

Rose House Care Home Service

16 Constitution Terrace
Dundee
DD3 6JR

Telephone: 01382 223 903

Type of inspection:

Unannounced

Completed on:

7 June 2019

Service provided by:

Thomas Dailey trading as Kennedy Care
Group

Service provider number:

SP2003003646

Service no:

CS2005112050

About the service

This service has been registered since 2006.

Rose House is a care home for older people in a quiet residential area of Dundee, close to the city centre, with close access to a local park and various amenities. The home is a large detached building on two levels, with access to the upper level via a passenger lift or stairs.

There is a small garden to the front of the house.

The service states that its philosophy of care is simple: - "We strive to create a warm and caring setting where residents can feel safe and secure. A place they can call home."

The home is registered for a maximum of 23 residents, providing care for people with dementia and older people.

This report was written following an unannounced inspection over two days on 3 and 4 June 2019 by one inspector and a volunteer inspector. We gave feedback to the provider, Manager, Operations Manager, Service Support Manager and a Dundee City Council Contracts Officer, following the completion of the inspection on 07 June 2019.

What people told us

We sent out 15 Care Standards Questionnaires (CSQs) to residents, relatives and staff, and five were returned. In addition, during the course of our inspection we also spoke to 11 people. The views of people who responded to our CSQs, and who spoke with us are reflected here:

Residents:

'The staff are very nice'

'Its the way it has to be'

'Place feels anonymous'

'I don't get the chance to go out very often, I would like to go to a concert'

'The food is good'

'The staff are nice.'

Relatives:

'Its higgledy, piggledy here, but the staff are as good a gold'

'I always get a warm welcome from all the staff, sometimes even a hug'

'The staff are all lovely'

'I get the impression that there are not enough staff; they are always rushing about'

'Sometime my relatives clothes appear on other people'

'My relative spends most of her time in the downstairs lounge'

'Visitors are always welcome'

'I really appreciated the staff efforts to help my relative to walk again, I didn't think that would be possible.'

staff:

'Its been difficult recently, a lot of staff have left recently, and staffing levels have been reduced'

'It has been a nightmare, not having the hot water working properly, we are having to run up and downstairs to get hot water from the shower'

'Its been really good to have the activities worker, there is more going on now for the residents'

'We have had to count new staff who are on induction training in on the numbers when we are short staffed'

'We are getting more supervisions again now, which is good'

'I have a lot of faith in the new manager, I know she is trying to improve things here.'

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	not assessed
How good is our setting?	1 - Unsatisfactory
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We assessed that the service was performing at a weak level during this inspection. This meant that although strengths were identified, these were outweighed or compromised by significant weaknesses in other areas.

We found that staff were kind and respectful when interacting with residents, and we received very good feedback about the quality of care and support from residents and relatives. We observed that people were supported at a relaxed pace, and that there was appropriate use of humour and fun. We observed a lunchtime experience which was provided over two sittings, in order to support residents who required additional assistance, or who needed more time to complete their meals. This meant that residents and relatives had confidence in the staff, and that care and support was carried out respectfully and at a relaxed pace.

We saw that residents were offered a choice at mealtimes, and when offered tea/coffee during mid morning/afternoon snack times. We noted that although biscuits were provided with beverages; these were pre-selected by staff. It is important that people are able to choose their own snacks, and are provided with support to do this if required. We found that there were some missed opportunities when staff were assisting residents, for example; staff did not always explain fully what they were doing, or left abruptly after assisting with care tasks. This meant that residents were not always reassured or settled before staff left to do other tasks.

Although resident and relatives meetings had recently restarted, these had not been held for some time. This meant that there was little evidence that residents and relatives had been involved or consulted in relation to developments within this service; especially in relation to choices about menu planning and improvements to the home.

We found that there had been a number of maintenance issues that had impacted on the health and safety of residents and staff. For example, at the time of our inspection, some areas of the home, including a bathroom and some residents bedrooms had not had access to hot water for a significant amount of time. Whilst some bedrooms were personalised and well maintained, other bedrooms required urgent maintenance, and/or did not have adequate window coverings. This meant that some residents privacy and dignity had been compromised. In addition, some radiators did not have protective covers, placing residents at risk of burns or scalds. The provider had started to resolve the issues affecting the hot water supply, before we gave feedback to the service, however a number of other significant risks remained outstanding. **(See requirements 1 to 4, which are stated under quality theme 4.1: People benefit from high quality facilities)**

Support plans set out the care requirements of individuals, and the care elements were reviewed regularly. We found that the detail in plans was variable, especially in identifying people's preferences in relation to hobbies and interests, and how the service supported people to access these. This meant that staff may not be familiar with people's preferred activities and interests. It is important that people have opportunities to develop and maintain interests and activities that are important to them. **(Please see previous area of development which has been re-stated.)**

During our inspection we found that there were long periods when most of the residents were seated in the lounge and hall areas, and were either asleep or otherwise not engaged in meaningful activities. We observed

that staff were busy and struggled to find time to sit and chat to residents. We also heard from staff that it was difficult to find time to support activities. This meant that there were long periods when residents had nothing to do, especially over the weekends and times when the activities worker was not at the service.

