Rosehill Rest Home Ltd

Rosehill Rest Home

Inspection report

Rosehill Rest Home, Robins Hill
Raleigh Hill
Bideford
Devon
EX39 3PA

Date of inspection visit:
07 June 2016
13 June 2016

Date of publication:
29 July 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place over two days on 7 and 13 June 2016 and was unannounced on the first visit. The second visit took place in agreement with the service.

Rosehill Rest Home is registered to provide accommodation and personal care for up to 17 older people, including people living with dementia. There were 17 people living there on both our visits.

The last comprehensive inspection took place on 9 and 15 June 2015. Six breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found. This was because: risk assessments were not in place; medicines were not managed safely; people's rights under the Mental Capacity Act (2005) had not been adhered to; the correct procedures to deprive people of their liberty had not been followed; staff had not received the necessary training; people did not receive planned person centred care, and systems to monitor and improve the service were not in place. You can read the report by selecting the 'all reports' link for Rosehill Rest Home on our website at www.cqc.org.uk.

After the last comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulation. According to the action plan, all breaches of regulation would be met by 28 August 2015.

We undertook this comprehensive inspection to check they had followed their plan and to confirm they now met legal requirements.

The service had a registered manager who was also the registered provider. 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.

People lived in a family run home where they were relaxed and comfortable. The atmosphere was homely and friendly and people and relatives felt safe. Relatives said, "People are happy … it's very nice … people are treated with respect … all the people are looked after … it's very small and it's like a proper 'home', it's full of knick-knacks and I am very impressed with them" and "(My relative) is content and happy and that is all you can ask for."

Staff knew people well and cared for them as individuals. Two people said, "Staff are very kind … they are very good" and "I am looked after." People received care suitable for their needs and with enough staff on duty. Staff were safely recruited, trained and enjoyed their work. Staff said, "I absolutely love my job here … I never want to change … we all pull together to look after residents … they get what they need day or night" and "It's lovely here because it is family run … I look after people properly just as I would if it were my mum and dad."

Two people said, "I feel safe here … I am well looked after" and "I'm happy here … it's very good."
Staff felt supported by management and felt part of a team. They had a good understanding of safeguarding and knew how to recognise the different types of abuse. They knew the correct action to take and who to report any concerns to.

For those people who lacked capacity and were unable to give consent, the Mental Capacity Act 2005 (MCA) had not been followed. People had not had a mental capacity assessment undertaken and 'best interest decisions' had not always been carried out in accordance with the MCA. However, applications had been made appropriately to the local authority Deprivation of Liberty Safeguards team for those people who need to be deprived of their liberty.

Each person had a care plan with suitable risk assessments in place. Care plans included key information and were up to date. Health and social care professionals were involved in people's care and their advice acted upon. Good working relationships had been developed with the local GP surgery who were very complimentary of the service.

People enjoyed an activities programme which was being developed. However, activities were not always planned around people's individual interests, hobbies or abilities.
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Staff recognised the importance of family and friends who were welcomed at all times. Relatives said they felt part of their family member's care and were kept informed of any changes.

People received their medicines in a safe way. People enjoyed the food served but people's choices and preferences were not always planned and sought.

People lived in a home which was maintained and decorated to a high standard.

There was a complaints policy and procedure in place with information about how to raise concerns or complaints.

There were systems in place to monitor the quality of the service and any issues identified were acted upon and resolved.

We found one continued breach of regulation and made one recommendation. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

Risks to people were identified and reduced as much as possible.

There were sufficient staff on duty to meet people's needs.

People received their medicines in a safe and timely way.

People were protected by a safe recruitment process to ensure only suitable staff were employed.

Accidents and incidents were monitored and any trends identified.

Is the service effective?

Requires Improvement

One aspect of the service was not effective.

Where people did not have the capacity to consent, the provider had not acted in accordance with the legislation and guidance relating to the Mental Capacity Act 2005.

Where necessary, applications had been made to the local authority Deprivation of Liberty Safeguards team.

Staff received training, supervision and appraisals. Staff knew people's needs well.

Staff sought advice and guidance from relevant healthcare professionals to meet people's healthcare needs.

People received support to eat and drink and received food they enjoyed. However, people were not offered a choice. There was not formal menu for the cook to follow to ensure people received a balanced varied diet. However, this was being addressed.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate towards people and had developed warm and caring relationships with them.

