

Rossmore Nursing Home Limited

Rossmore Nursing Home

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 undertaken on the 24 and 25 February 2015.

The service was last inspected on the 21 and 25 July 2014 and found to be none compliant with some of the regulations looked at.

Rossmore Nursing Home is a series of converted large terraced houses in a residential area of Hull, close to local amenities and public transport. Nearby on street parking is available, however, this is permit parking and limited during specified hours of the day.

The service is registered with the Care Quality Commission (CQC) to provide care for up to 56 people who require nursing care and maybe living with dementia. The service also provides, in conjunction with Hull and East Yorkshire Hospitals NHS Trust, a stroke rehabilitation service.

At the time of the inspection there were 35 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the last inspection the registered provider was found to be none compliant with regulations pertaining to infection control and cleanliness of the building. Since the last inspection the registered provider had changed the way the domestic staff worked and they now monitored the building and undertook daily audits of the cleanliness of people's rooms and communal areas. Domestic staff also came on duty during the evening to clean communal areas such as the lounges. Improvements had also been made to the décor of people's bedrooms. This meant people who used the service lived in a well maintained and safe environment.

Following the last inspection the registered provider was found to be none compliant with regulations pertaining to staffing levels and staff training. Following the previous inspection the registered provider had increased staffing levels and made sure enough staff were on duty to meet people's needs. The registered provider had also improved the training the staff received and had provided more specialist training. Staff training was monitored as part of the auditing processes in place. This ensured people were cared for by staff who were provided in enough numbers and had the right skills to meet their needs.

Following the last inspection the registered provider was found to be none compliant with regulations pertaining to the administration of people's medicines. Since the last inspection the registered provider had put systems in place which addressed the issues identified at the last inspection; these were ensuring people received their medicines on time, employing senior staff who took responsibility for administering medicines along with the nursing staff and improvements to the training staff received. This meant people received their medicines on time and as prescribed by their GP.

Following the last inspection the registered provider was found to be none compliant with regulations pertaining to the way complaints were dealt with. The registered provider had put systems in place which addressed the issues identified at the last inspection; these were, recording what the complaint was, how it had been investigated and whether the complainant was satisfied

with the way the complaint had been investigated. The registered provider's complaint procedure had been revised and displayed around the service. This meant people who used the service, or any others who had an interest in the care and wellbeing of the people who used the service, were able to raise concerns and complaints about the quality of the service and these were investigated and resolved to the complainant's satisfaction wherever possible.

Following the last inspection the service was found to be none compliant with regulations pertaining to the way the service was monitored and audited. The registered provider had implemented a range of audits which ensured the service was safe and well-run; these included environmental audits, staff training audits and care plan audits. People who used the service, their relatives, staff and visiting health care professionals had been asked for their views about how the service was run, their views had been collated and action plans put in place to address any shortfalls identified.

People were cared for by staff who had been recruited safely and understood the importance of reporting any abuse they may witness or become aware of. People's needs had been recorded; these were detailed to help staff care for them as they would like and prefer. Assessments were in place which ensured people were not exposed to unnecessary risk in their daily lives. People's human rights were protected by staff who had received training in the Mental Capacity Act 2005.

People were provided with a wholesome and nutritional diet which was of their choosing. People's dietary intake was monitored and staff made referrals to health care professionals when required. People's weight was monitored on a regular basis; people were supported to lead a healthy lifestyle and to access their GP and other health care professionals when they required.

A range of activities were provided for people to choose from and they were supported to access the local community.

People had good relationships with staff who understood their needs and staff were sensitive and caring when undertaking their duties. Staff respected people's choices and supported them to lead a life style of their own choosing.

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

People were cared for by staff who understood the importance of reporting any abuse they may witness or become aware of and had been trained in how to recognise abuse.

People's medication was handled safely

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely.

People lived in a clean well maintained environment.

Good



Is the service effective?

The service was effective

People were cared for by staff who had the skills and training to meet their needs.

People were supported to make informed decisions where needed.

People were protected from harm by the use of appropriate legislation

People were provided with a wholesome and nutritional diet.

People were supported to lead a healthy life style and to access health care professionals where needed.

Good



Is the service caring?

The service was caring.

People were cared for by staff who understood their needs.

People were involved with their care.

People were cared for by staff who understood the importance of respecting their privacy, dignity and independence.

Good



Is the service responsive?

The service was responsive

People's needs were recorded in their care plans so staff could effectively meet these.

