The Henry Lonsdale Trust

Rosehill Residential Home

Inspection report

Aglianby, Rose Hill
Aglionby
Carlisle
Cumbria
CA4 8AA

Tel: 01228513660

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16 September 2016

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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

This unannounced inspection took place on 15 and 16 September 2016. We last inspected the service on 16 November 2013 under the regulations that were in force at the time.

Rosehill Residential Home is owned by The Henry Lonsdale Charitable Trust and situated on the outskirts of Carlisle. The home provides care for up to 40 older people who may have various forms of dementia related conditions.

The home is divided into four units all at ground floor level. Each unit has lounge and dining facilities and adapted bathing facilities. There are extensive well maintained gardens and grounds.

The service had a registered manager. 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.

Care plans were person centred and showed that individual preferences were taken into account. Care plans were subject to regular review to ensure they met people's changing needs. This meant people received personalised care. They were easy to read and based on assessment and reflected the needs of people. Risk assessments were carried out and plans were put in place to reduce risks to people' safety and welfare.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights. Staff were aware of how to identify and report abuse. There were policies in place that outlined what to do if staff had concerns about the practice of a colleague.

The staff were trained to an appropriate standard and received regular supervision and appraisal. As part of their recruitment process the service carried out background checks on new staff. Staffing levels during the day were acceptable. At night there was only two staff on duty which at times may have been insufficient to meet people's needs in a timely manner. The provider acted immediately and organised for staffing to be increased at night. We have made a recommendation relating to monitoring staffing levels.

The service managed medicines appropriately. They were correctly stored, monitored and administered in accordance with the prescription. People were supported to maintain their health and to access health services if needed. People who required support with eating and drinking received it and had their nutrition and hydration support needs regularly assessed.

Staff had developed good relationships with people and communicated in a kind and caring manner. They were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable

standards in this area.□

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. People were aware of how to raise a complaint and who to speak to about any concerns they had.

The home was well led by a registered manager who had a vision for the future of the service. A quality assurance system was in place that was utilised to improve the service.

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.

We made a recommendation about the staffing levels

Appropriate checks were carried out during the recruitment of staff.

Staff knew how to identify and report potential abuse.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to provide the care people required.

The service worked in conjunction with other health and social care providers to try to ensure good outcomes for people who used the service.

People received adequate support with nutrition and hydration.

Is the service caring?

Good

The service was caring.

People told us they felt they were well cared for.

Staff treated people in a dignified manner.

There were policies and procedures in place to ensure people were not discriminated against.

Is the service responsive?

Good

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their care. They were included in planning the care they received.

Support plans were written in a clear and concise way so that they could be easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Is the service well-led?

Good

The service was well-led.

The service had a robust quality assurance system in place.

The registered manager had a vision for the future of the service that was based on providing good and responsive care.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

Rosehill Residential Home

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 checked 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 the 15 and 16 September 2016 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider 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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. In addition we spoke with representatives from adult social care. We planned the inspection using this information.

We spoke with five of the people who used the service and nine members of staff including the registered manager, the deputy manager, carers and the chef. In addition we spoke with four professionals and one relative who were present at the time of our inspection. We looked at questionnaires relatives and visiting professionals had completed.

We read eight written records of care and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction and examined the training record and quality monitoring documents.

Good

Is the service safe?

Our findings

We spoke with people who used the service and asked if there were sufficient staff within the service. One person told us, "There are so many staff here that I can't remember all their names."

During our inspection we noted that there were sufficient staff on duty to meet people's needs in a timely manner. Staff appeared calm and unhurried. In addition there were senior staff on duty who were able to take time to speak with visitors, including professionals.

According to the duty rota the home regularly rostered two staff on duty during the night. We spoke with the registered manager who told us that she monitored this closely and increased staffing levels if necessary. We saw written evidence of care at night being reviewed and noted that staff said people generally slept well. Some people needed support with continence issues and others were helped to change position in bed in order to avoid pressure ulcers, also known as bed sores.

People had personal evacuation plans which outlined how they would be kept safe in a fire. Many of the people in the home required two staff to help them mobilise. This meant that in the event of a fire at night, staff may not have been able to evacuate people to a safe place in a timely manner. We spoke with the registered manager about this and she agreed to increase staffing levels at night to a minimum of three staff.

We recommend the service reviews the way it sets staffing levels and considers the use of a dependency tool to assist them in this. A dependency tool can help services set staffing levels according to people's need.

We spoke with people who used the service, they told us they felt safe at Rosehill Residential Home. We asked a relative if the home was safe, they replied, "Oh yes…very safe." In a recent questionnaire another relative stated, "We appreciate everything you do to make Mam's life more comfortable and safe."

Providers of health and social care services are required to tell us of any allegations of abuse. The registered manager of the service had informed us promptly of all allegations, as required. From these we saw, where staff had concerns about a person's safety, both the staff and the registered manager had taken appropriate action.

