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Rosehill House

Inspection report

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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	

Overall summary

This was an unannounced inspection that took place on 29th May 2015.

Rosehill House is registered to provide accommodation and personal care for up to 23 people. It is a listed Georgian property set in its own grounds near to Whitehaven. Accommodation is provided in five double and 13 single rooms, all with en-suites. Communal rooms are situated on the ground floor of the home. The home does not have a dining room.

The provider is also the registered manager. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff in the home were aware of their responsibilities in keeping vulnerable people free from harm and abuse.

The provider ensured that she completed risk assessments and managed any risks to individuals.

Staffing levels were suitable and people said the team were able to meet their needs.

Summary of findings

Staff were recruited in a safe way.

There were suitable arrangements in place if there were any staffing matters of a disciplinary nature.

Medicines were managed correctly.

We saw that people were asked their consent and that the staff were aware of individual rights. No one was being deprived of their liberty.

Staff were given suitable induction, training, supervision and appraisal.

People told us they were satisfied with the food provided.

We saw that there had been some improvements to the environment and the provider agreed to our recommendation to purchase some small dining tables.

We looked at care plans and found that these were detailed and up to date and based on sound assessments. People were involved and aware of their own plans.

People told us they were satisfied with the range of activities and outings on offer. Regular church services were held in the home.

We spoke to people on the day who felt comfortable making complaints both informally and formally. We had

some contact after the inspection with people who did not feel able to complain directly. We recommended that the provider look at the arrangements in place for people and their families to make complaints in a safe way.

The registered provider was suitably trained and experienced. There was a newly appointed deputy who would support her in the role. The senior care team were aware of their responsibilities as shift leaders. Staff knew how the home was managed and were comfortable with the arrangements in place.

The provider promoted a culture of openness and transparency where the focus was on the needs of people in the home. Staff felt that they could question decisions and their views were taken into account. People in the home were consulted and told us their wishes were respected.

Consultation with people in the home and their relatives was part of the quality assurance system. We saw evidence to show that there were regular quality audits of all aspects of the service. Changes had been made as a result of monitoring quality.

Partnership working with health colleagues had improved and new ways of communication had been developed.

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.

Staff understood their responsibilities in protecting vulnerable people from harm and abuse.

There were suitable staffing levels in the home.

Medicines were managed correctly.

Good



Is the service effective?

The service was effective.

People received suitable health care support.

The staff team received appropriate induction, training, supervision and appraisal.

The environment was being updated.

Good



Is the service caring?

The service was caring.

People told us they were treated with dignity and respect and we observed appropriate care delivery.

Independence was promoted in the home.

Suitable arrangements were in place for end of life care.

Good



Is the service responsive?

The service was responsive.

People in the service were involved in devising their own care plans. The content of care plans was detailed and up to date.

People were satisfied with the activities and outings on offer.

Complaints were managed adequately.

Good



Is the service well-led?

The service was well led.

The registered provider was a suitably qualified and experienced person to manage the home.

Quality monitoring was in place and improvements made where necessary.

Partnership working with health professional colleagues had improved.

Good



Rosehill House

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 29th May 2015 and was unannounced.

The inspection team consisted of the lead adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services for older people.

Before the inspection we 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. We planned the inspection using this information.

We also asked the local social work team for information about the service. We had contact with staff from health and the local authority who purchase care on behalf of people.

During the visit we spoke to nineteen people using the service and five relatives and friends. We also had three people contact us anonymously after the inspection visit.

We spoke with staff and we observed how they interacted with people in the home. We spoke with six care staff, the provider, the cook and a member of the housekeeping team.

We looked at ten care files which included assessments and care plans. We read six care plans in some depth after we had spent some time with these individuals. We also looked at daily notes and the records relating to the delivery and review of care.

We looked at staff files. We looked at the record of training delivered and the interim plan for future training. We read six staff files. These had details of recruitment, induction, training and development.

We also looked at quality monitoring records. These included records of repair and maintenance. We saw documents related to fire and food safety.

Is the service safe?

Our findings

We spoke to people in the home and to their relatives and they told us that they felt safe in the service.

People told us: “I feel safe here...it's very calm,” “I love it here it's so quiet and safe” and “I am safe here. They look after us.”

Visitors said: “I never worry now my relative is in here...best thing we ever did” and “I am happy that my relative is safe in here... I don't worry.”

We spoke to all the staff on duty and asked them about their understanding of safeguarding. They were able to talk about what was abusive and had a good understanding of how they would respond to anything that concerned them. Staff told us that they would talk to the provider in the first instance. One staff member said: “We have a good understanding about safeguarding. We have a good relationship with the boss and wouldn't hesitate to take issues to her. We couldn't stand the thought of something like that happening here.”