People were given the opportunity to participate in activities both inside and outside of the service.

People were care for by staff who respected their choices and individuality.

People who used the service and those who had an interest in their health and welfare could make complaints about the service provided; these were recorded and resolved wherever possible to the complainants' satisfaction.

Good



Summary of findings

Is the service well-led?

The service was well led

People could have say about how the service was run

The service was monitored and audited to ensure it was safe for people who lived there.

People were care for by staff who were managed and supported to effectively meet their needs.

Good



Rossmore Nursing 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 registered provider was 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 was unannounced and took place on the 24 and 25 February 2015. The inspection was undertaken by two adult social care inspectors and 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.

The service was last inspected July 2014 and was found to be none compliant with some of the regulations inspected at that time.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the dining room and the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with 12 people who used the service and six staff; this included care staff and the cook. We also spoke with the registered manager and the registered provider.

We looked at four care files which belonged to people who used the service, four staff recruitment files, training records and other documentation pertaining to the management and running of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the service, comments included, “I like the feeling of the staff being around it makes me feel safe”, “I trust the staff they’re all very kind.” They also told us they felt there were enough staff on duty to meet their needs, comments included, “If you need anything you just have to ask they are always here.” We asked about the cleanliness of the service and one person told us, “I wouldn’t stay if it wasn’t clean.”

Visitors we spoke with told us they felt their relatives were safe, comments included, “There is always someone who puts a nose around the door which makes me feel she’s safer”, “At no point have I ever felt she’s been unsafe” and “I think she’s 100% safe and she’s been protected from other disruptive residents.” They also commented positively about the changes that had been made since the last inspection, they said, “There have been some good improvements in the last few months. Things like having a senior just doing medication, as well as (a name of nurse) as clinical lead.”

Following the last inspection we asked the registered provider to take action with regard to concerns we found about the cleanliness of the building and the infection control measures. The registered provider sent us an action plan about how they were going to make changes to address the issue we found at the last inspection. During this inspection we found the registered provider had made improvements in the way infection control was monitored and managed. The house keeper had responsibility to ensure all rooms were checked daily and any issue identified quickly addressed. There was a cleaning schedule in place and we saw the rooms were clean and tidy and there were no mal-odours. The working hours of the cleaning staff had changed to ensure there were staff on duty throughout the day, they also returned in the evening to clean the communal lounges. The registered provider had also implemented a daily audit of the premises, this ensured any repairs were identified quickly and put right before they became a danger to the people who used the service, for example blown light bulbs or loose hand rails.

The registered provider had also implemented a rolling programme of redecoration; this had included the replacement of furniture, sinks and storage units. This had

started in people’s rooms and these now looked fresh, modern and well maintained. People who used the service or their relatives had been consulted and given a choice in the colour and pattern of the wallpapers.

Following the last inspection we asked the registered provider to take action with regard to staffing levels due to people’s need not being effectively met. The registered provider had increased staffing levels and had created a new senior post to support the care staff. The registered manager showed us a tool they used to calculate staffing levels, they told us they used this as a starting point and also took into account the level of support people needed from the staff to meet their needs. The staff we spoke with told us they were now happy with the staffing levels and found they had more time to meet the needs of the people who used the service. Care staff told us they felt part of the team and they worked well together with the nurses and the seniors. Observation we made showed us staff spent time with people, nurse call alarms were responded to quickly.

Following the last inspection we asked the registered provider to take action with regard to the way people’s medicines were administered and handled. The registered provider had created a senior care staff post to administer medicines to people who did not need nursing care. The nurses had the responsibility to administer medicines to people who needed nursing care. The senior care staff supported the nurses to keep a detailed stock control of all medicines received into the building. They undertook audits of medicines to identify any errors and address these quickly. City Health Care Partnership, an external agency which supports care homes with the way people’s medicines were administered, had undertaken audits of the medicine systems and had advised and supported staff responsible in their development of an effective medicines system. Evidence we saw showed us people received their medicines on time and as prescribed by their GP, this included any controlled medicines. We found people’s medicines were handled, stored and administered safely.

Staff we spoke with were able to describe the registered provider’s policies and procedures for the reporting of any abuse they may witness or become aware of. They told us they would report this to the registered manager and were confident they would take the right action. Staff were aware they could make direct referrals to the local authority safeguarding team if they wished. The registered manager

Is the service safe?

had kept a record of all safeguarding referrals made and the outcome of any investigations undertaken by themselves at the request of the local authority safeguarding team. When we spoke with the local authority safeguarding team there were no ongoing investigations, they told us the registered manager always co-operated and provided them with comprehensive information to aid any investigation they may undertake. We saw training records which showed us staff undertook regular training with regard to safeguarding adults from abuse and this was updated as required. Staff understood they were protected by the registered provider's whistle blowing policies and felt safe raising any concerns with either the registered manager or the registered provider.

