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Rosehill House

Inspection report

Moresby
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Date of inspection visit:
10 January 2018

Date of publication:
15 February 2018

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

Summary of findings

Overall summary

We carried out this unannounced inspection on 10 January 2018. Our last inspection of the home was carried out in August 2015. At that inspection we rated the service as good. At this inspection in January 2018 we found the service remained good.

Rosehill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides personal care and accommodation for up to 23 older adults including people living with dementia. Accommodation is provided in five double and 13 single rooms, all with en-suites. Communal rooms are situated on the ground floor of the home. The home does not have a dining room. CCTV is used in some areas of the home. At the time of our inspection 18 people were living in the home.

There was a registered manager employed in 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 2008 and associated Regulations about how the service is run.

The environment was well-maintained and the atmosphere was relaxed and homely.

There were processes and practices in place to keep people safe. People told us they felt safe living in Rosehill House and with the staff who supported them. Hazards to people's safety had been identified and managed.

People were supported by staff who knew them well and were focussed on promoting their independence and well-being. There was a stable staff team who had the skills and knowledge to meet people's needs. The service had a programme of training which ensured staff had up to date guidance and information.

The staff knew how to identify and report abuse and to identify any changes to a person's condition that would require attention. Robust systems were used when new staff were employed to ensure they were suitable to work in the home.

People received the support they required to maintain good health and medicines were handled safely. A feature of the home was the partnership working with external healthcare professionals. Healthcare professionals described the home as "a delight to work with" and staff competence in managing health conditions had "taken a big step up in the last couple of years". The home received high praise from NHS teams for people in the home staying pressure sore free for over two years and this was described by this team as a "fantastic achievement."

People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice. They were involved in planning their own support and which activities they wanted to take part in. There was a full programme of activities for people to take part in and people were supported to follow individual interests and hobbies.

We made a recommendation about assessing people's capacity to make decisions and to take this into consideration in the use of CCTV cameras.

Staff were caring and treated people with dignity and respect. People were provided with meals and drinks that they enjoyed. The staff were knowledgeable about the support people required to enjoy their meals and drinks safely and this was provided.

The registered manager and senior staff team carried out checks on the premises and quality of the service, including seeking people's views, to ensure people received a high quality, safe service that met their needs. The management structure in the home had been strengthened since the last inspection and this had led to improvements in the service, such as care planning and the thoroughness of audits.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Rosehill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 10 January 2018 and was unannounced. The inspection was carried out by one adult social care inspector an expert by experience and was unannounced. 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 this inspection we spoke with 12 people living at the home and four visiting relatives. We looked at the care plans files and medicines records for the people living in the home and at four people's care records in greater detail. We observed the care and support staff provided to people in the communal areas of the home and at meal times. We observed medicines being handled and discussed medicines handling with the staff involved.

We spoke with five care staff, a senior staff member, the deputy manager and the registered manager. We reviewed five recruitment files, two belonging to staff members who had been recruited since the last inspection. We checked documentation that was relevant to the management of the service including quality assurance and monitoring systems.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about statutory notifications sent to us about incidents and accidents affecting the service and people living there. We used a planning tool to collate all this evidence and information prior to visiting the home.

We contacted health and social services commissioners who contracted people's care. We also contacted the local safeguarding and adult social services teams. We spoke with health care professionals who supported people who lived in the home.

Good

Is the service safe?

Our findings

People told us they "always" felt safe and said the staff were good at keeping them safe. They said that staff sometimes reminded them to use the buzzer for assistance or to remember to use a walking aid.

The staff we spoke with told us they had received training in how to provide people's care safely and how to identify and report abuse. Robust checks were completed before new staff were employed to ensure they were suitable to work in the home. All new staff had to provide evidence of their good character and obtain a check against records held by the Disclosure and Barring Service. This helped the provider to ensure the suitability of new staff.

People told us there were enough staff employed in the home. During our inspection we observed that people received the support they required promptly because there were sufficient staff working in the service.