Staff were confident about contacting the local authority if necessary. We looked at the training records and saw that staff had been trained in safeguarding vulnerable people but that some people needed an update to this training. The registered manager told us that this was to be arranged. We looked at supervision notes and staff meeting minutes and saw that safeguarding was covered as a topic.

We talked to staff and observed their practice and we noted that staff understood basic human rights and that their practice was non-discriminatory.

We looked at care files and documents in relation to safety of the premises. This gave us evidence of risk assessments being made. We also saw evidence of risk management in the home. For example there had been a risk assessment in regards to the main staircase. The registered manager had spoken to environmental health and all risks were being managed appropriately.

We looked at our data collection in relation to accidents and incidents. We noted that there was nothing of concern in the information we collected. We looked at the accident book and spoke to the registered manager. There had been nothing of concern in the service.

We were given copies of the last four weeks of rosters. We saw that the home had suitable levels of staff by day and night. This included housekeeping and catering staff. We spoke to staff and people in the home who said that staffing ratios were appropriate.

We looked at recent and current recruitment. We saw that this was done in an equitable way and that checks were made on candidates' backgrounds. Suitable checks were in place and references taken up.

We asked the registered manager about arrangements in place for disciplinary actions. There had been no need to take disciplinary action against any member of staff in the home. There were suitable arrangements in place as the provider would use a company who would give advice and support.

We looked at medicines managed on behalf of people in the home. These were kept in a locked cupboard. Suitable arrangements were in place for the management of controlled drugs (medicines that are strong and need protecting from mis-use). These controlled drugs were kept in an individual locked box within a locked cupboard. We checked the controlled drugs book and this was in order. Medication was ordered, administered and disposed of appropriately.

We walked around the home and we saw that the staff were provided with suitable equipment and cleaning materials to prevent cross infection. The home was clean and tidy.

Is the service effective?

Our findings

People in the home were positive about how effective the service was. They told us: “The food is good”, “Meals are OK... it can vary, but I have never sent anything back”, “The food is very nice” and “The food is good...they take care of me.”

A visitor said “They ring us if anything is amiss, but since my relative has been in here they have hardly needed to... [My relative has] put on three quarters of a stone as the girls encourage people to eat. I think the stimulation in here has helped, so much conversation and comings and goings...so much more lively than at home.”

People told us that the staff asked permission “all the time.” They said that they did what they wanted. One person said: “I love my room. It is so quiet and safe and I go up and down as I please.” Another person said: “We can please ourselves and we go out when we want.”

We looked at staff files and we saw that staff had completed induction training. We spoke to one new member of staff who said that she had been supernumerary for two weeks and had been given time to read care files and familiarise herself with the work to be done. We looked at supervision and appraisal records and these were in order. Staff told us that they received supervision 'on the floor' and also had formal meetings with the registered manager. We looked at the content of appraisal and supervision and this was appropriate.

We asked for a copy of the training matrix. This showed that staff had received training in relation to basic skills and knowledge. We looked at individual staff files and saw that staff had received suitable training. The registered manager said that she was in the process of finishing appraisals, looking at gaps in training and preparing a training plan.

We spent some time talking to staff on duty. In these conversations we could tell that staff thought about their practice and discussed care issues on a daily basis. Staff had a good understanding of individual rights, practical applications and the duty of care they had to individuals. We heard staff asking for consent before they interacted with people. We also saw comprehensive consent forms in place on individual files.

During the day we saw some people leaving the home and having a walk around the grounds. We were told by people

that they could “come and go as they please”. No one in the home felt that the liberty was deprived. We judged that no one had restrictions placed on them that would affect their human rights.

The provider and the staff we spoke to had a good understanding of the Mental Capacity Act 2005. The provider said she did not consider anyone in the home to be deprived of their liberty and she was fully aware of the steps she needed to take if this were to happen. Staff said that a best interest meeting had been held about a former resident but that the person had moved before the deprivation of liberty application had needed to be made.

People in the home told us that they saw the G.P or the community nurses when necessary. We met a visiting nurse who told us that staff called them appropriately and followed their advice. We saw in notes and care plans that all aspects of people’s health care needs were dealt with in a timely manner.

People in the home told us that they were satisfied with the food provided. We observed breakfast and lunch. We judged that suitable, nutritional food was provided. This service does not have a dining room. Currently people use individual tables. No one was unhappy about this but we judged that people needed to have a little more choice. We asked the provider to consider placing some small dining room tables in the two lounge areas in order to provide the people who use the service more choice of how they wish to eat their meals.