People were treated as individuals. Staff respected people's privacy and cared for people in a respectful and dignified way.

Staff recognised the importance of maintaining people's family and friend networks.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care plans were developed to meet people's needs and included assessments of risk.

People enjoyed activities both inside and outside of the home. However, these did not always reflect people's individual interests.

People knew how to raise a concern or complaint and felt they would be listened to.

Is the service well-led?

Good

The service was well-led.

People lived in a home where there was an open culture, with a homely and friendly atmosphere.

There was a clearly defined management structure. People, relatives and healthcare professionals expressed confidence in the management of the home.

Staff felt listened to and supported by the management team at the home.

The provider had systems in place to monitor the quality of care provided. Regular feedback was sought and received.

Equipment was serviced and maintained appropriately.

Rosehill Rest 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 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 over two days on 7 and 13 June 2016. It was unannounced on the first visit. A second visit date took place in agreement with the service. The inspection team consisted of: two adult social care inspectors.

Before the inspection, we reviewed the information we held about this service. This included records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us by law. We also made contact with commissioners and the local authority safeguarding team. This enabled us to ensure we were addressing any potential areas of concern.

As part of this inspection we spent time with people and informally observed their care and support given by staff. We met all of the people, either in communal areas or in their bedrooms. We spoke with 10 of them who were able to tell us about what it was like to live at Rosehill.

We also spoke and sought feedback from a range of staff. This included: the registered provider; the deputy manager; four care staff; the cook; the housekeeper, and the laundry assistant.

We reviewed information about people's care and looked at three people's care records and medicines records. We looked at records relating to the management of the service. These included: three staff recruitment records; staff training records; staff rotas; minutes of staff meetings; quality assurance audits; maintenance records; cleaning records; complaints and compliments and policies and procedures. We also looked at feedback received from questionnaires the provider had sent to people, relatives and health and social care professionals.

Following the inspection, we spoke with five relatives. We wrote to three GP surgeries and a community nursing team. We received feedback from two of them.

Good

Is the service safe?

Our findings

At our last inspection, there were two breaches of regulation. This related to risk assessments not being in place and medicines not being managed safely.

At this inspection, improvements had been made. The provider assessed and reduced the risks to people and ensured medicines were managed safely. They had met the legal requirements.

The majority of individual risks to people's health and welfare had been identified and managed. For example, safe moving and handling, mobility and nutrition. Where risks had been identified, action had been taken to minimise the risk. For example, where one person had been identified as at risk of falls, suitable mobility equipment had been provided. Another person, who was at risk of skin damage, had specific pressure relieving equipment in place which included a specialist bed. However, some risks to individual people were managed but details not fully recorded. For example, one person showed challenging behaviour. Care staff knew how to manage this risk. We saw that when the person became aggressive to another person, the care worker knew how to deal with the situation and de-escalate it appropriately. Another care worker explained how they also managed the risk in the same way. The management team said they ensured care staff knew how to deal with situations such as this and discussed it at staff handovers. They confirmed they would add more information into the risk assessments within the care records.

Medicines were safely managed to ensure people received the correct amounts, with the exception of some skin creams. People received their medicines from a monitored dosage system (MDS) supplied by the local pharmacy. These were stored in a secured medicine trolley and at the right temperatures. Medicines were logical and easy to find. Senior staff were responsible for giving people their medicines and had received the appropriate training. There was an up to date medicines policy and procedure in place to give guidance. There had been a recent audit completed by the local pharmacist with all action points identified and addressed by the service.

When medicines arrived at the home, the medicine administration record (MAR) showed they had been received safely and only the required amounts were held in stock. The MAR chart had been signed to say people had received their regular medicines in a timely way. Where people received medicines when needed (PRN) these were clearly recorded when they had been given. For those medicines which required stricter control, these were managed in the required way and the correct amounts held. Some people had been prescribed treatments, such as eye drops. The opening date had been clearly recorded so these could be disposed of when necessary.

Some people had been prescribed creams. These had not been signed for and did not contain information about where they should be applied. This was discussed with the deputy manager. On our second visit, this had been addressed and charts and body maps were in place.

Recruitment checks on prospective new staff were completed to ensure only fit and proper staff were

employed at the service. Staff files contained police and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions. It prevents unsuitable people from working with people who use care and support services. References and photographic identification for new staff were obtained before they started work. Photographic identification was requested. Records of interview notes were kept and gaps in employment history were discussed.

