Care Quality Commission

Rosehill Rest Home Ltd

Rosehill Rest Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

Rosehill Rest Home is registered to provide accommodation for up to 17 older people who require personal care. We carried out an unannounced comprehensive inspection over two days on 9 and 15 June 2015

Prior to this inspection, this service had been inspected on 21 June 2013. This found the provider was not meeting the standard required in relation to the care and welfare of people. A follow-up inspection was carried out on 25 October 2013 which found the provider met the standard required.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the HSCA and associated regulations about how the service is run. The registered manager at Rosehill is also the provider.

Management and staff had limited understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. Where people lacked capacity, staff did not understand the law which underpinned people's rights and the appropriate actions had not been taken.

Summary of findings

People had some assessments of risk and plans of care in place. However, these were not accurate and up to date; they did not fully reflect the care and support people were receiving. More information was needed to guide staff how to meet people's needs in a consistent way.

Improvements were needed to ensure people received their right medicines at the right time.

Not all the necessary pre-employment checks had been carried out before staff began working at the service. There were sufficient numbers of staff on duty, but not all staff had received the training required to do their jobs safely. People enjoyed their food and had a choice of meal.

There were some systems in place for regularly monitoring the quality of the service, but these audits had not picked up the shortfalls in record keeping.

There was a homely, calm and unhurried atmosphere at Rosehill on our visits. Many of the people had lived there for many years. They told us they were happy, it was 'home from home' and they had choices in their everyday lives. People were treated with privacy, dignity and respect by kind, caring and compassionate staff who knew people well. They enjoyed the food served. People were confident they would be listened to if they had any concerns.

People, their relatives and health care professionals spoken with were complimentary about the care and support provided. Relatives felt welcomed by staff.

Staff felt valued, supported and part of a team. Many of the staff team had worked at the home for several years, but the provider had recruited some new staff to join the team. They had confidence in the management team who worked alongside them.

We found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires improvement 

Some aspects of the service were not safe.

Not all risks to people had been identified and systems not put in place to reduce the risk.

Medicines were not managed in a safe way to ensure people received their right medicines at the right time.

Not all the necessary pre-employment checks had been obtained for new staff prior to them starting work.

Staff were knowledgeable about the signs of abuse and knew the procedure to follow if they had concerns.

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

Is the service effective?

Requires improvement 

Some aspects of the service were not effective.

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

Not all staff had received the necessary training required to do their jobs.

People received food which they enjoyed. Records of all food served were not always kept.

People had access to on-going healthcare support and their advice sought from professionals when required.

Is the service caring?

Good 

The service was caring.

Staff respected people's privacy and dignity in a caring and compassionate way.

Staff were kind and patient in their approach and interactions with people.

Staff knew people well and responded to their needs appropriately.

Relatives and friends were made welcome with no time restrictions on visits.

Is the service responsive?

Requires improvement 

Some aspects of the service were not responsive.

People's care files were not up to date and did not contain all the information necessary about how their care and support needs were to be met.

There was a lack of stimulation for people. Activities in the home were limited and did not always reflect people's individual interests or hobbies.

Summary of findings

People said they had some choice in their everyday lives but some aspects of the running of the home were not person-centred.

The service had a complaints procedure and people were aware of how to raise concerns.

Is the service well-led?

Some aspects of the service were not well-led.

Although there were some systems to assess the quality of the service provided, these were not always effective and had not identified the shortfalls in record keeping.

There was a registered manager in post and the culture was open and friendly. People, relatives and staff expressed confidence in the management and said the service was well run.

Staff felt valued, supported and part of a team.

Requires improvement

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.

Before the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included previous inspection reports and other information held by the Care Quality Commission (CQC), such as notifications. Providers are required to submit notifications to the CQC about events and incidents that occur including unexpected deaths, any injuries to people receiving care, any person with a Deprivation of Liberty (DoLS) authorisation and any safeguarding matters.