The staff we spoke with knew how to protect people who used the service from bullying, harassment and avoidable harm. Staff told us that they had received training that ensured they had the correct knowledge to be able to protect vulnerable people. The training records we saw confirmed this. If staff were concerned about the actions of a colleague there was a whistleblowing policy which provided clear guidance as to how to express concerns. This meant that staff could quickly and confidentially raise any issues about the practice of others if necessary.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's written records of care held important information for staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. For example some

people were identified as being at risk of falling. Plans were put in place to reduce this risk including making sure people had the correct footwear and mobility equipment such as a walking frame.

The registered manager had risk assessed the environment as well as individuals. This risk assessment was detailed and included information about each room in the home, any risks present and the mitigation for the risk. The registered manager used this assessment to help inform her as to what areas of the home required refurbishment and why. For example she had noted that some surfaces in two of the bathrooms needed replacing to help with the prevention of infection.

Staff had access to protective clothing such as gloves and aprons while carrying out personal care. Staff told us that infection control was part of their induction training and was regularly updated. This helped to ensure that people were cared for by staff who followed appropriate infection control procedures. A person who used the service told us, "Everything is washed and clean."

There were contingency plans in place to deal with emergency situations such as fire or power cuts. A senior member of staff was always available to talk to out of hours via telephone and would attend the home if necessary.

We looked at the recruitment records for two staff members. We saw that safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working in with vulnerable people. The provider was able to produce records relating to disclosure and barring for all staff including the board of trustees. The registered provider had obtained evidence of their good character and conduct in previous employment.

Medicines were stored appropriately and administered by people who had received training to do so. We carried out checks on medicine administration record charts (MAR charts). We noted that MAR charts had been filled in correctly. There were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines.

Good

Is the service effective?

Our findings

We spoke with people who used the service and their relatives. We asked them if they felt staff were able to provide appropriate support. One person told us, "Yes, I could not fault them." A relative stated, "I can find no fault with any member of staff, they are outstanding."

All of the staff we spoke with told us that they had received induction training before working in the home. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care, for example catheter care.

The registered manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. In addition to the training that the provider deemed mandatory, additional training was available, for example care of people with diabetes. One member of staff commented, "Sometimes it feels like we do too much training, but you can never have enough!"

The registered manager was ensuring that supervision and appraisal sessions were carried out regularly and in accordance with the provider's policy. Supervision sessions gave staff the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions and topics discussed included any issues that related to their work, directly or indirectly. When we spoke with staff they told us, "We feel very well supported." Adding, "The training is very regular."

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. We checked whether the service was working within the principles of the MCA.

People can only be deprived of their liberty so that they can 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 within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that DoLS applications had been made to the local DoLS Authority and were being correctly implemented and monitored.

The service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. These best interest decisions were clearly recorded within people's files including who had been involved and how the decisions had been made in the person's best interests. The service was aware that some family members had lasting powers of attorney and ensured that these were acted upon in relation to making decisions about people's care or to update family members about a

person's welfare. Lasting powers of attorney give families or guardians legal rights to be involved in either financial decisions or health and welfare decisions or both.

People we spoke with told us that they were always asked for their consent before staff supported them to do something. Staff told us that they would not provide any support without first asking for permission. Written records of care contained explicit care plans relating to people's capacity and their ability to consent to care or treatment.

People we spoke with about the nutrition and hydration support in the home told us, "The food is gorgeous!" A relative stated, "The nutritional support is excellent, all the food is home cooked."

Each person in the home had a nutritional needs assessment. In addition to the service's assessment professional advice from dieticians and speech and language therapists had also been obtained. The kitchen staff were aware that some people required specialist diets and others required fortified food. People's weight was monitored on a regular basis and food and fluid intake was accurately documented. This helped staff to ensure that they were not at risk of malnutrition.

Individuals' care records also included guidance for staff about how to contact relevant health care services if an individual was unwell. People who used the service could be confident they would be supported to access appropriate health care services, as they needed. When we spoke with people who used the service they told us that staff monitored their health and wellbeing and identified if they needed additional support, such as a visit from a GP. We spoke with a visiting healthcare professional who confirmed that the home made appropriate referrals to the district nursing team.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they told us that staff were caring and treated them kindly. One person commented, "They are really good." A relative told us, "They look after my husband very well."

Throughout our inspection we observed staff speaking with people in a warm and friendly manner. When we spoke with staff they told us this was how they would wish a relative to be treated.

We looked at people's written records of care and saw that where possible, care plans were devised with the person who used the service or their relatives. This meant people were actively involved in making decisions about their care treatment and support.

People told us that staff always spoke with them in a respectful manner. We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality and diversity. This helped to ensure people were not discriminated against. We observed staff knocking on people's doors before entering and ensuring that people were not compromising their own dignity. When we spoke with people who used the service they told us they felt that staff were mindful of their dignity and ensured when delivering personal care or any intervention, this was done in the way they wanted and preferred.

The registered manager had details of advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager described what they would do to ensure that individual wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives and friends.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. They were also able to tell us about people's histories and family connections. This showed that staff worked to build strong relationships with the people they supported in order to build trust.