Rosehill house is a listed property and this means that some things cannot be changed in the house. People used the two lounges and the hall area and were relaxed and comfortable in these shared areas. The provider told us that there were planning to extend the property by adding a conservatory. We asked the registered manager to keep us informed of the progress of this.

We walked around all areas of the home. We could see that the home had been adapted some years before. We judged that this adaptation had been suitable at the time. We spoke at some length with the provider about the environment because some areas looked somewhat dated and a little tired. She agreed that updates to the environment need to continue. At our previous inspection we judged this to breach the regulations and requested that the environment be improved. The provider gave us evidence to show that this had started. One corridor had

Is the service effective?

been refurbished, a bathroom upgraded, several bedrooms had been updated and one lounge had been decorated. We judged that the previous breach in the regulation about the environment had been met.

Is the service caring?

Our findings

We measured this by talking to people in the home and to their visiting friends and relatives. We had very positive comments about how caring the staff team were. People told us that the staff team were concerned about their levels of happiness and satisfaction. One person told us that they had only come for a few weeks but because they felt cared about they had decided to make their home permanently in Rosehill. They said: “The staff are so nice and I feel I have come home...they really care about us.”

One person said: “It’s fine here...no problems. It was our decision to come in here... no one made us. Never regretted it as the girls are nice.” Another person said: “The girls are so good and friendly.”

We spoke to one person with their relative. They said: “It’s very nice. The girls are very good” and “We are very happy with the care here.” Another relative said “We couldn’t ask for better. My relative has been here for three years now and is settled. The home is loving...so homely and nice. I have no worries about anything. If I did I would go and see the manager who is helpful. She has been so nice to my relative and to us. We are consulted about everything, no worries at all”

A group of visitors told us: “We come when we like, get offered a drink or lunch...The staff are so good to my relative who loves chatting to the provider and the girls... loves it in here.” Visiting relatives had no worries or concerns about individual well-being.

After the inspection we had three people contact us anonymously. Two of these contacts made some comments about attitude and approach. We asked the provider to look into these allegations.

We observed staff interacting with people and we saw that they treated people with dignity and respect. Staff used humour and affection appropriately. People responded well to staff. We observed interactions with a person who had complex needs and who did not use verbal communication. This person responded to staff and staff were able to pre-empt this person’s needs and wishes. It was obvious that the staff knew the person well and understood the complexity of need.

We heard staff explaining things to people and involving them in day to day options and choices. We looked at daily notes and we saw that people were supported when they needed to make decisions. We saw that people were taken to appointments and given support for things like health care needs and for life changing decisions.

The staff we spoke to understood how important it was to give people as much privacy as possible. A number of people in the home liked to spend time in their own rooms and their wishes were respected. Staff also understood the need for confidentiality. People we spoke to were confident that any information about them would be held in confidence.

We noted that a number of people were supported to take their own medicines and that people went out on their own. We saw that independence was promoted by the approach of the staff and in the written plans of care.

Prior to the inspection visit we spoke to local community nurses and we spoke to a visiting nurse on the day. They told us that arrangements for end of life care were in place and that the staff worked with them to make people’s end of life as comfortable as possible.

Is the service responsive?

Our findings

We asked people about the responsiveness of the service. They told us. "It is a happy, homely place. I have my papers every day and we have activities in the afternoon. We decide if we want to join in." "It's very nice here. My partner is with me and we had our 60th wedding anniversary here recently and we had a big party."

People told us they did not have to join in. One person said: "I like it here as they take care of me. I don't do activities as I don't want to. I just like to sit and watch folk." A number of people enjoyed sitting in the hall way to watch the comings and goings in the house.

We saw that people were supported to go out into the grounds. One person said: "I go out for a walk. I'm local so I meet people I know up the road and have a bit of craic .People come in with games and exercises and such if we want to be bothered."

A relative told us: "[My relative] has only been in for a few weeks. We filled in a care plan with them. I got asked everything along with my relative. It took ages as they asked a lot so they could get a good picture. "

People spoke about the complaints procedure: "We know we can raise anything with the manager if needed but we have never had to." "If I had anything to complain about I would say and they would put it right" and a relative said: "If there was anything wrong we would just go and see the manager and have a bit of crack about it."

Each person in the home had an individual written plan of care. These care plans were suitably detailed and up-to-date. They included health care and personal care needs. Staff told us that they read these at least once a week and could make suggestions about changes and improvements. People we spoke to were aware that they had a care plan and said that they had been asked their views and opinions. We noted that a number of people had written their own life story and that these were available for staff to read so that they could understand the whole person.