The inspection was unannounced and took place over two days on 9 and 15 June by one inspector. One the first visit the inspector was accompanied by an expert-by-experience. An 'expert-by-experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

During our visits, we met all of the people living at Rosehill and spoke at length with 12 of them to hear their experiences and views of the service. We spoke with one relative during the inspection and one following the inspection. We spoke with 10 staff, including the registered manager, deputy manager, care staff, kitchen staff and ancillary staff. The registered manager was not present on our first visit but we spoke with them on our second visit. We also spoke with a visiting health care professional during the inspection and one following the inspection.

We looked at the care records of three people, all medicine records, three staff recruitment records, staff training records and a range of other quality monitoring information.

Requires improvement

Is the service safe?

Our findings

Risks to people's health and wellbeing were not identified through risk assessments. Information about people's individual risks were confusing, out of date or did not contain the detail required to guide staff how to reduce the risk to the person and themselves. For example, staff said one person had "increased care needs" relating to mobility and "needed two staff" to assist them. The assessment of risks recorded for this person had not been updated to reflect these changes. The last risk assessment relating to safe moving and handling had been completed in December 2014 but did not state the level of risk at that time. This care file also stated the person required a "pressure cushion and mattress"; there was no assessment as to why this equipment was needed and how it should be used. Despite the lack of record keeping regarding risk management, we saw staff managed risks safely.

We discussed the lack of people's risk assessments recorded in the care files with the deputy manager and registered manager. They acknowledged care files did not hold the information and said they would review address this issue.

People's medicines were not managed safely despite the fact only trained senior staff gave out medicines. The service used a monitored dosage system (MDS) from a local pharmacy designed to reduce risks of incorrect medicine being given. One person was prescribed a certain medicine twice a day. Staff told us this had been stopped and had not been given by staff. However, there was no explanation or reason why this medicine was no longer needed to be given on the medicine administration record (MAR). Information showing why this medicine had been stopped was recorded in the daily care notes but was hard to find when requested. Another person had been prescribed an addition to their original prescribed medicine. Staff had not requested this medicine be included in the MDS system. This medicine had not been checked or signed into stock so staff were unable to audit how much of it had been received or taken.

One person had been prescribed pain relieving medicine four times a day on the MAR chart. Staff had given this out three times a day with no explanation as to why it had not been given four times a day. Another person had been prescribed a liquid pain relieving medicine as their choice but staff had given this medicine in tablet form. Several people were prescribed the same type of pain relief tablets to be taken as and when needed. There were several boxes of these tablets held in the trolley with individual people's names written on them. However, staff told us they gave out these tablets to people from one 'communal' box and not their individual boxes. This meant stocks of these medicines could not be monitored, checked and audited correctly.

The MAR charts were not clear as to the exact time people's medicine should be given, for example they stated 'morning' or 'afternoon'. However, staff had set times for giving out medicines. The MAR charts contained several gaps where staff had not signed to say people had received their medicine. We checked the blister packs and saw the tablets were missing but it was not entirely clear whether people had actually received their medicine or it was a recording error. No recent audit by the dispensing pharmacist had been carried out and management had not identified these shortfalls in their service audits.

We found topical creams prescribed did not include clear guidance about how and where they should be used on each person. Records were not clear about which prescribed creams were being used and the MAR chart was not completed to say they had been given. Care staff were confused as to which creams were actually being applied for one person, which differed from those prescribed on the MAR. This meant we could not be sure if people had had their creams applied as prescribed.

We looked at the medicines which required a higher level of monitoring. Stock and records were checked and found to be correct.

We discussed all the above concerns regarding medicines with the registered manager and deputy manager. They took immediate action to rectify these. On our second visit, the concerns had all been addressed and resolved including organising staff training, contacting the GP and local pharmacy for medicine reviews and managing how topical creams were given and recorded.

These findings evidence a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Maintenance and servicing of the premises and equipment had been undertaken in line with their individual contracts such as the stair-lift, call bell system, boiler, gas appliances and electrical testing. However, routine monitoring of the

Requires improvement

Is the service safe?

fire alarm system had not been recorded for the last three months. We discussed this with the registered manager and deputy manager who said they would ensure these checks were carried out and recorded immediately.