People and relatives said the service was a safe place to live. Two people said, "I feel safe here … I am well looked after" and "I'm happy here … it's very good." Two relatives said, "(My relative) is safe and well looked after here" and "(My relative) can be anxious … she is a worrier … but she feels safe here and she is happy which is all that matters." A social care professional said, "It's very good here …. I visit regularly … people are well looked after and I would say if I saw anything different."

People were protected from abuse. Policies and procedures were in place to guide staff about the correct action to take which included local authority guidance. Care staff were knowledgeable about safeguarding and understood what abuse was. They were aware of what to look for and who to report concerns to. Two care workers said, "I would approach the management but I know I can also approach the Care Quality Commission (CQC) and Devon County Council" and "I would tell the senior and have confidence they would deal with it … but if necessary I would contact the CQC or the local authority … we all work together."

Staff rotas showed there were enough care staff on duty throughout the day. During the night one care worker was on duty. The provider, who lived in the home, gave assistance if required. No person had been assessed as needing two care staff to support them during the night. However, the provider planned to change the staffing levels to have two waking night staff on duty in the near future. People said there was always staff available to help them when needed. Relatives, who visited at various times of the day, said there was always enough staff on duty. Two said, "It's always a lovely atmosphere here and there is more than enough staff" and "There is always enough staff on duty and someone is always around to help." Another relative said, "If someone asks for the toilet … even if they are having a break they are happy to come and do it."

Care staff were supported by ancillary staff including a cook, a kitchen assistant, a housekeeper, a laundry assistant and a maintenance person/gardener. The service had some vacant care worker posts available. Care staff and the management team were covering these hours so agency staff were not required. This meant people were cared for by staff who knew them well.

Care staff completed accident or incident reports when they occurred. These were checked by the deputy manager who monitored them to identify any trends or patterns. For example, one person was noted to have become unsteady on their feet and the GP had been contacted to review their medicines.

Each person had a personal emergency evacuation plan (PEEP) in place which was easily accessible. It took into account the individual's support and assistance they required if they had to be quickly evacuated from the building.

People lived in a home where the communal areas and bedrooms were kept very clean and odour free. There was a homely and friendly atmosphere and people had decorated their bedrooms with their personal possessions and furniture. A social care professional said, "It's always clean and tidy here … it's family run and it's got that feel." Two relatives said, "It has a nice atmosphere … it's family run and homely …. not regimented … very clean" and "It just feels comfortable here … you can tell." A health care professional said, "The home always seems spotless and all hygiene matters seem to be adhered to."

There was a plentiful supply of personal protective equipment (PPE), such as gloves and aprons. Staff used these appropriately when providing personal care.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, there were three breaches of regulation. This related to not adhering to the principles of the Mental Capacity Act (2005) (MCA), not ensuring staff were adequately trained and depriving people of their liberty without lawful authority.

At this inspection, the provider had not adhered to the principles of the MCA. They had not met the legal requirement.

Improvements had been made to ensuring correct processes were followed to deprive people of their liberty and ensuring staff were trained to do their jobs properly. The provider had met these legal requirements.

The 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. Where 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. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

At our last inspection, care files did not contain mental capacity assessments to demonstrate people lacked capacity before a best interest decision was made on their behalf. The deputy manager confirmed they would assess people's capacity following our visit, gain consent and organise training for staff. This was confirmed in their action plan to be completed by August 2015.

At this inspection, the provider said approximately ten people who lived at Rosehill were unable to give consent to care and support; therefore they had made 'best interest decisions'. Whilst these best interest decisions had been made for people who lacked or had variable capacity, their mental capacity had not been formally assessed. The best interest decisions had not been carried out, recorded or reviewed in the required way. They had not always included family and professionals in the decision making. People's relatives can only give consent where they have the legal authority to do so, such as through a valid Lasting Power of Attorney (LPA). The provider was unsure which people had a relative with a valid LPA.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff had received some training on the MCA and knew how it applied to their hands on practice. People said care staff always asked them politely for their consent before they carried out any care or support. Where consent was refused, care staff said they left the person and tried again later. We saw one person initially refuse to go with the care worker to the dining room for their lunch. The care worker left and returned a short time later and asked again. The person happily went with the care worker, chatting as they walked.