Staff understood the importance of not discriminating against people due to race or cultural background. Care files we looked at described the person and their preferences and if they had any cultural needs the staff should be aware of, some people had religious needs which they wanted to continue to pursue and this was facilitated.

People's care files contained evidence of assessments being undertaken with regard to aspects of daily life which might pose a risk to the person, for example nutritional needs, tissue viability, mobility and any behaviour which might challenge the service or put the person or others at risk of harm. Risk assessments were detailed and instructed the staff in what to monitor, how this should be monitored, for example observation, and what to do to protect people from harm. This also included the recording of any accidents and what action had been taken to ensure the person received appropriate, timely care and attention.

We looked at a sample of staff recruitment files and found these contained evidence of references being taken from the applicants' previous employer where possible. There was evidence of checks being undertaken with the Disclosure and Barring Service and an application form covering any gaps in employment. The files also contained any evidence of disciplinary action taken by the registered provider. This ensured, as far as practicable, people who used the service were cared for by staff who had been recruited safely.

Is the service effective?

Our findings

People who used the service told us they enjoyed the food. One person said, "They make the best porridge in the world. The staff know me so well now they always fetch me two bowls in the morning." Others told us "The food is excellent" and "The food's better than in hospital and its hotter." People told us they were able to see their doctor whenever they needed, one person said "I am still able to use my own GP." Another told us, "When I need to attend a hospital appointment a carer always goes with me we use a taxi to get there."

Following the last inspection we asked the registered provider to take action with regard to staff training and support. During this inspection we found the registered provider had put systems in place which enable them to monitor the staff training and development. An external training provider had been used to provide the staff with training, this included, safeguarding adults, health and safety, moving and handling, Mental Capacity Act 2005 (MCA) and the use of Deprivation of Liberty Safeguards (DoLS). We saw records were in place which demonstrated staff were being trained in the subjects identified by the registered provider as essential to meet the needs of the people who used the service. Staff told us the training had improved and they felt confident it equipped them to meet the needs of the people who used the service.

Staff told us they received regular supervisions and had been through the process of an annual appraisal to identify training needs and developmental opportunities. Nurses told us they felt the training had improved as had the support from the management team. The registered manager showed us the induction training they had implemented; they told us the induction training had been based on good practise guidelines issued by a reputable source. This was used to ensure staff had the right skills to care for the people who used the service. The induction process was evaluated and staff had to be assessed as being competent before they could complete the induction.

There were clear lines of communication between the staff at the service, staff told us they found the registered manager and the registered provider accessible and would approach either for advice or guidance. The registered provider had implemented senior management meetings,

which included the registered manager, the nurse in charge and the senior care staff. During these management meetings the running of the service was discussed and areas of improvement identified.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The principles of MCA is to protect people through the use of legislation who need important decisions making on their behalf. The registered manager told us one of the people who used the service was subject to a DoLS and they were applying to have it repealed as the person was no longer at risk. The registered manager displayed a good working knowledge of the principles of MCA and DoLS. Staff we spoke also displayed a good understanding of the principles of MCA and the use of DoLS. We looked at the care files for the person who had the DoLS in place; we saw the decision making process had been documented as had the involvement of all agencies which had an input into this process. We saw the care and support offered to people demonstrated that least restrictive practises were used when required following full consultation with all those interested in the care and welfare of the person, this included health care professionals and family members where appropriate.

People's care files described the amount of support the person needed to make informed decisions and who acted on their behalf if they needed support with this. People had signed their care files to indicate they had read its content and had given consent to their care and treatment. Their care files also described the person's likes and dislikes and their daily routines, for example what time they liked to get up in the morning and go to bed.

We saw there was a choice of food at lunch time. Each person was given a weekly menu as well as having the choice on a white board in the dining room. We saw there was a range of food available from cooked meals to sandwiches and there was a variety of choices for dessert. Staff were aware of people's likes and dislikes and provided various condiments to people after asking their preference. The chief told us there was no restriction on budgets and he had control over the ordering of food. They were aware of the need to fortify some people's diets to ensure they received a well-balanced and nutritional diet.

