A Pokkakkillath

Rosehill House Residential 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

Rosehill House Residential Home is a care home which is registered to provide personal care for up to a maximum of 30 older people. On the day of the inspection there were 29 people living in Rosehill House. Some people living in the home had a diagnosis of dementia.

There was a registered manager in post who was responsible for the day-to-day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

We carried out this unannounced inspection of Rosehill House Residential Home on 25 November 2014. We last inspected the home in May 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

On the day of our inspection there was a calm and relaxed atmosphere in the home and staff interacted with people in a kind and sensitive manner. There was a stable staff team who had a good knowledge of each person's needs. People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

People told us they felt safe living at the home and with the staff who supported them. People told us; "I am fine here" and "I am safe". Visitors also said they felt the home was a safe place for people to live. Visitors said; "we are lucky to have found such a nice home", "no concerns about the home at all" and "we are more than happy with the home it is better than others we visited".

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

People and their families were given information about how to complain. People told us they knew how to complain but said they had never had any reason to complain. They told us the registered manager and staff were so good at asking for their views and listening to what they wanted that any situations that might give cause for concern had not occurred.

People were well cared for and were involved in planning and reviewing their care. There were regular reviews of people's health and staff responded promptly to changes in need. Staff had good knowledge of people including their needs and preferences. Staff were well trained; there were good opportunities for on-going training and for obtaining additional qualifications.

People's privacy was respected. Staff ensured people kept in touch with family and friends. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

There were internal and external activities on offer. People told us they could take part in singing sessions, board games, bingo and quizzes. External entertainers provided exercise sessions and music sessions twice a month. Staff spent one-to-one time talking and reading with people throughout our inspection. Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. People were seen to enjoy their meals on the day of our visit.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There was a management structure in the home which provided clear lines of responsibility and accountability. People told us the registered manager and deputy manager were very approachable and regularly asked them for their views of living in the home.

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?

Good

The service was safe. People told us they felt safe living in the home and relatives told us they thought people were safe as well.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. Staff had a very good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect. When people were in any pain or distress, staff managed it well.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of activities facilitated by staff in the home and by external entertainers.

People and their families told us if they had a complaint they would be happy to speak with the registered manager and were confident they would be listened to.

Is the service well-led?

Good

The service was well led. There was a positive culture within the staff team with an emphasis on making people's daily lives as pleasurable as possible.

Staff said they felt well supported and were aware of their responsibility to share any concerns about the care provided at the home.

Summary of findings

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

People and their families told us the registered manager was very approachable and they were included in decisions about the running of the home.

Rosehill House Residential 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 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 25 November 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection was completed by one inspector.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

During the inspection we spoke with ten people living in the home. We spoke with four visitors, one visiting community nurse and an external vocational qualification assessor. We looked around the premises and observed care practices throughout our visit. After our visit we spoke with two GP surgeries and a nurse practitioner by telephone.

We also spoke with four care staff, the cook, one domestic assistant and the registered manager. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. People told us; "I am fine here" and "I am safe". Visitors also said they felt the home was a safe place for people to live. Visitors said; "we are lucky to have found such a nice home", "no concerns about the home at all" and "we are more than happy with the home it is better than others we visited".

Staff had received training in safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All told us they would have no hesitation in reporting any concerns to managers as they wanted people in the home to be safe and well cared for. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One staff member said; "I would not tolerate any poor practice from other staff and would always tell the manager if I had any concerns and I know they would listen".

The home held money for 23 people to enable them to purchase personal items and to pay for appointments such as the visiting hairdresser and chiropodist. The records of monies held for two people were checked and found to be correct. The money was held in a safe and access was limited to the manager and the deputy manager. Some people wanted to be responsible for their own money. Staff respected people's wishes and lockable boxes were provided for people to keep their money safe in their rooms.

Staff encouraged and supported people to maintain their independence. There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. The balance between people's safety and their freedom was well managed. One person told us they liked to go out to the shops on their scooter when the weather was fine. Other people went out into the garden as they wished to and went out with family and friends.