People can only be deprived of their liberty so 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 are called the Deprivation of Liberty Safeguards (DoLS).

Although mental capacity assessments had not been carried out, the provider had followed the requirements in relation to DoLS. They had submitted applications to the local authority for those people that required it. These included those people who had restricted freedom from either pressure mats (which alert staff when someone steps on them) and bed rails. None of these applications had yet been authorised.

People had their needs met by staff who had a good knowledge of their care and support. When new staff first came to work at the service, they undertook a period of induction which included shadowing an experienced care worker. As part of their induction, new care who were eligible commenced the 'Care Certificate' programme and completed it within 12 weeks. The Care Certificate is a nationally recognised set of standards that health and social care workers 'adhere to in their daily working life' introduced in April 2015. All new staff who had recently started work at Rosehill had formal qualifications in care already. However, the deputy manager showed us the booklets they planned to use when new staff undertook the Care Certificate.

Staff received on-going training through various methods; this included practical sessions held internally, by outside trainers such as the care homes education team and online electronic training. Care staff had training in all areas of their work, which included specialist topics, such as end of life care, pressure care and diabetes management. A health care professional said, "Staff always appear knowledgeable."

Care staff received supervision three times a year with an appraisal once a year. The deputy manager acknowledged they were slightly behind with some desk based staff supervisions. They regularly worked with care staff and monitored their hands on care practice. Staff felt regular supervisions were helpful, but felt the hands on observational practice most useful to monitor their practical skills.

People were supported to eat and drink to ensure they maintained good health. Care staff encouraged people to eat their lunch in the dining room but some people preferred to eat in their bedrooms. People did not know what their lunchtime meal was as they had not had the opportunity to choose their food. However, they did not feel this was a problem as they said an alternative was always offered if they did not like the food served. One person said, "We never know what we are getting for lunch, we are not asked and it's usually a stew or something like that." We asked the cook how the meals were planned. They said the choice was decided on the day and what food was available. There were gaps in the recording of the food served in the kitchen. As there were no formal menu plans, it was difficult to see the variety of food offered. Two staff members said, "I would like to see more choice about which food and drink people want" and "I'd like to see more food choices for people … especially through the week."

We discussed the lack of people's food preferences and menu planning with the provider and deputy manager. On our second visit, the deputy manager had put menu plans into place. They confirmed they would offer a choice of main meal which people could choose prior to the food being served. This would be recorded in the food diary in the kitchen.

The cook had a good knowledge of people's individual food likes and dislikes and offered alternatives to people if requested. People were positive about the food and comments included, "Food is OK" and "I like the roast at weekends." One health care professional said, "The food always smells great when visiting at lunchtime." There were plentiful supplies of dried, fresh and frozen food. Food was generally stored appropriately. However, not all the refrigerated food which had been opened had use by dates on them.

This was actioned immediately by the cook. A food safety inspection had been carried out in recently and the service awarded the highest rating of 5 stars.

Staff assisted those people who needed help to eat their meals. This was carried out in an unhurried and discreet way. One care worker chatted to the person as they ate, explained what they were giving them and gave them time to enjoy their food. People had drinks throughout the day, including those who were cared for in their rooms.

Records showed staff sought the advice of healthcare professionals to maintain people's health and well-being. One health care professional said, "Calls to GP's always seem appropriate." Two relatives said their family members had GP's and community nurse visits when required. A chiropodist said they visited regularly.

Good

Is the service caring?

Our findings

People and their relatives gave positive feedback about the service and the kindness and respect shown by the staff who supported them. They particularly liked the atmosphere of the home and that it was 'family run'. Two relatives said, "People are happy … it's very nice … people are treated with respect … all the people are looked after … it's very small and it's like a proper 'home', it's full of knick-knacks and I am very impressed with them" and "(My relative) is content and happy and that is all you can ask for." Two health care professionals said, "(care staff) … enormously caring and loving of their residents … I have no concerns about the standard of care provided" and "Staff are very kind and helpful." A social care professional said, "Everybody is friendly … staff are really caring … they are very kind and respectful."

People were relaxed and comfortable with staff who knew what mattered to them. Two staff members said, "I absolutely love my job here … I never want to change … we all pull together to look after residents … they get what they need day or night" and " I like it here … I like the residents, each person has their own characters and they are cared for" and "It's lovely here because it is family run … I look after people properly just as I would if it were my mum and dad." One health care professional said, "I would happily place one of my loved ones in Rosehill."