People's weights were recorded on a regular basis and care files showed referrals were made to health care

Is the service effective?

professionals when required, for example, if someone's appetite changed or they experienced severe weight loss. Food supplements were provided for those people who required this, as were special diets for people who were diabetics and those who were on a low fat diet.

The dining room was bright and clean and the atmosphere was pleasant and relaxed. People were sat talking with each other. Staff were observed helping people in a sensitive and unhurried manner at the person's own pace. The main meal of the day looked appetising and well presented.

People's care plans showed us they accessed health care professionals when needed. Records were made of appointments people attended and the outcome of these. The registered provider had employed an occupation therapist who visited people who used the service to assess their mobility needs. They told us they worked with the staff to support people with mobility problems and to devise plans to assist people where needed. Any changes to people's ongoing health needs were documented in their care plans.

Is the service caring?

Our findings

People we spoke with were happy with the care they received, comments included, “This is a marvellous place”, “I’m well looked after”, “It’s a lot of fun, very relaxed”, “The carers are fantastic”, “They are marvellous at Rossmoor, they’re hard working angels”, “Whatever you want, whatever time of day, they get it” and “They look after me as well as anybody can, they’ve been excellent.” One person in the stroke unit said: “People ask me if I’m glad to be going home. Now that is a difficult question. They have looked after me so well I feel that if I said yes I’d be letting them down.”

One relative told us, “I come here every day and never leave worrying.” Another told us they had involvement with their mother’s care. They told us, “Meeting and reviews are held regularly to determine her best interest and she has regular contact with other health care specialist.”

Staff spoke to people in a gentle manner. They made eye contact, getting down to people’s level. They were patient when asking questions and waiting for replies. Staff described how they cared for one particular person whose first language was not English and they were unable to speak following a stroke. Staff had worked out a system of sign language with them. All the staff and other people who used the service seemed to know what the person wanted and understood the signs they used. Additionally, arrangements had been made for them to attend church with a local volunteer from their country and staff regularly took them to a local ethnic supermarket to enable them to shop. The person smiled broadly when asked about their treatment and gave the thumbs up to show us they were happy with the care they received.

People’s care plans we looked at had been signed by the person to indicate they had read, agreed and understood its content. Relatives had signed people’s care plans as well if they needed support with this. Records of reviews held about the person’s care showed they or their relatives had been involved and their opinions and comments had been recorded. Staff explained to people what they were doing when undertaking care tasks. For example, when staff were supporting people to transfer to a wheelchair from their arm chairs they explained what was happening, why it was happening and what the person should do to make sure the manoeuvre was undertaken safely.

Care plans we looked at showed us people’s wellbeing was monitored and staff called people’s GPs and other health care professionals involved with the person’s wellbeing when required. Staff made daily notes in people’s care plans which showed what care had been undertaken, how the person was and if there had been any changes in the person’s needs.

Staff respected people’s dignity and privacy, for example we saw and heard staff knocking on people’s bedroom doors and waiting to be asked to enter. Staff were able to describe to us how they would maintain people’s dignity when undertaking any personal care task; they told us they would cover people over and ensure doors were closed. Staff understood their role in maintaining people’s independence and where possible supported people with this, for example, while undertaking personal care tasks, supporting people to dress themselves or walk unaided monitored from a discreet distance.

Is the service responsive?

Our findings

People told us they enjoyed the activities on offer at the service, one person said “I enjoy the dominoes and games.” People told us they had participated in trips outside of the service, one person said, “I have been to the coast and I’ve been out shopping.” One person had their own phone in their room, they told us, “I can keep in touch with my family and friends.” One person told us about a night out at Bingo the staff had taken them to and how much they had enjoyed it.

One visitor told us the service had organised a special wheelchair for their relative which would help them to take them out. The wheelchair also meant they could spend time in the lounge with other people who used the service. They also said “Although my mother is nursed in bed and has no communication she is dressed every day and not left in night clothes unless she is ill.”

Following the last inspection we asked the registered provider to take action with regard to the records kept about people’s care. Care plans we looked during this inspection described the person’s needs and how these should be met by the staff. There was a one page profile which described the person and how the staff should support them to lead a lifestyle of their own choosing.

The care plans contained assessments which had been undertaken by both the placing authority and senior staff at the service, these identified any risk the person may need support with, for example, falls, nutrition, tissue viability, mobility and any behaviours which may put themselves and others at risk. These assessments had been updated on a regular basis and changed if the person’s needs changed. There was also evidence of reviews being held which involved all those who had an interest in the person’s health and welfare, these also involved the person and their representative if this was appropriate, this was usually their relatives.