Incidents and accidents were recorded in the home. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, the manager reviewed the control measures in place when people had falls. If individuals had repeated falls appropriate professionals were involved to check if their health needs had changed or additional equipment was required.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. We saw people received care and support in a timely manner. We discussed with the registered manager how they decided on the numbers of staff on duty. They told us they monitored people's needs daily and made any adjustments to staffing levels as required. It was clear the registered manager knew everyone well and because they worked alongside staff they were aware of people's changing needs. Staff told us they would always update the manager if an individual's needs changed, including contacting them when they were not on duty.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. We looked at the recruitment files for four staff and found these contained all the relevant recruitment checks to show they were suitable and safe to work in a care environment.

Medicines were stored and administered safely. We saw medicines being given to people at lunchtime. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and the initials of the member of staff who had given them. Training records showed staff who administered medicines had received suitable training.

Medicines were securely stored in a portable metal cabinet, which when not in use was locked and secured to the wall outside the manager's office. Creams and ointment s were stored in a lockable cabinet in the manager's office. Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw that these were stored appropriately and records kept in line with relevant legislation.

Good

Is the service safe?

The environment was clean and well maintained. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessments for the environment, which was annually reviewed.

Good

Is the service effective?

Our findings

Staff demonstrated a good knowledge of people's needs and told us about how they cared for each individual to ensure they received effective care and support. People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date.

A visiting external vocational qualification assessor told us the registered manager encouraged staff development and there was a culture of staff wanting to learn and improve their practice. The assessor visited the home regularly and told us the care they observed, when assessing staff working with people, was good and appropriate to people's needs.

We spoke with two newly recruited staff and they confirmed they had completed an induction when they commenced employment. Staff told us a senior member of staff explained the home's working practices, policies and procedures when they started working at the home. New staff completed shadow shifts with a more experienced member of staff before they started to work on their own. One new staff member told us they asked if they could complete additional shadow shifts and this was arranged for them.

Staff told us they felt supported by the registered manager and deputy manager. They met regularly with one of the managers for a one-to-one supervision. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. Records showed supervisions took place regularly. The registered manager told us that annual appraisals were overdue because the home was without a deputy manager for a period of time. Now that a new deputy was in post records showed that appraisals had been booked to take place over the next two months. Care records confirmed people had access to health care professionals to meet their specific needs. This included staff arranging for opticians, dentists and chiropodists to visit the home as well as working closely with the community nurses. A visiting community nurse told us staff were knowledgeable about how to recognise when people may be at risk of developing pressure ulcers. The community nurse also told us staff always referred appropriately to them if they had any concerns about people's skin integrity.

All health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. One visitor told us that as a result of staff working with health professionals their relative had been diagnosed with an iron deficiency. Since this had been treated their relative's health and general wellbeing had improved.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. One visitor told us how staff had encouraged their relative to eat since moving into the home and as a result they had returned to a healthy weight.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People told us they enjoyed their meals and they were able to choose what they wanted each day.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. For example, we observed people were asked to verbally consent to taking their medicines. Two people said they did not wish to have any pain relief and the care worker respected their decision.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a

Good

Is the service effective?

certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Some people living in the home had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. The home had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. A best interest meeting had taken place for one person to discuss their end of life wishes. Records showed the person's family and appropriate health professionals had been involved in this decision.

The home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for where someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty.

The registered manager had recently made an application to the local authority to restrict one person's liberty under DoLS. At the time of our inspection the service had not heard if the application would be authorised. The registered manager told us the restrictions placed on the person were reducing as they became more settled in the home.

Good

Is the service caring?

Our findings

People and visitors told us staff were kind and attentive to their needs. People told us they were completely satisfied with the care they received and the manner in which it was given. Staff and people interacted in a caring way. All staff showed a genuine interest in their work and a desire to provide a good service to people. People told us about staff; “staff are very good” and “staff are good – I have no complaints”.

One visitor told us they varied the days and times they visited, but the standard of care was always good whenever they visited. The same visitor also told us they talked to and observed other people when they visited and they had only witnessed positive and caring interactions between staff and people.