Risks to people's safety had been assessed and actions taken to manage them. We saw how people were reassessed frequently and after an incident or accident so that measures could be put in place to reduce the risk of these reoccurring. Such as after a person had fallen. Wherever possible lessons were learnt from these events.

People told us the staff in the home gave them the support they needed with taking their medicines. The staff told us they had completed training to give them the skills and knowledge to support people to take their medicines safely. Medicines were stored securely to prevent their misuse. People received the support they required to take their medicines as their doctors had prescribed.

The premises were safe for people to live and work in. The staff carried out regular checks on the premises to ensure they were secure and that equipment was safe to be used. The registered provider had also employed specialist external companies to carry out reviews of the safety of the premises and equipment.

The home had policies and procedures in place in the event of any emergencies. For example, each person in the home had a detailed personal emergency evacuation plan, (PEEPs) to guide staff on how to support them to leave the home in the event of an emergency. We found the PEEPs accurately reflected the support individuals would require and were reviewed if an individual's needs changed. Record management and keeping was found to be of a good standard across all areas in the home.

People were protected against the risk of infection. The staff were knowledgeable about how to control infections and there were suitable equipment provided such as disposable gloves, disposable hand towels and used an electronic device to reduce airborne infections. Throughout our inspection we saw all areas of the home were clean and free from odour.

Good

Is the service effective?

Our findings

People who lived at the home confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. People and their relatives were positive about staff effectiveness and capability. One relative told us, "The staff know my relative very well. They know her needs and it is clear to see they know what they are doing. We are often visiting when care is being delivered. Our opinion is that the staff are very professional and know exactly what they are doing. I think it gives [relative] confidence in them."

Staff felt supported by the registered manager and senior staff employed in the service. They told us they had received an induction which prepared them for their role, which included a period of shadowing experienced staff and a three month probation period. The induction provided staff with an overview of the complaints procedure, medication management, health and safety, accidents/incidents and fire safety arrangements. People told us the staff who worked in the home knew how to provide their support and were "very good at their jobs".

Some people who lived in the home had complex needs and the staff had completed a range of training to give them the skills and knowledge to provide people's care. The staff we spoke with told us they had received appropriate training to work in the home. This was confirmed by the training records we looked at. There were effective systems in place to promote good communication between the staff team and with external professionals.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and staff in the home had completed training around the principles of the MCA and how to ensure people's rights were protected. Where the registered manager had identified that people required restrictions on their liberty, to ensure their safety, a DoLS had been applied for. At the time of our inspection two people had a DoLS in place, and a number had a referral pending.

Staff were all trained in the principles of the MCA. However we found that people's support plans were not always clear about the level of capacity people had to make decisions and where they may need support. We found it difficult to tell what level of capacity people had to make day to day or more complex decisions and whether there may be times when their capacity fluctuated. The home had recorded people's consent

to provide care and on other matters, such use of people's photographs, but without a capacity assessment we could not be sure that consent had been gained appropriately.

The home had undertaken work on seeking people's views and gaining their consent for the use of CCTV cameras in the home. The home had consulted the legislation and guidance on the use of CCTV cameras in care homes. Good practice guidance in the use of CCTV cameras asks the provider to justify its use and whether the outcome cannot be achieved through less intrusive methods, particular in areas where the invasion of privacy is like to be very high, such as while receiving personal care.

Where a decision had been made that people did not have capacity to make this decision then the home had carried out best interests meetings that had included relevant people to help make this decision on their behalf, such as relatives. However as the home was not clearly assessing people's capacity we feel that this area needs to be reviewed. We did see that some people had chosen not to have the cameras active in their bedrooms and these were disabled. We discussed with the provider the need to include CCTV in the homes' statement of purpose and guide so that people could make an informed decision when choosing the home. We also asked how if a person did not want to be recorded how this was managed in public areas.