Following the last inspection we asked the registered provider to take action with regard to the process they had in place to deal with any concerns or complaints they may receive. We saw a system had been set up which recorded what the complaint was, how it had been investigated and what the outcome was. The system also allowed for the

complainant to say whether they were satisfied with the way the investigation had been carried out. Information about how to complain was displayed around the service. Information was provided to people about who they should contact if they wanted to take the complaint further. When we spoke with staff they were aware of the registered provider’s complaint procedure and how they should respond to any complaints they received.

People who used the service were provided with a range of activities to choose from. The registered provider employed a full time activities co-ordinator; we saw them undertaking activities with people who used the service on a one to one basis or in groups. They also ensured they visited people who spent time in their rooms and gave them the opportunity to participate in group activities if they wished. The service had Wi-Fi and one person was being supported to use technology which was suited for their needs to maintain contact with family and friends. Two staff members had supported one of the people who used the service to join them on a visit to the bingo and ensured they got there and back safely. Staff undertook personal shopping for people who used the service whom they were keyworkers for and sometime people accompanied them on these shopping trips.

People’s interests were recovered in their care plans and how staff should support them, this ranged from listening to music in their room to accessing the local community. Daily notes made by staff in people’s care plans showed us how people’s needs had been met and if there had been any changes. The notes also showed if there had been any contact with health care professionals and what the outcome of these contacts had been, for example the outcome of visits to the person’s GP.

Staff understood people’s choices and individuality should be respected. They told us they asked people what they would like to do and respected their choices and wishes. They also told us they asked people about their preferences for what they wanted to wear, what they would like to eat and how they would like to spend their days. People’s preferences were recorded in their care plan and on their one page profiles. The chief was also aware of people’s preferences with regard to food and made sure these were catered for whenever possible.

Is the service well-led?

Our findings

People we spoke with people who used the service they told us they took part in regular meetings and all felt they were listened to. Comments included, “We have meeting and we can we say what we think is good and bad about Rossmore”, “The fact that its first names sets the mood of the place. It’s like family” and “The manager asks me how I’m doing and if I’m ok, she’s really nice.”

Visiting relatives told us they had also been involved in meetings, they told us “You get a good feeling in the lounge, it’s very homely.”

Following the last inspection we asked the registered provider to take action with regard to assessing and monitoring the quality of the service provided. We found they had put in place audits which assessed the quality of the service provided and the safety of the premises, this included audits on the environmental, staff training, staff recruitment, people’s care plans, accidents and incidents. All accidents and incidents had been analysed in an attempt to identify any trends or patterns, these were discussed at the management meetings and any learning shared with staff.

The registered manager had asked people and their relatives for their views about how the service was run; this was mainly in the form of a survey. The answers were collated and analysed to see if there were any trends or themes or any issues raised. During the inspection it was discussed with the registered provider and the registered manager they should display the results of the surveys and devise action plans as to how they were to address any short falls. They sent us information in the form of graphs which they intend to display around the service and action plans to address any short falls with time scales set for improvement. The graphs gave a good visual indication as to the responses received so area of improvement could be identified and addressed quickly.

The registered manager had undertaken an audit of the premises and had devised a refurbishment plan which they were in process of implementing; we saw the majority of people’s rooms had been redecorated and new furniture purchased. We could not detect any mal ours around the building. The registered manager explained this was due to the domestic staff now taking responsibility and undertaking audits of the cleanliness of the building and people’s rooms.

Staff told us they found both the registered manager and the registered provider approachable. Staff felt there had been a lot of changes since the last inspection and they now felt valued and part of a team, one member of staff said “There is no them and us anymore we all work together.” They told us they had team meetings where any new changes had been discussed and any new ways of working explained. We saw minutes of staff meetings where updates and explanations had been given as to why changes had to be made and sustained. Staff felt the registered manager had taken the service forward and they all felt a lot more positive. Staff understood the service needed to be taken forward and to develop and felt the registered manager was supporting them to achieve this.

The registered manager told us they had done a lot of work and had the full support of the registered provider to make the necessary changes to the service to ensure its place in the future care market. They now felt they had a more supportive team around them and valued the input from all grades of staff from domestics to the nurses. The registered manager told us they intended to take the service forward and to carry on the refurbishment and development of the service and had the full support and backing of the registered provider to do this.