

A Pokkakkilath

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosehill House residential Home is a care home without nursing registered to provide accommodation and care for up to 30 people. People living at the service are older people, some of whom may be living with dementia. At the time of our inspection there were 27 people using the service.

People's experience of using this service and what we found

We last inspected the service in November 2022. At that time, we had concerns regarding the management of medicines and Rosehill House Residential Home was rated Requires Improvement. We identified checks and monitoring that had not always been completed.

At the previous inspection we found the management of medicines was not always safe. We previously found that records were accessible but not always up to date. Audits had not picked up that medicine's records were not always accurate. Medicines administration records (MAR) were now stored securely, records were now maintained, and no gaps were found in MAR. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The environment was safe and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

People told us they were happy with the care they received, and people said they felt safe living there. Comment from one person was, "Yes I am safe here." People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service. A relative told us, "If they are happy- then I'm happy." While a professional commented, "It's a well-respected care home within the GP practice" while another professional said, "I can honestly say that this is one of the best."

The service used a computerised care planning system that enabled the staff to add information straight away via handheld devices. Records were accessible and up to date. The management and staff knew people well and worked together to help ensure people received a good service.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction. There was not a designated activities staff member currently, however the registered manager hoped to recruit one soon. Currently staff planned and carried out activities. Staff knew how to keep people safe from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. One visiting professional said, "The registered manager and the staff will also contact us in a timely manner."

Records of people's care were individualised and reflected each person's needs and preferences. Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

Staff told us the registered manager was available and assisted them. They went onto say how they were approachable and listened when any concerns or ideas were raised. A staff member said, "Very happy working here."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 February 2022).

Why we inspected

We carried out this inspection to follow up on the breaches of regulation from the previous inspection. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosehill House Residential Home on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service well-led.

Details are in our well-led findings below.

Rosehill House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Rosehill House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosehill House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service about their experience of the care provided. We spoke with 5 members of staff including the registered manager, care workers and auxiliary workers and we also spoke to 1 relative and to 1 professional. We also spent time observing people during lunch time. We received additional feedback from 1 professional and 1 relative after the site visit.

We reviewed a range of records. This included 3 people's care records and 4 medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The previous rating for this service had been requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our inspection in November 2022, we found the provider had failed to ensure appropriate records had been maintained in relation to medicines. This was a breach of regulation 17 (good governance)

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection medicines administration records (MARs) were not always accurate. Staff had been observed to sign the MAR before giving a medicine. Medicines no longer in use were recorded on the MAR as administered to the person. Although a handwritten MAR had been checked by a second staff member, an inaccurate dose had not been identified for 14 days. Medicines that should have been given at a specific time were observed to have been given an hour late but were signed on the MAR as given on time. We found at this inspection the registered manager had put extra procedures in place and additional management checks to ensure accurate records were maintained. This included management observations on staff administering medicine.
- At our last inspection we found some people were prescribed medicines to be taken when required. There was no guidance to help staff make consistent decisions about whether a medicine might be needed. Guidance and records were not always available to support the safe administration of external medicines, such as creams and lotions. At this inspection the registered manager had put new 'as required' protocols in place for people who required them, and clear information was recorded detailing the circumstances in which these medicines should be used.
- At our last inspection we found staff did not have guidance in place showing where to apply creams. At this inspection we found records were in place to show staff where and how to apply prescribed creams. Staff applied creams and other external preparations during personal care.
- Systems and processes were in place to make sure that medicines were ordered, stored, disposed of and given to people safely.
- Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People, staff, and professionals told us there were enough staff on duty to meet people's needs. However, 1 relative felt that at times the service was short of staff. The registered manager was in the process of recruiting additional staff members.
- The staff said they worked additional hours, so people had staff they knew and trusted. This was to

support appointments or during staff absences.

- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. Daily handovers helped ensure all staff were fully briefed on any updates on people's needs. Also, daily updates on any risk to people were discussed and action taken when needed. Staff supported people to move around and transfer safely. One person said when asked, "yeah, yeah, I feel safe here, I've got no qualms".
- Risk assessments had been updated and completed which meant staff had guidance on how to manage people's care safely. They covered areas such as meeting people's personal care needs. If people sometimes found it difficult to express themselves or manage their emotions, the staff knew how to respond effectively. Care plans documented information for staff on people's needs, so they could respond quickly to prevent situations from escalating.
- Records guided staff on providing safe care. Risk assessments for weight management and nutrition and dependency levels had been undertaken when required.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. One relative agreed their family member was safe while a professional also stated that people were safe living in Rosehill House.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff were able to describe the signs and types of abuse. Staff understood to report any concerns they had to the management team. A staff member said, "The registered manager is both good and supportive if you have any issues." One person said, "Yes it's good care" and went onto say, "Yes yes, I am definitely kept safe."
- The management team were fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people who lacked mental capacity, appropriate applications would be made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place. Currently no one needed a DoLS authorisation.
- People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. In particular the safe use of medicines. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care

- At our last inspection we found that though regular audits were completed into various aspects of the service, they had failed to identify the issues in relation to medicines. At this inspection we found this issue had been actioned and completed and organisational audits were now in place and used to develop the service by reflecting good practice.
- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the pandemic and the lockdowns. A staff member told us how the registered manager moved into the service at the start of the pandemic to help protect people.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team. However, we found a quality survey and feedback had not been obtained from people, relatives, and professionals for some time. A relative told us they felt there was, "limited communication between management and family." The registered manager had plans to send our surveys to people and their relatives to obtain feedback on the service provided.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had oversight of what was happening in the service and made themselves available daily. They took an active role in the running of the service. They had worked to improve the service. This included the introduction of new systems, including a new computerised care recording system. Staff agreed this system worked well. The provider visited monthly. One person said of the registered manager, "We get on well, she's very kind".
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual

needs.

- The management team understood their roles in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff felt respected, valued, and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively usually via computerised handheld devices.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported this. One professional said, "Should anyone, ask me do I know of a good care home for a family member I would be happy to recommend Rosehill House." One person said of the registered manager, "Yes, she's good, she always sees if you're happy, she says, "If you're happy then I am happy"."
- Staff were complimentary of the service and the registered manager. A professional said, "They (the registered manager) are approachable and a real advocate for people." Several staff members commented that they, "Wouldn't work anywhere else."
- There was a warm, friendly, and family atmosphere in the service.
- There was a person-centred culture which kept people at the heart of the service.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant agencies would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were not currently in place to enable people, staff and relatives to give feedback. The registered manager planned to rectify this.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed and they felt valued. Staff told us the registered manager and provider were approachable and always available for advice and support.

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during an outbreak. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had

the relevant support and equipment. Two professionals confirmed the service and management team contacted them and worked closely with them. They said how the whole team work well with them. One said, "They are quick to pick up any deterioration in people and contact us."

- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs and consultants to provide prompt care and support.