We saw evidence around the home to show that there were hobbies, activities and outings on offer. We saw some photographs of past events and posters advertising up and coming events. People told us that they were planning a trip out to the coast in the better weather. We saw evidence of arts and crafts work and people told us that they played board games and had quizzes and bingo. A staff, relatives and residents 'get together' was advertised and this was both an activity and a way of consulting with people.

The home employed two activities organisers and we met one of them on the day who outlined some of the plans she had. We heard from people in the home and they were asked about what they wanted to do. A number of people had enjoyed doing their life story books with the activities organiser. A relative told us that there were regular 'pamper sessions' and that people had their hair done every week. There were regular visits from the local clergy and services held in the home.

We looked at the complaints policy and procedure and we found this to be detailed and up-to-date. It was available around the building. There had been no formal complaints received. People told us that they just told the staff and that the registered manager dealt with any minor complaints. One visiting relative said that there were some small issues from time to time but that these were easily resolved and that the staff team encouraged people in the home and their visitors to tell them of anything they were unhappy with.

After the inspection we received three separate, anonymous complaints. We judged that two of these complainants did not feel comfortable about making complaints to the provider. We asked the provider to investigate these. This was done in a timely and appropriate way and plans put in place to lessen any inappropriate approaches by staff.

We recommend that the provider review the options open to people and their relatives who may wish to complain.

Is the service well-led?

Our findings

The home was managed by a provider manager. When the inspection started she introduced the inspector and the expert by experience to everyone in the home and it was obvious that she knew every one of them very well. People later told us: "Any problems I talk to [the provider] and she sorts it out," "I think [the provider] runs the place quite well and I can talk to her about things I feel anxious about."

Relatives told us: "[The provider] is very approachable and I don't really need to approach her as she makes a point of coming to me to talk."

The provider was experienced and had suitable qualifications to be able to manage a care home for older people. A deputy manager with extensive experience had just been appointed when we visited the home. The home also employed senior care staff and we checked on some of their training files. We saw that they were suitably trained and experienced. We judged that the home was appropriately managed.

The staff we met were happy with the way the home was managed. They found that the provider was approachable and they confirmed that she knew everyone who lived in the home and understood their needs. They told us that people in the home were consulted on a regular basis. They said that, as staff, they were also encouraged to do this. They told us that staff views and opinions were taken into consideration in relation to how the service operated.

The staff we spoke to said that "the residents needs come first". They were able to discuss the values that the provider instilled in them as a team. They told us that the needs and wishes of people who lived in the home were always paramount. There was a clear set of values that included involvement, compassion, dignity, independence, respect, equality and safety. Staff could talk about these and we saw evidence to show that they followed these values in their day to day work.

Staff told us: "I have been here for years. With it being family run it's so friendly. It is so easy to talk to management. I didn't think I could do this job when I first came but I love it," "This is like home for staff and residents that's how I see it" and "The home struggled for a bit but we seem to be on the up now and things are getting better."

We learned from the staff team that the provider often questioned matters of practice with the team. They in turn told us that if there was anything that concerned them they would feel confident in questioning this with the provider or the senior team. We saw that there were discussions of this nature included in team meetings and in supervision. We judged that this team of staff were open to reflective practice and were not afraid to question decisions made in the home.

The provider had started to develop a new quality monitoring system. The service had acquired a new 'off-the-shelf' system which she was adapting to meet the needs of the home. This system had included a new care planning format, new policies and procedures and a format for quality monitoring.

On the day of our visit we saw that care planning, medication management, housekeeping tasks and the recording of money held on behalf of people were being audited on an ongoing basis. There were regular staff meetings and formal meetings between the provider and individual staff members. Staff were encouraged to read policies and procedures and to sign that they had read and understood them.

We saw that there had been a recent survey given out to people who lived in the home. The provider pointed out some responses and explained how she was going to move these comments on. We noted that there were copies of inspection reports available for anyone to look at in the home. Visiting relatives said that they were asked their opinions. Visiting professionals said that where there had been some matters that needed to be looked at and the registered provider had taken on board the issues raised.

We spoke with the registered provider and the staff team about issues where other services were involved. This was normally only when people in the home needed health care support. There had been some issues in the service where the community nurses felt that there had been a breakdown in communication. We spoke to representatives of the community nurses who said that things were now much better and that a senior nurse now met with the provider on a regular basis. We were present when the provider spoke to a local GP to make some arrangements about healthcare provision. We judged that partnership working was now appropriately managed.