



Inspection Report on

Rose House

**Alexander House
Highfield Park
Denbigh
LL16 4LU**

Date Inspection Completed

4 April 2022

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About Rose House

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Mental Health Care (Highfield Park) Limited |
| Registered places | 3 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | |
| Does this service provide the Welsh Language active offer? | Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

People are supported at their own pace by staff who know them well and understand how best to communicate with them. Care plans contain detailed information about how they want their care and support to be offered. They make choices about what they want to do and keep in contact with their family and friends. People are involved in how their home looks and their rooms are personalised, giving a real sense of who lives there and what they enjoy doing.

There is a stable staff team who have supported people for a long time. Staff feel supported, receive training and work well together as a team. Recruitment checks are carried out but there are some gaps in employment records and dates provided on references did not match. This is an area for improvement.

Well-being

People have control over their day-to-day life. Individuals have lived at Rose for a long time and staff who know them really well are able to communicate effectively with them. People can make choices about how they want to spend their time. We saw information about people being involved in decision making with key worker meetings and resident's meetings held to discuss what people want.

People's physical, mental health and emotional wellbeing needs are being met. Plans contain important information about any health needs, professionals involved and other associated documentation and risk assessments. One-page profiles record detailed person-centred information about what's important to me and how best to support me. Health checks are recorded and hospital and communication passports are completed. Staff told us about how they encourage people to stay healthy and keep active. Staff confirmed people are happy living at Rose, have a good quality of life and spoke about how they kept in touch with and visited their family and friends.

People are protected from abuse and neglect. Staff speak fondly about people and treat them with dignity and respect. There is a committed and stable staff team who are kind and caring towards them. There are policies for safeguarding, whistleblowing and concerns/complaints and staff receive training in safeguarding.

People live in a suitable home that is meeting their needs. Bedrooms are personalised and reflect people's different interests and hobbies. People are involved in decisions about how their home looks and have chosen new sofas for the lounge. There is a private garden area for people to enjoy in the nice weather.

Care and Support

People are provided with the quality of care and support they need. They are involved and included in their care and support and reviews are completed to identify what is working and what needs to be changed. We saw person centred reviews and key worker meetings have been held. Plans record who contributed to them including people, relatives, professionals and staff. Personal plans contain detailed information about their care and support needs and daily records show this is being provided. Records are kept of any health appointments, referrals and visits by health professionals. Activity plans are in place for people to pursue the things they enjoy. Staff told us how they are able to communicate with people and understand them as they have supported them for a while. Hospital and communication passports are in place but more information should be included for new staff who do not know people as well as the existing staff team. We spoke with the manager and responsible individual about including more information in peoples plans about autism and what this means for them and staff supporting them. Photos on display show people doing the things they like to do and the places they have visited over the years. People have their favourite places to sit in the lounge with their belongings nearby. Staff provide encouragement for them to do their own laundry with support and cook lunch on occasions. Meals are served at times that suit people and fit in with their routines.

There are systems in place to safeguard people. Staff receive training in safeguarding and there are policies in place for safeguarding, whistleblowing and concerns. Staff feel supported in their roles, are aware of their responsibilities and feel able to raise any issues they have.

The service promotes hygienic practices and manages risk of infection. There are arrangements in place for visitors entering and leaving the service including signing a form and visitors book and having temperatures taken. Staff wear Personal Protective Equipment (PPE) and we saw this was accessible to them around the home. There are policies and procedures regarding infection prevention and control and audits are carried out. People's rooms and communal areas are kept clean and tidy.

Environment

People live in a home which is maintained and suitable for them. People's rooms are very personalised and reflect their different tastes and interests which staff also told us about. Communal areas are homely and people have certain places where they like to sit and relax. The manager told us people have chosen a new sofa which is waiting to be delivered. We saw an environmental audit had been completed which shows what work needs to be done. There is a maintenance plan in place and the manager spoke about improvements to be made for example wet rooms, repainting areas and new carpets and flooring. There is a pleasant and private garden for people to use with a gazebo and table and chairs.

The service provider identifies and mitigates risks to health and safety. There are policies in place for health and safety and audits are completed to identify and address any issues. Staff receive training in health and safety, manual handling, fire safety and food hygiene. Personal Emergency Evacuation Plans (PEEPs) are completed and held in people's files. We discussed with the manager and the responsible individual that bumpers used on people's beds need to be appropriately assessed, checked, recorded and risk assessed.

Leadership and Management

There are arrangements in place to oversee the service and ensure that good quality care and support is provided for people. The responsible individual visits the service every 3 months and writes a report. Quality of care reviews are also completed 6 monthly to identify any issues and actions to be taken to improve the service. The manager feels well supported in their role and has a deputy in place to assist them. The statement of purpose has been updated to reflect changes to the management structure.

People are supported by appropriate numbers of staff who receive training. There is a stable staff team in place who know people really well and provide cover themselves for any leave or absence. Staff told us they feel supported and work well as a team. They receive an induction and training to carry out their roles and responsibilities. Supervisions are carried out every two months and team meetings are also held. Staff files contain the necessary information but gaps in employment and dates provided on references had not been cross checked to ensure the process is robust. This is an area for improvement.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|--|--------|
| 35 | We found gaps in peoples' employment history and the gaps are not explained. Ensure a full employment history is provided and that dates match with references obtained. | New |

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