the home, although the provider had not notified CQC of two incidents of suspected abuse.

Requires improvement



# Summary of findings

Systems were in place to regularly assess and monitor the quality of the service provided.

Staff spoke highly of the manager, who was approachable and supportive.

# Haven Rose Residential Care Home Limited

## 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 14 and 15 May 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience in dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the home including previous inspection reports.

We spoke with nine people living at the home, and two family members. We also spoke with the registered manager, and six care staff. We looked at care plans and associated records for four people, staff duty records, three recruitment files, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. We also received feedback from a community mental health nurse.

Following the inspection, we spoke with social care professionals who have regular contact with the home to obtain their views about the care provided.

We previously inspected the home in August 2014 where no concerns were found.

# Is the service safe?

## Our findings

People told us they were satisfied with the standard of cleanliness of their rooms. The staff toilet on the first floor was not clean. There were heavy layers of dust to the rear of the toilet pan and there was no hand washing sink available in the toilet. Staff told us they washed their hands in an adjacent bathroom or a bathroom on the ground floor. This posed a risk that infection could be spread by touching surfaces on route, such as the bannister. The floor of the shower room used by people was badly cracked and part of a handle on the toilet frame had broken off. These areas potentially created bacteria traps. Vinyl floor tiles in the ground floor toilet had lifted, allowing any urine to flow underneath them. This created a further risk of infection and it was not possible for staff to clean the floor effectively. The provider was aware of the cracked tiles in the shower room and it was noted in the provider's own action plan that they were due to be replaced at the end of June 2015.

Infection control guidance issued by the Department of Health (DoH) had not been followed. There was no hand washing sink available in the laundry and the recommended process for dealing with soiled linen, using soluble bags, was not used. Although a risk assessment for the laundry process had been completed, it did not include hand hygiene arrangements or an appropriate system for preventing cross contamination in the laundry. This put people and staff at risk of infection. Risk assessments for other infection control risks had not been completed, nor had an annual statement of infection control.

Risk assessments had been completed for the environment and safety checks were conducted regularly of gas and electrical equipment. However, three windows on the first floor of the home did not have restrictors in place and could be opened fully. Although two of these were higher level windows, furniture beneath them meant they could be accessed easily. The risk assessments did not refer to this so this presented a potential risk to people.

Three bedrooms were shared rooms, although one of these was only occupied by one person at the time of our inspection. The registered manager was clear about the need to consider the risks people may pose to one another

when sharing rooms when we spoke to them. However, these risks were not documented so the provider was unable to demonstrate that all identified risks had been assessed appropriately.

Risks to people's health and wellbeing were not fully assessed or managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said, "I've never had any problems, so yes, I feel safe." Another person said it was, "a bit of a relief to come here and be taken care of", as they told us they were not coping at home.

People were given the freedom to take informed risks, where they had the capacity to do so. For example, people who wished to access the community were able to do so and measures were put in place to support them to do this safely. For example, staff reminded one person to take their mobile phone. They called the person if they had not returned at the planned time and knew what action to take if they did not receive a response.

The risks posed by people who smoked were managed appropriately. People were not permitted to smoke in their bedrooms and had agreed to staff looking after their lighters for them. A safe area of the garden had been set aside for smoking.

All staff had been trained in safeguarding adults from abuse and said if they had any concerns they would report them straight away to the registered manager, who would take appropriate action. Staff were aware of the provider's whistle blowing policy and how to access it as well as all other policies relating to safeguarding people so they are not put at risk.

Suitable arrangements were in place to protect people from the risk of financial abuse. The home looked after small amounts of money for some people. These were kept securely, properly accounted for and audited regularly.

People had emergency evacuation plans in place detailing the support they would need in an emergency. Staff had received fire safety training and training records confirmed this. Recently all the people who use the service were involved in discussions about fire safety to ensure they

## Is the service safe?

understood the procedures. One person couldn't participate at the time, so staff held an individual session with the person. Fire safety equipment was maintained and tested regularly.

There were enough staff to meet people's needs at all times and we observed people were attended to quickly when they pressed their call bells for assistance. Staffing levels were determined by the registered manager who assessed people's needs and took account of feedback from people, relatives and staff. They were clear about the need to have staff with a mixed skill set on each shift and reviewed staffing levels continually. Staff felt staffing levels were sufficient. One staff member told us, "If someone goes off sick the shift will always get covered, there is always someone willing to help out."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. This included an application form and interview, references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer

recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines. The registered manager carried out audits of MAR charts and medicines in the trolley once or twice a week. If they had any concerns about a staff member's ability to administer medicines safely they provided additional supervision and refresher training. The registered manager was taking action to ensure photographs of all people were attached to their MAR charts to help prevent medicines being given to the wrong person.

Staff followed a daily cleaning schedule and most areas of the home were visibly clean.

