care inspectorate

Rosehall Manor
Care Home Service

310 Station Road
Shotts
ML7 4AQ

Telephone: 01501 820080

Type of inspection: Unannounced
Inspection completed on: 2 November 2017

Service provided by:
Third Life Care Limited

Service provider number:
SP2003000159

Care service number:
CS2005089642

HAPPY TO TRANSLATE

About the service

Rosehall Manor is a purpose-built care home in the Shotts area of North Lanarkshire. The service is provided by Third Life Care Ltd. It is accessible to public transport routes including bus, train or motorway. People living in the home are within walking distance of the main street with local shops and community amenities.

There are good views over the countryside from many of the bedrooms with other bedrooms having views into well-tended gardens. There is access to outdoor seating areas depending on the weather and season.

The 42 bedrooms have en-suite facilities and there are also additional bathing facilities and toilets. The shared public spaces have lounge and dining areas. The aim of the service is to provide care and support for older people and those living with dementia.

The service recently had a double storey extension built onto the side of the building to increase capacity. This provides a further 22 bedrooms making total capacity of 64.

This service has been registered since 1 July 2005.

What people told us

We spoke with residents who told us:

"The food leaves a lot to be desired, you don't get a variety"
"No mini-bus, don't get out"
"We went to the Falkirk Wheel, would like to get out more often"
"I like the girls but time seems to be against them"
"Not one staff isn't good."

Relatives told us:

"The skill mix is better now"
"The manager is responsive to any concerns"
"No issues, can't say enough about the place."

Self assessment

We did not ask the service to submit a self-assessment before this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Recently returned service satisfaction surveys were positive and showed people were mainly happy with the home.

Regular meetings asked residents about activities and menus. However to give residents the chance to comment on all areas of the home the agenda should include the environment, staffing and management.

There was a lack of stimulating activities as we observed some residents asleep in armchairs. We would expect to find an activity programme that reflected resident's personal interests and hobbies. This would encourage residents to take part in activities to maintain their individuality.

Although there were some outings taking place residents told us they wanted to go out more. The home should explore additional opportunities for residents to leave the home and be part of their local community if they wish. This has the potential to leave residents socially isolated which can affect their health and wellbeing.

We were informed the provider intends to purchase a mini-bus which will make it easier to go out more. (recommendation)

We found when residents were administered PRN medication for distressed behaviour staff did not complete incident forms or behaviour charts. Instead incidents were recorded in daily notes with little information provided. This did not give a clear history of incidents such as any triggers or interventions by staff to try to calm the situation. We would expect incidents to be analysed for trends such as time of day or certain places that were causing stress and agitation. This would give staff important information to try to minimise incidents and the use of PRN medication. (requirement)

We found six monthly reviews of residents care were not taking place in line with legislation. This meant the overall care of residents was not always discussed and agreed with all relevant individuals, to ensure the care plan continued to meet their changing needs. (requirement)

We found daily progress did not tell us how the person had spent their day. Most notes were written as "settled" or "fine today". (recommendation)

There was a lack of signatures in care plans. We would expect to find care plans signed by the resident or their representative to show the contents had been discussed and agreed. The manager was aware of this and was working with families to have all care plans signed.

We looked at resident finances. We found that when a number of residents attended the hairdresser or podiatrist there was only one receipt rather than each resident having an individual one. We also found receipts did not have two signatures. This is an area to improve as when resident's monies are being used there should be a clear paper trail to evidence what has been spent.

Requirements

Number of requirements: 4

1. There should be detailed recordings of episodes of stress and distress behaviour, with any known triggers and staff interventions recorded. Incidents of stress and distress behaviours should be analysed to look for trends.

This is to comply with SS1 2011/210: Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users

Timescale: To commence on receipt of this report and be fully implemented by 26 February 2018.

2. Six monthly reviews of residents care must be carried out.

This is to comply with SS1 2011/210: Personal plans 5. (3) A provider must (b) review the personal plan (iii) at least once in every six month period whilst the service user is in receipt of the service.

Timescale: To be fully implemented by 26 February 2018

3. The service provider must ensure that service users' personal plans and medication administration records (MARs) set out how the health, welfare and safety needs of the individual are to be met.

In order to do this, the service must ensure that the personal plans and MARs:

- Accurately reflect all the current needs of the individual and include details about the individual's preferences over all aspects of care and support.
- Include information about care and support interventions and are up to date and regularly evaluated.
- Have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning
- Inclusion of information regarding the use of specialised equipment and medication to support the individual.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 5(1): Personal Plans.