People and their relatives laughed, chatted and enjoyed staff's company in a way which showed strong relationships had been developed. Staff knew details about people's lives, their families, what they enjoyed doing and things that upset them. People were supported by staff who had a genuine warmth, understanding and affection for them. Three people said, "Staff are very kind … they are very good", "They (staff) are kind and look after me … I'm alright to them and they are alright to me" and "I am looked after." Relatives comments included, "I am very happy mother is there … the staff bring out the best in her and who she used to be … she enjoys the banter and the staff are always joking with mother … it's like she's part of a family, the way they joke along with her", "All the staff are very good, they are kind and caring to people … it's homely and not regimented" and "I can tell (my relative) feels comfortable with them (staff) … staff have a laugh with her and they all seem really nice."

Staff treated people with dignity, patience and respect whilst helping them with daily living tasks. For example, the way in which people were assisted out of their chairs and assisted to eat their lunch. One person said, "Staff are very respectful to me … they knock on the door always … staff are kind." One care worker explained how they delivered personal care to ensure people maintained their dignity and independence. A social care professional said, "Staff are caring … they are very kind and respectful … everyone is friendly … they (staff) do put themselves out there's no doubt about it."

Staff respected people's needs, preferences and wishes. Staff described how people preferred their care and support to be delivered. One person explained how care staff encouraged them to be independent and do as much for themselves as possible. Staff described how they worked in a way which supported people's choices but encouraged their well- being. For example, one person described how they preferred to spend most of their time in their own room. They explained how staff took into account their wishes and respected their privacy.

People's rooms were personalised with their possessions, photographs, ornaments and furniture. Relatives and friends were able to visit when they liked and spent time in various parts of the home and garden. They were made to feel welcome and part of their family member's care. Two relatives said, "I am always made to feel welcome … they always call me by my name … they always make me a drink but I have to pay for the tea" and "I visit twice or three times a week … I am always welcomed into the home."

People's religious beliefs were supported. Regular church services were held at the home for those that wanted it. People were asked about where and how they wished to be cared for when they reached the end of their life and plans were being introduced. Any specialist wishes or advanced directives were documented, including the person's views about resuscitation in the event of an unexpected illness or collapse. Whilst there was nobody receiving end of life care during out visit, a health care professional said, "The standard of care provided to those at end of life is in my opinion outstanding."

Good

Is the service responsive?

Our findings

At our last inspection, there was one breach of regulation. This related to people not receiving person centred care.

At this inspection, improvements had been made. The provider had person centred care plans in place. They had met the legal requirement.

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. Before people came to live at Rosehill, the deputy manager visited them and undertook an assessment of their care and support needs. This ensured the service could meet the person's individual needs fully. This information was used to develop a care plan.

Care plans were in place to meet people's care and support needs. People's assessed needs considered what they could do for themselves. A 'daily routine' detailed people's personal and healthcare needs and focused on their individual preferences and choices. For example, one care plan recorded one person liked to have their jewellery and make up on and be washed with warm water. Another care plan recorded the times the person liked to get up and go to bed. Care plans contained assessments of risk, such as having a past history of falls and the mobility equipment required. Care plans were updated and reviewed monthly or earlier if required. Staff used the care plan information, as well as information from shift handovers, to alert them to people's changing needs. Within the care plans was a section called 'caregiver daily instructions'; this contained other important information, such as one person who needed prompting with food. Daily notes were recorded in separate books so staff had easy access to the information. This meant staff knew how to respond to individual circumstances or situations

Care staff planned activities and entertainment as part of their roles. One care worker was particularly interested in this role and in the process of developing the activity programme. Whilst people's interests and hobbies were not recorded in the care plans, it was clear all staff knew people well, their past lives and interests they had. For example, one person had been a florist and enjoyed looking after the fresh flowers in the home and another person liked to help in the garden. With the exception of outside entertainers, in house activities were not planned but decided upon what people wished to do. These usually consisted of games, arts and crafts, colouring books and exercises. A singer had visited the day before our visit and people said they had really enjoyed the type of music played. There were banners, memorabilia and photographs on display in the home. These related to a party the provider had planned to celebrate the Queen's birthday. People said they really enjoyed the party where there was singing, dancing and a birthday tea. Activities appeared to be limited and not specific to people's individual needs. We asked people if they were happy with the activities and they said they were. Two relatives said the only negative about the service was the lack of stimulation for people. One said, The only thing is slight … not sure there is enough stimulation with people … they are sometimes left on their own." The deputy manager intended to include more information, relating to people's specific interests, in the care records.