The home would also need to consider if and when, CCTV cameras were used to monitor people, for example to prevent them from leaving the building, if this was a restrictive practice. This would need consideration as a deprivation of liberty and an application of the DoLS safeguards. For those people who lacked capacity but did not have a LPA (Lasting Power of Attorney) for welfare and treatment, consideration would be need as to whether to apply to the court of protection to determine the benefits of the use of the CCTV cameras.

We recommend that the service seeks advice on how people's capacity and consent is assessed and gained. This should also include a review of the use of CCTV cameras in the home to determine that all measures have been taken to ensure its use is both lawful and that the benefits of CCTV outweighs the intrusion of people privacy; and cannot be achieved by other less intrusive means.

Appropriate specialist services had been sought in assessing individual's needs to ensure support could be provided in line with best practice principles. This was demonstrated most clearly in the area of managing people's risk of developing pressure sores. The home received high praise from the NHS teams for people in the home staying pressure sore free for over two years. This was described by the teams as a "fantastic achievement." The tissue viability nurse working with the home told us, "The staff in the home are now so knowledgeable and skilled that they have the confidence and competence to take the appropriate action themselves."

People told us they were provided with meals and drinks that they enjoyed. The staff in the home were aware of people's support needs and preferences around their meals and drinks. People's nutritional needs were assessed, and weights were monitored were this was appropriate to tackle weight loss. Throughout our inspection people were given a choice of hot and cold drinks and were supported to enjoy these.

The premises had been adapted and were suitable to meet people's needs. The home had made use of technology to the benefit of people living in the home. A computerised care planning system had been introduced that also monitored and promoted the safe dispensing of medicines. The home had purchased a portable air system and washing machines that made use of ozone technology to reduce infection in the home. Ozone technology is a means of more effectively eradicating germs and bacteria and it disinfects, oxidizes, and reduces odours. Some bedrooms had proved hard to heat during cold spells so the home had

purchased specially designed thermostatically controlled infrared heaters that suspended from the ceiling.

Good

Is the service caring?

Our findings

People who could speak with us told us they liked the staff who worked in the home and said the staff were "very nice and kind." People told us staff treated them with kindness and were very thoughtful. The staff knew people well and spoke with individuals about things that mattered to them. They gave people the time and we saw people enjoyed talking and joking with the staff on duty.

There was a welcoming atmosphere in the home created by the staff who worked there. Relatives we spoke with were also very complimentary about the staff team. One relative told us, "Staff react with a mixture of good humour, patience, friendship and encouragement." Another relative said, "I'm in a lot. There are a lot of relatives in and out all the time, it's a grand place this and they look after my [relative] really well. They really care about each person."

Staff were passionate and enthusiastic about their job roles and the care they provided to people. Staff told us they had time to spend with people and didn't feel rushed when delivering personal care. Staff demonstrated warmth in their interactions and engagement with people. Our observations were that people were comfortable in the company of staff. We saw staff were very patient, caring and reassuring with people. When engaging with people, staff got down to people's level which we saw they responded well to. Staff demonstrated they were skilled in their communication and were able to calm and distract people when they became agitated or required reassurance.

People were surrounded by items within their rooms that were important and meaningful to them. We saw books, pictures and photographs and items of furniture were present. Staff went out of their way to help people carry on interests and hobbies, for example bringing in wool for knitting or sharing books to read. People were also supported to maintain relationships that were important to them. This included seeing their families and friends. One person told us the other people who lived in the home were their friends and said they liked all the people they lived with.

People's independence was promoted and staff knew how importance this was to people's self-esteem. The care records we looked at included guidance for staff on how to support individuals to carry out tasks themselves. People were supported to maintain their appearance and guided to maintain their personal hygiene. The staff discreetly checked that doors to private areas, such as toilets and bathrooms, were closed while people were using them. The staff consistently spoke to people in a friendly and considerate way and treated each person as an individual and with respect.

The registered manager of the service was knowledgeable about local advocacy services that could support people to express their views. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

Good

Is the service responsive?