Some recruitment checks on prospective staff had been carried out, but not all the information required had been obtained. We looked at the records of the last three staff employed from October 2014. All three staff files contained a completed application form and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have and checks whether they are suitable to work with vulnerable people. Two of the files contained one reference; one file contained two. All files contained photographic identity of the person. Gaps in employment history were not routinely discussed. The deputy manager had identified the service's recruitment process needed some improvement and had obtained an improved application form for use in future staff employment. On our second visit, the missing references from staff files had been obtained.

All the people we spoke with felt safe at Rosehill. Comments included "I always feel safe with the staff…they are always gentle with me", "….I'm very safe, there's always someone around to help if I need it" and "There are always staff here to look after me I feel safe." A relative commented "I can leave X here and know they will be safely looked after"….It's such a great thing that X can be here and I don't have to worry about them." A health care professional commented "…Very happy with the way they (the staff) look after them (people)."

Safeguarding vulnerable adults' policies and procedures were in place, which included the local authority guidance, to ensure a consistent approach was taken in line with multi-agency working. Staff had received safeguarding vulnerable adults training; they knew what to look for, how to recognise abuse and the correct action to take if they needed to report any concerns. Staff told us "I would report it to the senior on duty….if it was the senior I would go the next step up" and "I would report to the senior, assistant manager, manager or go outside to Social Services if I needed to". A safeguarding and whistleblowing procedure was in place. No safeguarding concerns had been raised with the local safeguarding team prior to our visit.

Staff were employed in sufficient numbers to ensure people received care when they needed it. The majority of people who lived at Rosehill had low dependency needs and did not require a high level of care and support from staff. The service had been under the same ownership and management for many years. The staff group was a mix of long standing and relatively newly employed staff. Staff knew people very well. Staff commented "I enjoy coming to work; feel part of a family", "The residents are as well known to us as our own Gran and Granddads" and "This place is home from home. We try to make the residents feel they are at home. It's calm because the staff don't get stressed out. The staff work together as a team." People also told us they knew the staff and their families well, which they appreciated.

Each person had a personal emergency evacuation plan which was held in the office; this gave guidance as to the support they required to leave the building in the event of an emergency or fire.

All of the communal toilets and bathrooms were clean and tidy. They contained a traditional hand towel for people to wipe their hands on. Single use disposable handtowels were not available for people or staff to use. We discussed the risk of cross infection with the deputy manager who said they would address the matter.

Requires improvement

Is the service effective?

Our findings

People who lacked the mental capacity to make particular decisions were not protected by systems at the service. The Mental Capacity Act 2005 (MCA) requires providers to ensure safeguards are in place when someone does not have the capacity to make informed decisions about their care and support. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The DoLS are part of the MCA. They ensure people who live in care homes are looked after in the least restrictive way. Where people lacked the mental capacity to make decision the provider had not followed the principles of the MCA. Records confirmed management and staff had undertaken training on the MCA and DoLS; however they were unsure of how this applied to their practice.

The service did not have a policy or procedure in place to guide staff about the MCA or DoLS. Care files did not contain mental capacity assessments. Some care files contained 'consent' forms, although not all had been signed. These forms were not specific. They asked people to consent to having 'examinations', 'treatments' and 'medicines' carried out or given and information was not up to date. Although a framework was not in place to support people who were unable to make their own decisions, this was not required for most of the people who lived at Rosehill as they were able to give consent themselves. Staff did ask people for their consent to care and support and if consent was refused, staff left the person and returned some time later to ask again. The deputy manager said they would be assessing people's mental capacity following our visit and they would organise staff refresher training on MCA and DoLS. This meant staff would be able to put their knowledge and skills into practice.

These findings evidence a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Management and staff said there were some people who were unable to leave the home alone should they try to do so; these were people who lacked the capacity to understand they would be at risk. A small amount of restrictive equipment, such as bed rails, were in place. No DoLS authorisations or best interest decisions had been completed. None of the staff were aware they were restricting people and felt they were keeping people safe. We discussed this with the management on the day of inspection and they action they needed to take in line with the legislation. Following the inspection, management said they had completed those DoLS applications which were required; these had been sent to the local authority for authorisation.

