Rosemount Residential Home Limited

Rosemount

Inspection report

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Ratings

Overall rating for this service	Not sufficient evidence to rate
Is the service safe?	Not sufficient evidence to rate
Is the service effective?	Not sufficient evidence to rate
Is the service caring?	Not sufficient evidence to rate
Is the service responsive?	Not sufficient evidence to rate
Is the service well-led?	Not sufficient evidence to rate

Overall summary

The inspection took place on the 16 March 2015 and was announced. At our last inspection on the 13 June 2013 the provider was meeting the regulations inspected.

Rosemount is registered to provide accommodation for persons who require nursing or personal care to three adults who may have a learning disability or autistic spectrum disorder. On the day of our inspection there was only one person living within the home and there was a registered manager in post. 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 that the regulated activity was not being carried out, we were therefore not able to award a rating as we could not answer all the KLOES against the activity.

The person living in the home told us they felt safe living there. We found that in the event the person was at risk the registered manager knew who to contact and the actions to take.

Summary of findings

The registered manager was the only person that worked within the home and we found this was sufficient.

We found that the person living within the home was able to administer their own medicines and did not need any support with their medicines from the registered manager.

We found that the person living in the home had full capacity, which meant the Mental Capacity Act 2005 (MCA) was not appropriate. However, the registered manager was able to show us evidence of training they had taken part in about the MCA (2005).

We found that the person living in the home was able to maintain good health care by being able to see healthcare professionals, such as a doctor, optician or dentist as and when needed.

We found that the service was centred on the person living there. We saw that the person was an important part of how the service was delivered. They made key decisions as to how they were supported. They told us they were able to make their own decisions and if they had a concern they would speak with the registered manager.

We found that the persons preferences and were met as they were able to make their own decisions on how and where they socialised.

The person living within the home told us the service was well led.

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 safe.

The person living within the service told us they were safe.

We found there were enough staff to keep the person safe.

Not sufficient evidence to rate

Is the service effective?
The service was effective.

We found the support the person needed was available to them when it was needed.

Not sufficient evidence to rate

Is the service caring?
The service was caring.

The person's independence, privacy and dignity were respected at all times.

Not sufficient evidence to rate

Is the service responsive?
The service was responsive.

We found that the registered manager responded to request for support from the person living in the home when needed.

Not sufficient evidence to rate

Is the service well-led?
The service was well led.

The person living within the home told us the service was well led.

We found that where the person had seen a health care professional, the records kept could have been improved.

Not sufficient evidence to rate

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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.

Our inspection took place on the 16 March 2015 and was unannounced. The provider was given 48 hours' notice due to how small the service is and the manager is often out of the home supporting people and we needed to be sure that someone would be in.

The inspection was conducted by one inspector.

To plan our inspection we reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents, safeguarding alerts which the provider was required to send us by law.

On the day of the inspection there was only one person living in the home. We spoke with them about the service they received and found that they were very independent and did not require any personal care. We also spoke with the registered manager, who was also the owner and the only employee within the service. There were no other members of staff employed. We looked at the care records for the person who lived within the home, and records used for the management of the service.

Not sufficient evidence to rate

Is the service safe?

Our findings

We asked the person living within the home, if they felt safe living there. They said, “Yes I do feel safe here and I would know what to do if I needed help”. The registered manager was able to demonstrate a good level of safeguarding knowledge having completed the appropriate training. They were also able to explain who they would contact in the event there were concerns related to the person’s safety. Records we saw confirmed this training had been attended.

We saw that records were in place to show that risk assessments if needed would be carried out. However, we found that the only relevant risk assessments were on the environment, fire safety and health and safety.

We found that there were no staff working within this service apart from the registered manager, who had mechanisms in place to gain support when needed. The manager told us that family members had supported in the running of the service when they were unable to. They would also seek advice from other professionals when this was needed as part of how they managed difficult situations.

We found that the provider had a medicines procedure in place. The registered manager was not administering any medicines as the person living within the home was able to manage their own medicines at the time of the inspection. The registered manager’s only involvement was to ensure that when a holiday was being planned that all the appropriate medicines were taken with the person on holiday.

We found that the appropriate storage was available and that there were no controlled drugs in the home that needed to be managed.

We found that there were no staff recruitment records to check as there were no staff employed within the service.

Not sufficient evidence to rate

Is the service effective?