# Is the service effective?

## Our findings

People and their relatives spoke positively about the quality of the food. One person said, “The food’s very good; breakfast dinner and tea, and we get drinks at night time.” Another person told us, “Food is very good. The ladies come and collect me at 8.30 for breakfast – that’s just how I like it.” One staff member said, “The manager is very good if they need anything for the residents like extra cream special puddings or extra eggs for eggy bread she will buy it in for them.”

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people’s likes and dislikes and offered alternatives if people did not want the menu of the day. One person chose to eat a particular diet and at unusual times. Staff ensured they received this and monitored the person’s weight and health appropriately. Most people were able to eat independently, but when support was needed, such as help to cut up food, this was provided appropriately. Drinks were available to people at all times and they were encouraged to drink well. The lunch time experience was a calm, relaxed and social occasion when most people came together to eat.

People were cared for by staff that were motivated to work to a high standard and were supported appropriately in their role. Most staff had obtained vocational qualifications relevant to their role or were working towards these. Where two staff members had not reached the required standards, the registered manager had taken appropriate action in accordance with the provider’s policy.

Staff were skilled and knowledgeable about how to care for people with mental health needs and people living with dementia. Training of new staff followed national induction standards. Records showed most staff were up to date with all of the provider’s essential training. Where this was due, dates had been set for it and when staff needed additional training or support this was provided. Staff said they had a good induction, and completed lots of training. One staff member told us, “I really love working here, it’s the best thing I have done.”

Staff were supported appropriately in their work. They had one-to-one sessions of supervision on a regular basis, a yearly appraisal and regular staff meetings. These provided opportunities for them to discuss their performance, development and training needs.

One staff member informed us, “The induction was very good, I have completed all my mandatory training and the training was very professional. This was my first time working in care so I was able to shadow with experienced staff members for one month. This helped me to really get to know the people I care for. I will always ask questions if unsure about anything within the home and will be given help and advice. The staff here are very professional and knowledgeable.”

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought consent from people and gave them time to respond. People had signed their agreement to some aspects of care, such as whether or not to see a dentist. In other cases, people’s verbal consent had been recorded. If people declined care and support this was respected and documented in their care records. Where people lacked capacity, best interest decisions had been made and documented, following consultation with family members and other professionals. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be legally deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to provide care and support to the person safely. DoLS applications were being processed by the local authority for two people. Staff were aware of how to keep these people safe and protect their rights.

People were supported by health professionals and staff knew how to access specialist services for people. Staff knew which professionals were visiting each day and arranged appointments for people when required. Staff had good working relationships with community mental health nurses (CMHN) and could contact them directly for

## Is the service effective?

help and advice. A visiting CMHN confirmed this and told us, “Staff always contact me for advice and follow my guidance. I have no concerns the staff are really nice and friendly and the staff know the residents really well.”

People’s bedrooms were personalised with pictures and personal items. Many had been decorated recently and were bright and welcoming. There were sufficient communal areas to provide people with a choice of seating

in quiet or busy areas, depending on their preference. A conservatory was used for private meetings when families visited. The rear garden was accessible, which included a sheltered smoking area which was well used. Some communal areas of the home had been re-decorated since our last inspection and the provider had a plan to re-decorate other areas in the near future.

# Is the service caring?

## Our findings

People were cared for with kindness and compassion. One person said of the staff, "They are caring people. They treat me with respect." Another person told us, "It's great, marvellous. The girls are kind. No complaints. The staff look after you well, they are a caring lot."

Feedback from a recent quality questionnaire in February showed people felt they were treated with respect and given the privacy they need.

People's privacy was protected by staff knocking and waiting for a response before entering people's rooms. Staff were aware of which people preferred to receive personal care from male or female staff and respected their choices. Where people shared rooms, a curtain in the middle of the room was drawn to provide them with privacy when needed.

Staff told us that privacy and dignity was always adhered to, "We will always talk to the people of the service, asking their permission, talking to them about what is happening and making sure their door is closed while providing care."

The registered manager was the dignity champion for the home and had provided dignity training for staff in staff meetings. Staff respected people's dignity at all times. One

staff member informed us, "The values and beliefs are in the care plan, and before we carry out any care we always ask them what they would like, and make sure we cover them up when providing personal care."

Staff said they got on well with the people and "loved" working at Haven Rose. They described the home as "like a big family". One staff member said, "When one of them is ill we all feel it."

We observed care and support people received in the communal areas and saw good interactions with people. The atmosphere was very relaxed and friendly with good banter noticeable between people. People were supported in an unhurried way and staff kept them informed of what they were doing.

When people moved to the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going. When care was reviewed, people's comments and views were sought and recorded. These confirmed they were fully involved in the process.

Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured conversations could not be overheard.

# Is the service responsive?

## Our findings

People received personalised care from staff who supported people to make choices and were responsive to their needs. One person said, "I please myself with what I do. I get up when I want and go out when I want." Another person told us, "I have a nice bed in a comfy room. It suits me, as I can play my radio without disturbing the others."