Timescale: All care plans to be updated by 26 February 2018

4. The provider must ensure when PRN medication is administered the reason and outcome must be recorded on the medication record sheets (MARS).

This is to comply with SSI 2011/210: Welfare of users 4.(1) a provider must (a) make proper provision for the health, welfare and safety of service users

Timescale: To commence on receipt of this report and to be on-going

Recommendations

Number of recommendations: 3

1. There should be a stimulating environment for all residents.

National Care Standards, Care Homes for Older People, Standard 17, Daily life

2. Daily notes should detail how the person has spent their day.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements

3. Life histories should continue to be developed.

National Care Standards, Care Homes for Older People, Standard 6, Supporting Arrangements

Grade: 3 - adequate

Quality of environment

Findings from the inspection

A new extension had been added to the home to give a further 22 bedrooms with a communal lounge/dining room and additional bathroom and toilets. The extension had been completed to a high standard and was clean and fresh. We found bathrooms and toilets with different coloured toilet seats which can assist residents with dementia.

However the older part of the building needs refurbished. There was a plan in place for this which included new flooring and seating.

As we walked around the older part of the home it was in contrast to the newer unit in respect of cleanliness. We found mobility equipment such as wheelchairs, and stand aids needed cleaned. We also found some armchairs were dirty and stained and some tables in resident's rooms were sticky with cup marks.

In one of the dining rooms the carpet was stained with food still on the floor from breakfast when residents went in for lunch. The radiators were scuffed with tape down the sides. We discussed these areas with the manager at feedback. (recommendation)

We found the signage throughout the home could be better. This had been identified by the manager and she had plans to improve signage.

There were well-tended gardens with seated areas for residents who wished to make use of the outdoor space.

When we looked at maintenance records of safety equipment we found required checks had been carried out in the appropriate timescales. This included hoists, slings and the nurse alarm call system. These checks meant equipment was in good working order and contributed to keeping resident's safe.

We found accidents and incidents were well recorded with the use of body maps and head injury observations if appropriate.

However the monthly audit had not been completed since March. We would expect a monthly audit and analysis of accidents and incidents to identify risks. This would give the information to put measures in place to try to prevent further accidents or incidents. The lack of monitoring of accidents and incidents increases risk and may result in poor outcomes for residents.(requirement)

Requirements

Number of requirements: 1

1. The provider must complete regular audits and analysis of accidents and incidents to identify risks.

This is to comply with SSI 2011/210: Welfare of users 4.(1) A provider must (a) make provision for the health, welfare and safety of service users

Timescale: An audit to be completed on receipt of this report and then on a regular basis

Recommendations

Number of recommendations: 1

1. The older part of the home should be refurbished.

National Care Standards, Care Homes for Older People, Standard 4, Your Environment

Grade: 4 - good

Quality of staffing

Findings from the inspection

We spoke with a number of residents and relatives during inspection. They spoke highly of staff and were mainly happy with the support they offered.

We observed some good interactions between staff and residents with residents happy to chat and be in their company.

We observed staff move and assist residents and they did this safely using correct procedures.

We sampled new staff inductions which included mandatory training and in most cases a supervision session within a short time of starting in post. This gave the new staff member an opportunity to meet with their line manager to discuss their progress and any further support or training they needed. We were told staff had shadow shifts with experienced staff but we did not see any evidence of this. We would expect confirmation new staff had been observed carrying out tasks and were considered competent before working on their own with residents. (recommendation)

Staff had dementia awareness training however when staff work closely with residents on their dementia journey we would expect them to be trained to skilled level. This would give staff additional knowledge to support residents in a person centred way. (requirement)

Some staff told us they did not have regular supervision. This is an area for improvement. 1-1 time with their line manager would give staff an opportunity to discuss training and development needs and any issues they may have.

We found team meetings were held on a regular basis. This was a good way to bring staff together to pass on information and discuss any concerns. However minutes could be improved to show staff were involved in discussions. The minutes we looked at did not show any participation by staff.

Requirements

Number of requirements: 1

1. The provider must ensure staff who work closely with residents have dementia skilled training.

This is to comply with SSI 2011/210: 15 Staffing A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users (b) ensure that persons employed in the provision of the care service receive (i) training appropriate to the work they are to perform

Timescale: All staff to complete this training by 26 February 2018

Recommendations

Number of recommendations: 1

1. There should be evidence staff are deemed competent before working with residents.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We attended the changeover meeting on the first morning. This brought the nightshift nurse together with the nurse and senior carers about to start the dayshift. There was some good information passed between staff about resident's health and any concerns. However we found both day and night care staff did not have any handover. It is important that all staff are aware of any issues with residents they are supporting. This has the potential for harm and poor outcomes for residents if everyone is not told of any concerns. (recommendations)

We looked at medication audits and found the last one was completed in January. We would expect regular audits to be carried out so that any errors or issues with medication were picked up and dealt with.