All healthcare professionals told us they observed that staff interacted respectfully with people. One health professional told us when they visited the home they had never found anyone in pain or distressed, “staff are very good”. All healthcare professionals told us they would choose Rosehill House for their relatives to live in because they knew the care staff provided was to a very high standard.

The care we saw provided throughout the inspection was appropriate to people’s needs. Two staff used a hoist to move one person out of their armchair and into a wheelchair so they could go into the dining room for lunch. It was clear the person did not understand what was going to happen, even though this was a regular event. Staff were extremely patient and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People were able to make choices about their day to day lives. Some people chose to spend time in different communal areas of the home and others in their own rooms. People were able to move freely around the home as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested.

People said they chose what time they got up, when they went to bed and how they spent their day. Individual care plans recorded people’s choices and preferred routines for assistance with their personal care and daily living.

People’s privacy was respected. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Good

Is the service responsive?

Our findings

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living in the home.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and the manager would regularly talk to them about their care.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at Rosehill House. Staff were able to tell us detailed information about how people liked to be supported and what was important to them.

There were some people living in the home who, when they became anxious or distressed, could display behaviour that was challenging for staff to manage. We saw staff were confident about how to respond to meet people's needs, quickly calmed the person and defusing the situation.

There was a consistent approach between different staff and this meant that people's needs were met in the agreed way each time. One healthcare professional told us they had observed staff supporting people when they became anxious or distressed and commented that staff managed these situations well.

People were supported to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. Whenever visitors arrived a member of staff greeted them and chatted to them. One visitor said; "when I visit the manager comes to speak with me whenever they are working". People were able to see their visitors in communal areas or in their own room.

Staff facilitated a different activity each afternoon. Eight people took part in a group reminiscence activity in the afternoon of our inspection. People who took part enjoyed this activity. People told us they could also take part in singing sessions, board games, bingo and quizzes. External entertainers provided exercise sessions and music sessions twice a month. Staff spent one-to-one time talking and reading with people.

People and their families were given information about how to complain. Details of the complaints procedure were displayed in the home. The service had not received any complaints in the last year. People and their visitors told us they knew how to complain but said they had never had any reason to complain. They told us the registered manager and staff were so good at asking for their views, and listening to what they wanted, that concerns were dealt with as they arose.

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the home. They were supported by a deputy manager and two senior care workers. The deputy manager or a senior care worker ran each shift. Staff said there was always a more senior person available for advice and support.

The owner visited the home regularly to monitor the quality of the service by speaking with people and staff. The registered manager told us they spoke with the owner most days and they supported them in their role and made funds available for any repairs and re-decorating as needed.

People told us the registered manager and deputy manager were very approachable and regularly asked them for their views of living in the home. People, visitors and health professionals all described the management of the home as open and approachable. The registered manager showed a great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. One staff member said "we have a great team here; it's like a big family".

There was a stable staff team with many staff having worked in the home for more than 10 years and staff told us morale was good. There was a positive culture within the staff team with an emphasis on making people's daily lives as pleasurable as possible. Staff said they were supported by the manager and deputy manager and were aware of their responsibility to share any concerns about the care provided at the home. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with managers and through regular staff meetings.

The registered manager and deputy manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they interacted with people. The registered manager carried out audits of care plans and the deputy manager audited medicines procedures.

The home gave out questionnaires regularly to people and their families to ask for their views of the home. We looked at the results of the latest survey carried out in October 2014. We found people had all made positive comments about the environment, staff and the care provided. One person had given feedback about not having their clothes returned to them after being laundered. We saw the manager had responded to this and put measures in place to prevent a re-occurrence of this type of incident.

People and their families were involved in decisions about the running of the home as well as their care. We saw people were asked about the activities they wanted provided and were involved in decisions about how the home was decorated. One visitor told us the manager wrote to them to inform them when any new staff started to work in the home.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. All the healthcare professionals we spoke with told us they thought the home was well managed and trusted staff's judgement when they asked them about people's health needs.