These findings evidence a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received some training in areas specific to their work, for example fire training, safeguarding and infection control. However, this training was not consistently applied and the training matrix identified gaps in people's training records. For example, 11 staff members out of 18 had not received manual handling training. On our first visit, staff told us the deputy manager had delivered training to them on safe moving and handling. However, the deputy manager themselves had not undertaken a recognised training course on this subject. This meant without the proper training, staff put both themselves and people at unnecessary risk of harm. On our second visit the deputy manager had undertaken an online safe moving and handling course. They told us the intended to contact an Occupational Therapist to advise and deliver further training on this subject for all the staff.

Feedback about staff skills and knowledge from health care professionals and relatives was variable. One health care professional and one relative contacted us to voice concerns that they felt staff were not adequately trained to care for people in some ways, for example person centred care, skin integrity and nutrition. However, one other health care professional felt "care is extremely good" and another relative felt "X will be looked after by people who know what they are doing." On our second visit, the deputy manager informed us they had arranged for health care professionals to deliver training on a variety of subjects such as dehydration, nutrition and skin care.

These findings evidence a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People confirmed staff asked for their agreement before carrying out any day to day care or support and acted in accordance with their wishes. One person was asked if they wanted to go to the dining room for their lunch and they

Is the service effective?

refused. Staff assisted other people into the dining room and then returned to the person and again asked if they would like to go for their lunch in a kind and encouraging way. The person readily agreed and staff assisted her gently into her wheelchair. A care worker asked another person's permission if they could move them closer to the table so they could eat their food easier. They calmly and clearly explained what they were doing at each stage which encouraged the person, for example "I'm just going to pull you back from the table, lift your feet up on the footrest, now this one….that's the way."

People were satisfied with the standard and choice of food served. They said if they did not like the meal on offer, an alternative was offered. Comments included "The food is very nice…always fresh…If I don't like the main meal I can choose something else. They have fish on Fridays and I don't eat fish so they get me sausages, eggs, mash and peas", "The food is lovely. I like my food and the food here is really good. There is one main meal but if I don't like it I can choose an alternative" and "I like the food…I really eat too much…I like stews and roasts…we have roast twice a week…it's lovely. The puddings are lovely…You can always choose something else if you don't like the main menu."

The cook had worked at the home for many years and knew people's likes and dislikes very well such as "X likes everything", "X does not like a cooked dinner" and "X does not like fish." No-one was received a specialised or religious diets. Food served at the home was sourced from various places such as local butchers, supermarket and wholesale suppliers.

The cook did not have menu plans to guide them what food to prepare and serve. They told us they decided what to cook for the main lunchtime meal on a daily basis. This was based on what meals people had eaten on previous days; a record of which was kept in a diary. We looked at the food records and saw lunchtime meals had included roast dinners, savoury mince, fish, steak and kidney pie, sausages and stew. We asked what food people had for their teatime meal; the cook did not know as this food was prepared by the management or care staff and this was not recorded anywhere. They believed it consisted of a light meal with food such as sandwiches or beans on toast. We discussed the need for menu planning and the recording of food served with the cook. This was to ensure people received nutritionally balanced, varied and wholesome meals.

People enjoyed their food at lunchtime in a very quiet and peaceful atmosphere. The majority ate their lunch themselves. However, some people did require slight assistance from staff such as help with cutting up food or encouragement to eat. Once they had given out the meals, staff were not present whilst people ate their lunch. They did not notice those people who required further support, for example one person who kept spitting their food on the floor and another whose nose dripped into her food. One person was not supported to eat by staff; as a result they remained at the table on their own with their unfinished meal some time after everyone else had left. Another person kept getting up and down from the table. Not all people had drinks during their meal. We discussed this with the management of the home who said staff would be present whilst people ate their meals and would serve drinks with their food.

Staff received induction training when they began work to help them become familiar with people's needs and help them work safely with people. This was based on common induction standards. New employees worked with experienced staff until they were confident to work on their own. Management will shortly be introducing the new care certificate (a nationally recognised tool in health and social care training) which will support new staff in their induction period.