The service had policies, procedures and training in place to support people who required end of life care. The registered manager told us that senior staff had undertaken specific training for this. Staff were able to talk with us about how this would be delivered and the things that were important during this time in somebody's life. This included offering support to people's families as well as to the person themselves. The service worked alongside other providers to ensure that this care was carried out correctly.

We spoke with staff about confidentiality and they were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with senior staff or other agencies in order to keep the person safe.

When we spoke with people who used the service they told us that an important element of receiving support was to maintain their independence and that staff promoted this wherever possible.

Care plans clearly identified the level of support that people required and gave staff clear instructions about how to promote independence. For example care plans around personal care clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff described how they ensured that people were given choices to enable them to retain some control, for example with the clothes they wore, taking medicines, or the meals they were supported to eat.

Good

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. One person said, "Whatever you need they will get it for you."

When people were first referred to the service an assessment of needs was carried out. This included assessing their mobility and their physical and mental well-being. The information was then used to write a care plan. This was then further developed and reviewed on a regular basis. It was also reviewed as people's needs changed. We looked at the written records that were in place for people. We saw evidence that these covered the support that people may have required in all aspects of their life as well as their likes and dislikes.

We found evidence that the service was formulating clear and concise care plans that were easy to understand. Reviews of care plans were carried out regularly and involved the person receiving support or their relatives and health and social care professionals. The care plans gave clear instructions to staff about the support the person required and their preferences for how that should be delivered.

When we spoke with people who used the service and relatives they confirmed that they had been part of the process to formulate care plans and that these were regularly reviewed. They also confirmed that they had been able to express their wishes and preferences as part of the process and this was in line with what staff delivered.

Wherever possible, we could see evidence within the support plans that people had exercised their choice. For example one person preferred to sleep during the day and remain awake at night. The staff had established this person had adopted these habits throughout their adult life. There was a night time support plan in place to ensure this person was comfortable and received adequate support. The registered manager described how they tried to ensure that the service provided was personalised to the individual.

Activities were available both in and out of the home. They spent time with people both in communal areas and on a one to one basis in their rooms. In addition the registered manager invited entertainers to the home. Where appropriate, some people were supported to take part in activities outside of the home, these included trips to local beauty spots and garden centres. The service kept accurate records for each person that recorded the activities they participated in. This helped ensure people did not become socially isolated. A relative told us, "There seems to be a good variety of entertainment here."

We asked people how they would go about contacting the provider if they had a comment, compliment or complaint about the support they received. One person told us, "I have no complaints." Another added, "Neither have I because you will not find fault."

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who

found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that no complaints had been received since our last inspection, and those received prior to this had been responded to appropriately. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

Where people were supported by more than one provider, the registered manager described how they liaised with both the other providers and the commissioners of the service to ensure that there were clear lines of communication and responsibility in place. For example they were able to show us evidence that some people's mental health had improved to the point they were being discharged to their own homes. The service had worked closely with commissioners, adult social care and relatives to ensure that this was done appropriately and safely. The service tried to ensure that any relevant updates or discussions were held with the relatives present. This ensured that relatives of the person were fully up to date with what was happening with the person.

Carers made notes at each visit in relation to the support that had been delivered. This included any medicines given, any food or drink, personal care and any other support delivered. These records were written respectfully and factually, ensuring that it was clear what support had been given to the person.

Good

Is the service well-led?

Our findings

We spoke with people and asked them about their experience of the leadership within the service. It was clear that people knew the registered manager and senior staff well. The registered manager addressed all the people we spoke with by name and demonstrated knowledge of each person we spoke with them about. The staff told us they felt supported by the registered manager and that she, 'Listened' to them.

People told us that they valued the service provided and said the registered provider and registered manager were committed to providing a good service. They told us they were asked for their views about the support they received. We saw people had received quality monitoring questionnaires to share their experiences with the registered provider. The replies of the questionnaires were positive in nature. Where people had asked for changes to the support they received, they told us the service tried to accommodate the changes they requested. Relatives were sent a similar questionnaire as were visiting professionals. The registered manager used the information to help improve the service. For example she had organised a dementia awareness training event for staff and relatives.

We spoke with the registered manager and asked how they saw the service developing in the future. They told us that they were keen to work towards the CQC rating of 'outstanding' for the home and were exploring new ways of working. This included ideas around improving access to childcare for their staff.

The registered manager carried out checks on how the service was provided in areas such as care planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided.

All audits and checks were presented to the board of trustees by the registered manager in a quarterly report. The chairman of the board regularly visited the service and was in contact on a daily basis. The board considered all information presented to it and made improvements. For example the home was having all of its windows replaced.

During the inspection the registered manager and senior staff were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to date protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held with members of staff so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read them afterwards. We also saw that staff could visit the office and speak with senior staff

whenever they needed to. Staff told us that they felt they were listened to and could influence the delivery if the service in order to improve people's experience of care and support.