Our findings

The person told us that the registered manager knew how to support them if they needed support. The registered manager showed a good understanding of the needs of the person and had the appropriate knowledge to support them where needed. Records showed that the registered manager attended appropriate training and their skills and knowledge were regularly updated. The registered manager ensured their knowledge was kept up to date as part of their role in managing the service.

We found that the registered manager had the appropriate skills, knowledge and understanding about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They also told us they had attended the appropriate training and records seen confirmed this. We found that the only person living in the home had full capacity so did not fall with the legal requirements of the MCA (2005).

The person told us that the registered manager provided them with a cooked meal every evening. They told us that they would take them shopping to buy the meals they wanted to eat. We spoke to the registered manager who confirmed this and told us that breakfast and lunch time meals would usually involve the person deciding what to eat and preparing it themselves. The registered manager told us they monitored the food brought to ensure the person was eating healthily and getting the right amount of daily fruit and vegetables. We found that records were limited as to the meals available within the home as there was only the one person living there and there was less of a need to highlight this.

We were told by the person living in the home that if they needed to see a doctor or go to hospital the registered manager would take them in their car. The registered manager showed us recent appointments that had been made to see a range of health care professionals, with the appropriate reminders in place. The manager ensured that the person received the appropriate health care where needed.

Not sufficient evidence to rate

Is the service caring?

Our findings

The person living within the home told us they got on very well with the registered manager. They referred to them as their friend. Our observations were that the person living within the home and the registered manager had a good rapport. They were relaxed around each other and the environment was very homely. The registered manager regularly kept the person informed as to any social activities they had arranged.

They told us they were able to visit their relatives when they wanted, the registered manager confirmed this. We found that the registered manager had a good understand on the needs of the person and what their capabilities were.

The person living within the home told us they could go to bed when they wanted and get up when they chose. We found that the registered manager played no part in the daily living decisions for the person, unless the person approached them for support.

We found that the service was based around the needs of the person. Due to the person's independence, they were able to make decisions and decide what they did and when. Our observations were that the registered manager sought the consent of the person living in the home before social engagements were planned. We found that reviews were in place and involved the person and where appropriate involved other professionals. A recent change in the person's abilities showed how they were now able to manage all their own personal care needs.

We found from our discussions with the person living within the home that they felt their independence, dignity and privacy was being respected at all times by the registered manager. The registered manager told us that they always respected the independence, dignity and privacy of the person. For example, they said, "I would always knock their bedroom door and wait to be told to come in".

Not sufficient evidence to rate

Is the service responsive?

Our findings

We found that the appropriate documentations were in place to show the support given. The registered manager had regular discussions with the person living in the home to ensure the service was meeting their needs.

Our observations were that the service was centred on the person living in the home. We observed the registered manager consistently throughout our time inspecting the service refer back to the person, rather than assume anything.

We were told by the person living within the home that they decided on the kind of social activities they took part in. The registered manager only supplied the transport. We found that the registered manager went on holiday with the person as part of offering friendship and support where needed. The registered manager confirmed that decisions made about holidays and trips out was made by the person who lived there. We were told they had just recently been on a cruise to the Canary islands, records we saw confirmed this.

The person living within the home shared concerns of being lonely at particular times of the day. We discussed this with the registered manager who confirmed that the person's social worker was aware and taking action to see what support could be put in place to reduce them being lonely in the evening.

We found that the provider had complaints process in place. The person living in the home told us they would speak with the manager if they had a concern, but never did. They were unsure as to whether they had been given a copy of the complaints process. We saw that there had not been any complaints.

Not sufficient evidence to rate

Is the service well-led?

Our findings

We found that the atmosphere within the home was comfortable, quiet and friendly. The person living there told us they were happy living in the home and that it was well run by the manager.

We found that the service had a registered manager who was also the only member of staff and the provider/owner of the service. This meant that many of the processes that would normally be checked were not appropriate. For example we were unable to check for audits or supervision records.

We found that incidents and accidents within the home were being recorded appropriately. Where accidents or incidents took place they were monitored for trends so any improvements to the quality of the service could be actioned.

The registered manager had systems in place to cover the home where they were unable to work. The manager told us that family members would support the service while they were unable to do so.

We found that the person was involved in how the support they had from the registered manager was given. The person told us that they were able to ask the registered manager for any help needed and they would support them.

We found that the standard of record keeping could be improved. For example, records were not always being updated and important information recorded on when the person was seen by a health care professional. We discussed this with the registered manager/provider who confirmed this would be improved.