Staff received regular supervision and appraisals which they found helpful to discuss any concerns they might have. However, these were not used to plan staff's future development and training needs.

Referrals were made to health care professionals. One health care professional said "they (the staff) always ask for advice and help appropriately; they call me out appropriately via the GP". We saw in daily records the GP and community nurses were contacted when staff felt it appropriate and their advice followed.

Good

Is the service caring?

Our findings

There was a very calm, peaceful and unhurried atmosphere on both our visits, with staff quietly and discreetly assisting people. It was clear from the atmosphere and people's interactions they were relaxed, comfortable and enjoyed living at Rosehill. They told us "I love it here…it's so friendly, kind and thoughtful", "What's it like here? The staff are brilliant, the owners are brilliant, the food is lovely, they can't do any more for me than they do…this is my home" and "Staff treat us with respect as people. I'm very happy here, what's there not to like. I would recommend anyone to come here."

Staff spent time with people and were gentle and caring towards them. They chatted with people, knew about their family and friends and what mattered to them. For example, knowing what type of sweets one person liked and what particular type of flowers another person liked.

Staff showed people mattered to them; they were aware of people's wellbeing and noticed when a person needed attention. For example, one person spent a lot of time in their room. Staff left their door open so they could see what was going on in the home. They regularly went passed their room and smiled and waved to them to acknowledge they were there and check if they needed any help or support. The person waved back. Another person in the dining room was distressed because their jumper was too thick. A care worker immediately went to help and assisted the person back to their bedroom to get changed, gently explaining all the time how they were helping them. One person said they had their hair washed and permed regularly because "It makes you feel human when you have a nice hair-do. I have my perm done as well...it gives you a good feeling when you look nice." Another person said "They help me bath but they make sure I have an all over wash every day….they wash my back for me…it's lovely having your back washed."

Most of the people had lived at the home for many years and were treated as extended family by staff. Staff communicated well with people and supported them at people's own individual pace. For example, one person took longer than the majority of other people to get out of their chair. The care worker was very patient, made eye contact with the person and spoke with them at their level. All people spoke highly of the staff and comments included "I had to go somewhere else first because they didn't have room, but once I came here I loved it; the people here really care about us and do all they can to make us comfortable", "People couldn't be treated any better; they are all so kind; the staff look after us really well; they treat me with respect and really care about the help they give" and "The staff are kind to everyone…they treat us with real care…they couldn't look after me any better…they are truly kind."

Staff responded compassionately and patiently with people. For example, staff held one person's hand and spend time reassuring them when they became confused or upset. A health care professional said staff were "very caring" and "care is extremely good." Staff comments included "We treat the residents with all the care and respect they deserve; the relationships between the staff and residents is a very important part of the care we give; we know them as people", "We try to make it home from home; it's not here for the staff; it's all about the residents" and "The staff know enough about the residents to be able to treat them as individuals. We are here to care for them, cater for their needs and respond to their requests." A relative said "I was so pleased that X could come here; there is always a warm, wonderful atmosphere."

People were treated with dignity during our visits; people were addressed by their name and personal care was delivered privately. Staff knocked on people's doors before entering. People were dressed in their own clothes and were very well-presented. Staff knew each person's choice of dress well and what their favourite colours were. For example, one person liked bright pink and took pride in showing us their colour-coordinated dress and cardigan. Housekeeping staff ensured people's clothes were washed appropriately and garments were individually labelled, ironed and folded. One person said "They take it (laundry) away and it comes back clean and smelling lovely…I like to wear matching colours."

Visitors were welcomed and encouraged.

Requires improvement

Is the service responsive?

Our findings

People's care files lacked detail about people's care and support needs. Some contained helpful information, such as what time people liked to get up or go to bed. However, they were not person centred and did not reflect people's individual needs and preferences. The care files consisted mainly of a guide to direct staff which tasks to undertake. For example, one person's care file said "staff to collect dirty clothes" and "staff to make sure towel and flannel are returned to appropriate place" and "staff to use bowl in bathroom." Changes to people's needs were not identified, for example risk of pressure damage or mobility, and care files were not reviewed regularly. One person's care file said they were at risk of malnutrition due to not sitting long enough to eat their meal. They needed "staff to sit with X and supervise/encourage at all meals." We saw this did not happen on our visits and the person continually wandered around at lunchtime.