Our findings

People told us they had been included in planning the support they received. The care plans were personalised and included people's preferences such as what time they liked to get up, go to bed and their level of independence around their personal care. Each person plan included information about things that were important to them such as the activities they liked to do and the people they liked to spend time with.

The staff we spoke with said the support plans gave good information and guidance about how to support people. The support plans had been reviewed as people's needs changed to ensure they remained accurate and gave the staff up to date information.

Processes were in place to ensure individuals received the support they required when transferring between services to give continuity of care preferences in a different environment. The staff told us how they supported people if they had to attend or be admitted to hospital.

People were well supported towards the end of their life. Staff were attentive, thoughtful and sensitive at the end of a person's life. Care records showed that discussions had taken place to ensure people's wishes were recorded and could be met. Some people had been supported to complete an advance decision care plan. Arrangements were in place for new staff to receive palliative care and end of life training and those that had completed this were knowledgeable on the subject. We received a letter from a person who's relative had recently passed away in the home. They told us of being "hugely impressed by the care, compassion and support" shown to their relative and that their relative's last few months were spent somewhere as "wonderful as Rosehill".

During our inspection we saw that people chose where and how they spent their time. People could spend time in their own rooms or in one of the communal areas in the home as they wished. The staff knew people well and suggested activities they may wish to take part in. A staff member said, "We went to the theatre just before Christmas for a nice meal with residents and relatives. We have been a few times, there is a nice café and sometimes things that people want to see. We have a mini bus for when more people want to go out. Sometimes we just go for a drive to look at the countryside when the weather is poor. People really enjoy that."

We looked at the homes' complaints records. This showed that procedures were in place and could be followed if complaints were made. There was a policy that provided people who lived at the home and their relatives with information about how to raise any concerns and the process that would be followed.

People we spoke to told us they would feel confident to talk to the registered manager or staff if they had any concerns and that those concerns would be dealt with appropriately. Comments included, "Staff ask if you have any concerns they are very good like that" and "concerns are dealt with quickly."

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported with the day to day running of the service by a senior team. People told us that the registered manager was accessible, friendly and easy to approach. People told us they liked the fact that the home had been a family run business for over 30 years, this gave them confidence and security.

The focus of the service was on providing people with a high quality service that promoted their rights and independence. The atmosphere was inclusive and the staff consistently engaged with people who lived in the home. We saw the staff understood their roles and responsibilities. The service had created a relaxed and comfortable place for people to live.

People who lived in the home were involved in decisions about how the service was provided. This included meetings where planned changes to the service were discussed, and informally by staff asking people for their views and giving people choices about their lives. At the time of our inspection the registered manager was distributing quality questionnaires to gather people's views. She told us that these would be used to identify further areas where the service could be improved.

We saw that the home kept up to date with good practice, such as being a part local Pressure Ulcer collaborative. The registered manager and senior team had developed relationships with partner organisations including the local authority who commissioned the service and with other care services.

Health professionals we contacted prior to our visit spoke positively about the management of the service. Comments included, "The staff don't look at problems they look for solution's. The positive approach of the home is a joy to work with. So much so that our team now visits less frequently as we have full confidence in the staff team's abilities." Another told us, "This home passes the 'Family and Friends test' we use in the NHS and I would definitely be happy for a relative of mine to live here."

Regular analysis of incidents and accidents took place. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of re-occurrence. For example the home kept a record of people's falls with action taken by staff and advice sought to reduce the reoccurrence of a person falling again.

The senior staff team had good systems for assessing and improving the quality of the service. We saw that they had assessed and increased staffing levels to ensure people received the support they needed. They had also identified improvements they wanted to make to the décor of the home and these were being carried out when we visited the service.

Registered providers of health and social care services have to notify the Care Quality Commission of important events that happen in their services. The registered manager of the home had informed us of significant events as required. This meant we could check that all appropriate actions had been taken. The senior team were also knowledgeable of CQC key lines of enquiry used to assess care standards in home

and had mapped these to their own quality assurance systems.