We were informed the home no longer counted the amount of medication. This would be good practice as regular counts would quickly show any discrepancies so that investigations could take place. (requirement)

We raised concerns with the management as we found four staff who were not registered with the SSSC (Scottish Social Services Council). We looked at records that showed the list of staff registered with the SSSC was printed out monthly from their website. The service had failed to ensure this legal requirement had been met resulting in these staff not being able to work in the home until they had re-registered. (requirement)

Requirements

Number of requirements: 2

1. The provider must carry out regular medication audits.

This is to comply with SSI 2011/210: Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users

Timescale: A medication audit to be completed on receipt of this report and then on a regular basis

2. The provider must ensure all staff required to be registered with the SSSC have an up to date registration.

This is to comply with SSI 2011/210: Staffing 15 A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users (a) ensure that at all times suitably qualified and competent persons are working in the care service

Timescale: Full check of SSSC registered staff on receipt of this report and on a regular basis

Recommendations

Number of recommendations: 1

1. Care staff should be part of the handover of information from one shift to another.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements

Grade: 3 - adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The service provider must ensure that service users' personal plans and medication administration records (MARs) set out how the health, welfare and safety needs of the individual are to be met.

In order to do this, the service must ensure that the personal plans and MARs.

- Accurately reflect all the current needs of the individual and include details about the individuals preferences over all aspects of care and support.
- Include information about care and support interventions and are up to date and regularly evaluated.
- Have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning.
- Inclusion of information regarding the use of specialised equipment and medication to support the individual.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 5(1): Personal Plans.

Timescale: Within three months from the date of publication of this report.

This requirement was made on 25 April 2016.

Action taken on previous requirement

When we looked at care plans they was a lack of person centred information and guidance for staff to support residents in the way they preferred. An example was the care plan for personal hygiene which stated the resident required the assistance of one staff member with no detail about how the support should be carried out. The care plans failed to show how staff should support residents to maintain their skills and help them remain as independent as possible.

There was lack of detail about how to manage specific needs such as stress and distress behaviour. There was no clear guidance for staff to support residents safely and consistently. There was no protocol in place to outline what diversional strategies should be deployed before "as and when required" medications (PRNs) are used. We also found no instructions for the use of PRNs such as how often they can be administered.

There was a falls risk assessment in place but this was no used appropriately for example when a resident had a fall it was not recorded in the falls risk care plan but was only noted in the daily progress notes. This meant the care plan was not updated after a fall to ensure the risk assessment remained relevant. This also meant that it was unclear how many falls someone had as there was no falls diary in place.

This requirement is repeated. (Requirement 3 under care and support)

Not met

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The service should continue to develop a life story for all residents and show how this is reflected in their day-to-day care and support. This information should be reviewed on a regular basis so that support changes as the person changes.

National Care Standards, Care Homes for Older People - Standard 6: Support Arrangements.

This recommendation was made on 26 February 2015.

Action taken on previous recommendation
Although we could see some life histories in care plans this remains an area of development. The manager assured us she would continue to encourage families to complete life histories for their loved one. This would help staff see each resident as a unique individual and give topics for chat and reminiscence.

This recommendation is repeated. (See care and support).

Recommendation 2

The service should continue to develop medication records in accordance with best practice guidance.

National Care Standards, Care Homes for Older People - Standard 15: Keeping Well - Medication.

This recommendation was made on 26 February 2015.

Action taken on previous recommendation
When we looked at medication records we found the reasons and outcomes for the administration of "as and when required" (PRN) medications were not always recorded in the medication record sheets. This meant it was unclear if the use of PRN medication had been effective or not. This remains an area the service should improve.

This recommendation is now a requirement under care and support

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
24 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
3 Dec 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
26 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
23 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
15 Jan 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed 3 - Adequate
27 Jun 2012	Unannounced	Care and support Environment	3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 3 - Adequate
10 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed Not assessed
29 Sep 2011	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 3 - Adequate Not assessed
29 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory Not assessed 2 - Weak Not assessed
2 Feb 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed 3 - Adequate
13 Jul 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed Not assessed
22 Dec 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
17 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
1 Dec 2008	Announced	Care and support Environment	3 - Adequate 2 - Weak

Date	Type	Gradings	
		Staffing Management and leadership	3 - Adequate 3 - Adequate
24 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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