People were not involved in the actual planning of their care. Management said people using the service and their relatives were not involved in the development of care files if or when they were reviewed.

The deputy manager agreed the care files were not up to date. They said they would review them so staff were aware of people's individual needs and had guidance on how to meet them in a consistent way.

People's social needs were not always met. There was no set programme of social activities or occupation. Where activities were organised these were mainly for groups of people rather than individual preferences. Singers and outside entertainers visited on occasions such as musicians, puppeteers or pantomime artists. There were limited opportunities for social activities or occupation. Activities offered were not always based on individual likes or interests or set at a level which was appropriate for people's abilities. For example, those people with memory loss.

Staff told us people sometimes spent their days doing activities such as quizzes or chair exercises. People, staff and relatives said they would like more social activities organised. One care worker said they would like more one to one time with people to play cards, dominoes or read a magazine with a person. Another care worker said people were not interested in the limited equipment they had such as skittles or dominoes. All staff felt an activities co-ordinator would be an advantage to the service to focus on people's social interests. People told us "All there is to do here is read and sleep…we don't have activities very often", "I read a lot…look at TV…not many other activities" and "I just sit around and talk to the other people….all there is to do is read and sleep." One person said they liked to draw and do art but no facilities were available. The activities which took place during our visits consisted of a quiz. One person spent their time just wandering up and down the ground floor looking lost. We discussed the lack of stimulation and activities with the management. They said they had tried activities in the past but people "were not interested".

These findings evidence a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) 2014

People felt staff took care of them as individuals. Each day care staff were allocated people to look after. These people varied and staff liked this system as they felt they got to know each person well. One care worker said "We have a little list each morning for the six people we need to get up, dressed, bathe and make sure they have breakfast. That's how we know all the people here really well." Another care worker explained how one person preferred a big breakfast and a light lunch and how another person liked to go shopping because "X likes to do their own thing."

People told us they had choices in their everyday lives. One person commented "I can see to myself in the mornings, I could have tea upstairs if I wanted to but I choose to be down here. We can choose where we go. We can walk around, go out in the garden, go upstairs if we want." However, we saw the day to day running of the home was based on a routine and not individual choice. For example, people had an allocated set day for their bath. When this particular day came, these people ate their breakfast in their bedrooms in their nightclothes. Also, people did not have a choice of where to drink their morning coffee; this was served in the dining room at the tables. Another example was people and their relatives were not allowed to eat sweets or read newspapers in the lounge. Notices to this effect were displayed on the lounge doors. Management and visitors confirmed this decision had been taken to prevent dirt and stains on the furniture. Staff told

Requires improvement

Is the service responsive?

us “It is very regimented, things are done in a certain way” and “We keep to a routine, things are done in an ordered way.” Although the day to day running of the service was routine, people did not express any concerns over this.

People were able to bring in their own furniture if they wished. Bedrooms contained personalised or sentimental photographs and ornaments. Communal areas had furniture which gave it a very homely and warm feel with lots of ornaments, knick-knacks and glassware. There were lots of fresh flowers and plants. However, in the corridor in one part of the home there were plain walls with no pictures on. Doors were plain brown which all looked the same with no names or pictures to personalise or identify whose rooms they were. Management told us they had recently redecorated this area but would consider adding names or pictures to people’s bedroom doors in a way that was appropriate for them to recognise it.

People had no complaints during our visits about Rosehill. However, one relative felt there was a breakdown in communication between themselves and the management of the home. This was discussed with management during the inspection. Since then, both parties had arranged to meet to talk about and resolve the issues. The service had a complaints procedure and people knew how to complain should they wish to. People were complimentary of the service and comments included “I have nothing to complain about; I have everything that I need” and “I’ve no complaints but if I had any problems at all I would tell the management. I know they are on our side.” Another person said “What’s there to complain about? I am comfortable. Staff treat me with kindness and respect my wishes. The place is clean, well ordered and there is a calm atmosphere that makes you relax. It’s a lovely place.”