We recommend that activities are more varied and planned to include people's individual abilities, interests

and hobbies.

Relatives said the service was responsive to people's changing needs and they took appropriate action. Two relatives said, "They are on the ball … and they always let me know what's happening" and "They always keep me updated … especially on their diabetes". Another relative said, "If there is anything major, they let you know … they always keep me informed."

Written information about how to raise concerns or complaints was available and easily accessible for people, relatives and visitors to use. People and relatives said they knew how to complain and would speak with the provider or deputy manager. They were confident they would be listened to and any concerns resolved. Two relatives said, "They (care staff) keep me up to date … but if I had any problems they would listen to me" and "I have no concerns … if I did they would address them and listen to me." No complaints had been received since the last inspection.

Several compliments and cards had been received. These were very complimentary of the service and included comments such as, "Thank you for looking after (family member). You are all so wonderful", "Many thanks for taking such good care of (family member) and "Thank you for all the love and care you give to our (family member)."

Good

Is the service well-led?

Our findings

At our last inspection, there was one breach of regulation. This related to not having audit systems in place to continually improve the service.

At this inspection, improvements had been made. The provider had audit systems in place. The regulation was now met.

The service was a family owned business with several members of the family working in various roles within the team. The registered provider was supported by a deputy manager who formed the management team. Senior care workers undertook the day to day running of the service when neither were not on duty. The registered provider lived on the premises and the deputy manager was employed for three days a week. The registered provider had owned and managed the home for many years. They had put a plan in process for the deputy manager to take over as the registered manager in the near future.

People and their relatives had confidence in the management of the service and gave positive comments. It was clear from interactions and conversations with staff, people lived in a home where they were happy and felt comfortable. The atmosphere was friendly and homely where people were looked after as part of a large family. Two relatives said, "This service has met my expectations … at all contacts I have seen my (family member) is happy" and "It is a lovely atmosphere … (family member) is coming out of his shell … he has really settled in well … people are treated like they should be treated … I chose Rosehill because it is family run and homely." A health care professional said, "I have had many patients cared for at Rosehill over my 20+ years as a GP … I have always found the home to be exceptionally well run and organised by (the provider) and her team." A social care professional said, "It's family run here … it's got that feel … I would love my mum to come here."

Staff felt supported, motivated and involved in the running of the service. Staff comments included, "Coming to work here is like seeing your relatives … I love it here … I am appreciated and I wouldn't be happy to move anywhere else", "I love working here … each resident has their own characters … (the provider) has high standards and all the people are cared for … coming here is like home from home, it's my second home" and "I absolutely love my job here … I never want to change … we all pull together and are treated as part of (the provider's) family and the residents are part of that family … residents are well looked after."

Formal staff meetings took place but not regularly. The last one had been held recently. The management team said these meetings were not necessary as the staff team was so small and they worked regularly together. Staff confirmed this and commented that if any issues needed to be addressed, they were done so immediately and not left until a meeting.

There were quality assurance systems in place to reflect aspects of the service. For example, medicine, care plans, infection control, accidents and health and safety. They sought feedback on the satisfaction of the service. This included questionnaires sent to people, family and friends and health care professionals.

Comments from the last questionnaires sent out recently were complimentary of the service and had rated the service as either 'good' or 'very good'. No negative comments had been given. However, the management team said they would take appropriate action if concerns were received.

Maintenance and service records were up to date; equipment was serviced in accordance with their individual contracts. Safety checks, such as fire alarm testing, were carried out regularly.

Rosehill Rest Home had operated for many years and was privately owned. The service's vision for the service was included in their statement of purpose. This said, "We aim to provide the best possible care and enable our residents to continue living as independently as possible." The provider's aim was for "people to feel it's their home from home". From observations, feedback and conversations with people, their relatives and health and social care professionals, we found this to be an accurate description of the life people experienced at Rosehill Rest Home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had not taken proper steps to protect service users from risk by: Not following the requirements of the Mental Capacity Act 2005 Regulation 11 (1)(2)(3)(4)(5)