Care plans provided comprehensive information about how people wished to receive care and support. Staff confirmed the care plans provided all the information they needed to care for people appropriately and enable them to meet people's needs effectively. A health professional informed us "The care assessments are good here and if they have any concerns will always ring you."

People were involved in their care planning and their care plans were reviewed monthly. Records included people's comments and confirmed that their care and treatment reflected their needs and wishes.

Staff used a 'handover book' to communicate important information about people. Entries showed any concerns about people's health or welfare were identified quickly and followed up promptly.

Staff were aware of people's interests and how people liked to spend their time. Some people were able to go out on their own and others were accompanied by staff members. This was confirmed by the visiting CMHN who told us "It is very much a community group living here. Most of the people living here are very independent and like to do their own things and are quite able to do so."

Organised activities were held in the afternoon and the registered manager encouraged staff to sit down with people and join in with them, or just chat. People told us they did not feel pressurized to do any activities and one person said they "can opt out" if they did not want to participate in activities. Another person confirmed this and said, "I have a choice".

Resident's meetings were held monthly and were well attended. People were encouraged to suggest activities they wished to participate in and these were then provided. It was recorded in the minutes that people requested "specific TV shows" and at the end of the minutes, it was recorded that the manager had asked each resident present, personally and discreetly, if they were happy, and all had replied, "yes, we are."

A comments book was available to record the views of visitors and professionals. A recent comment from a visiting Doctor showed they were "happy with how well and happy the residents were." A comment from a mental health professional stated: "I have always been impressed with the standard of care the residents receive."

The provider took account of complaints and comments to improve the service. The manager described the process they would follow as detailed in the provider's procedure. Feedback from a recent survey in February showed that any complaints or suggestions were dealt with quickly and that people were happy living at the home.

# Is the service well-led?

## Our findings

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. However, we identified two incidents where a person had had physical altercations with other people living at the home. In each case, appropriate action had been taken, risk assessments had been reviewed and the local safeguarding authority had been informed. However in each case, CQC had not been notified of the incidents. The registered manager told us they were not aware that such incidents needed to be notified to CQC.

Failure to notify us was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager used a system of audits to monitor and assess the quality of service provided. These included medicines, care plans, staff training, falls, people's records and infection control. A recent audit of the environment had identified work needed to the flooring in the shower room and ground floor toilet, but had not identified missing window retainers. The infection control audit had not identified that the provider's infection control policy did not reflect the latest guidance. Consequently, this was not being followed in respect of the laundry processes. Therefore the audits were not always effective in monitoring the quality of care provided and showing the improvements needed in the home.

In addition to the audits, the registered manager conducted a series of spot checks of key areas of work. Records confirmed that issues identified during the spot checks, for example around staff practices, were addressed immediately.

People and their families told us the home was run well. One person said of the registered manager, "They are well-organised." A family member told us the staff were, "always on the ball."

Staff meetings were carried out monthly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. We saw evidence of the minutes where care plans were discussed, as well as reviews of audits, and an example of reminding staff to let

management know if any pillows or mattress needed replacing. Staff we spoke to enjoyed these meetings and all staff told us that they had attended staff meetings and felt listened to and supported.

Staff felt supported by the registered manager. A staff member said, "I enjoy working here very much, and it's nice to work here. The manager offers training and lets you take time off to complete training." Another staff member told us, "If I was concerned about anything I would go to the manager straight away. I have no concerns about going to the manager". Another staff member told us "The manager is very approachable and supportive if you have a problem, and asks me what training I would like to complete."

A staff member said they got on very well with the registered manager, "she knows the staff very well and always gives lots of praise to the staff and thanks the staff." Another staff member told us "You feel really valued here by the manager, she is very good. She will listen to us and take notice."

The registered manager carried out quality surveys with people using the service, their relatives and health professionals. The most recent of these was in February 2015 and almost all people using the service were happy with the care they were receiving at Haven Rose. For those who were unsure of the questions the registered manager went to see them personally to explain more clearly and listen to their concerns. A comment from a health professional was noted, "I visit the home regularly (most weeks) and am always made very welcome. It is always very clear visits are appreciated."

A Health professional informed us, "the manager always appears to be very helpful and very obliging, listens and puts things right. Always records in the care plan, and everything seems in place. Overall very good." A health professional also told us there was a concern with one staff member, and they informed the registered manager who acted upon it swiftly and took it seriously.

The provider had a business plan in place for the current year, which was being progressed. This showed that improvements were needed and actions were put in place with dates of when these actions would be completed.

## Is the service well-led?

The provider had appropriate policies in place for all aspects of the service which were reviewed yearly. Staff were aware of where to locate the policies and all staff were issued with a staff handbook which included the main policies and procedures.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The registered person had not ensured that service users and others were protected against the risk of infection  
Regulation 12 (1) and 12 (2) (h)**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

**The registered person did not notify us of allegations of abuse involving the people who used the service  
Regulation 18 (1) and 18 (2) (e)**