Management said they had not received any formal complaints in the last year. They tried to address any concerns quickly before they became an issue and gave us examples.

Requires improvement

Is the service well-led?

Our findings

The service did not have effective governance systems in place to drive continuous improvement. Not all the processes required to monitor the quality of the care delivered were in place. Regular auditing in some areas had not taken place. Therefore, the shortfalls we found in several areas of poor record keeping had not been picked up prior to our visits. For example, people's risk assessments, care files, fire alarm checks and medicine records. We discussed this with the deputy manager who showed us the improved quality monitoring system they intended to put in place in the very near future.

These findings evidence a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The deputy manager had undertaken audits relating to the health and safety of the environment to reduce risks. For example, security, health and safety and the building. These were up to date, with the exception of those already reported on.

The service had a registered manager in post (who was also the provider) as required by their registration with the Care Quality Commission. Residents and staff spoke positively about communication at Rosehill and how management worked with them. People told us "I love it here. Everyone is kind and thoughtful. It is so well organised and very well run" and "I am confident about the way that the management is on the ball."

Staff were asked their views of the service and felt motivated and supported. Staff meetings took place with the last one having taken place in May 2014. Minutes of this meeting were not available during our visits but we saw minutes of previous meetings. Staff said these meetings were informative, useful and helpful. However, they added they were not essential as the staff team met together each day when they discussed people's needs both informally and at shift handovers. Staff had coffee breaks together in the morning and ate lunch together, which gave opportunities to discuss any issues they needed to raise. Staff told us "Staff and management work as a team. …things are all done in a certain way…it's all for the benefit of the residents", "We all work together; the staff help each other out and we don't get stressed. We keep the place calm and peaceful… we are part of a team and we respect each other" and "I have every confidence in the management; they include us in everything. If I had a problem I am sure I would be listened to."

Quality assurance systems were in place to help improve the service. A comprehensive satisfaction survey of people using the service, their relatives and staff had been sent out in May 2015. This asked for feedback on the five specific areas of safe, effective, caring, responsive and well-led. Responses had been collated so far, but the service was still waiting for some to be returned. There was a high return rate of the questionnaires and the overall satisfaction rate was very good with no issues identified. People and relative's surveys were very complimentary about the staff, care and the atmosphere of the home. Any issues highlighted on the surveys had not yet been acted upon as the provider was waiting until all the questionnaires had been returned. Resident's meetings had taken place in the past but not for some time. The deputy manager said this was an area they were keen to develop and re-introduce these meetings to get people's views of the service and what could be improved.

The service was family owned and run very much as a family business. The registered manager was supported by their three daughters; one as deputy manager, one as senior carer and one as cook. Other family members worked as staff elsewhere in the home. However, there were clear lines of responsibility and delegation of responsibilities. One of the management team was always on call to provide out of hours assistance or guidance when needed. The provider slept on the premises and provided sleeping night cover.

Staff were confident management valued them and listened to their comments and requests. One care worker said "I have every confidence in management; they include us in everything. If I have a problem I would be sure that I would be listened to."

Incidents and accidents were reported by staff. Management reviewed these and analysed the incidents. This ensured any patterns or trends were identified and managed accordingly.

Records in place were kept securely and where it was necessary in the interests of confidentiality, access was limited.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • not assessing the risks to the health and safety of service users and doing all that is reasonably practicable to mitigate any such risks and: • not ensuring the proper and safe management of medicines **Regulation 12 (1)(2)(a)(b)(g)**

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)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered person had not taken proper steps to protect people by:** • depriving people of their liberty without lawful authority **Regulation 13 (5)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
	The registered person had not ensured: • staff had received the training necessary for them to carry out the duties they are to perform Regulation 18 (2)(a)
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person had not taken proper steps to protect service users from risk by: • not providing person centred care to meet individual needs Regulation 9 (3)(a)(b)(c)(d)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had not taken proper steps to protect service users from risk by: • not having effective audit systems in place to continually improve the service Regulation 17 (1)(2)(a)(b)(c)(d)(f)