People should expect to be able to have an active life, and participate in a range of recreational, social, creative and physical activities every day both indoors and outdoors. A new activities worker had recently started with the service, who was enthusiastic about her role and was developing a range of activities for residents. We heard that residents were starting to get out more often on bus trips, and activities, including arts and crafts and games were also available.

We noted that this was an area that the service was working hard to develop, and that plans were in place to ensure that all staff were involved in supporting meaningful days. We look forward to seeing how the service takes this area forward over the coming months.

Areas for improvement

1. The service should continue with the present work to personalise the care plan documentation making all care plans person-centred. This should also cover how the service supports people to access preferred activities, and also to ensure that end of life anticipatory care plans are fully discussed and agreed with individuals or their legal representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that; 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22) and 'I am supported to discuss significant changes in my life including death or dying, and this is handled sensitively.' (HSCS 1.7)

How good is our leadership?

2 - Weak

We assessed that the service was performing at a weak level during this inspection. This meant that although strengths were identified, these were outweighed or compromised by significant weaknesses in other areas.

A new manager was in place, who had joined the service in December 2018. This meant that she was in the process of fully establishing herself within the service, and instigating processes for monitoring the performance of the service.

Staff meetings had recently re-started and supervisions were now taking place. Staff told us that they had confidence in the manager and that they felt able to raise concerns. However, It was not clear at this inspection, how these were identifying development needs for staff, or how they had been able to influence improvements to the service. It was recognised that these meetings had only recently re-started, and we look forward to seeing how these develop over the next few months.

We found that two staff meetings had taken place since January; however, minutes showed these tended to focus on areas of improvement for staff. We discussed the importance of giving staff opportunities to feedback about the service, and also that good practice was recognised and encouraged.

The manager had recently held a night staff meeting, which had highlighted that several profiling beds were not functioning. This meant that there was an increased risk of harm for residents and staff when carrying out care and support tasks. It was unknown how long these beds had not been functioning. All staff have a responsibility, to ensure that maintenance issues are identified and reported. In addition, this meant that quality assurance

processes in the service had failed to identify faulty equipment promptly. People should expect that their environment is well looked after with clean, tidy and well maintained premises, furnishings and equipment. **(See requirements 1 to 4, which are stated under quality theme 4.1: People benefit from high quality facilities)**

Resident and relative meetings had recently re-started, and feedback forms had been made available at the entrance to the service. At the time of our inspection, two resident meetings, and one relatives meeting had taken place, which meant that there was limited evidence available to show how residents had been consulted and involved in improvements to this service. People should expect to be encouraged to be involved in improving the service they use, in a spirit of genuine partnership. **(See area of improvement 1)**

We found that a number of incidents, and maintenance concerns had not been reported to us, as is required of all services, and which is a condition of their registration. It is important that organisations work together and share information promptly and where appropriate, in order to ensure that care and support is planned and safe, including if there has been an unexpected emergency or event. **(See previous area of improvement 2, which has been re-stated from a previous inspection)**

We found that the manager had identified a number of maintenance concerns that were identified during this inspection, and had alerted senior managers to her concerns. We discussed our concerns with senior managers before and during our feedback to the service, and we were provided with an action plan of work to be carried out. However, we were concerned that urgent health and safety issues were not accorded the priority we would have expected, to ensure that residents were safe.

Areas for improvement

1. The provider should evaluate the quality of the service using the Health and Social Care Standards in order to make and implement an improvement plan which is used to improve outcomes and experiences for people. This should include consultation with people, their relative and staff and their views being used to inform the improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standard which state that; 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

2. The provider should ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

This is to that ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that; 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18)

How good is our staff team?

This key question was not assessed.

How good is our setting?

1 - Unsatisfactory

We found that the performance in this area was unsatisfactory. This meant that there were major weaknesses in critical aspects of performance, which required immediate action to improve the experiences and outcomes for people. Or that it was likely that people's welfare or safety could be compromised.

We found that the environment did not support people living with sensory loss and dementia. There was little separation of different areas of the home; and many areas were painted a uniform colour. This meant that it was difficult for people to orientate themselves in the building independently. The provider informed us that they were consulting with an external contractor, regarding suitable colour schemes for the service, and we look forward to seeing developments in this area.

Although some bedrooms were pleasant and highly personalised, this was not consistent across the service. In many areas the décor was tired and required upgrading, some bedrooms had little or no personal effects or suitable decoration such as pictures and equipment such as a TV or radio. This meant that some residents did not have access to any forms of entertainment in their rooms, or that their rooms were not well maintained. People should expect that they have access to a range of good quality equipment and furnishings to meet their needs, wishes and choices. **(See requirement 1)**

During the course of this inspection a number of maintenance issues had resulted in a potential risk of harm to people using this service, and to staff. People should expect to live in an environment that is safe and secure, is well looked after, and is well maintained.

We found that there had been lengthy delays in resolving some maintenance issues; for example:

The service had been experiencing problems with the supply of hot water in some areas of the home including some bedrooms, a bathroom and toilets, for a considerable length of time. We found that water temperature checks were not available during our inspection, and when we asked for these following our inspection; over 12 bedrooms either did not have hot water, or were not delivering water at adequate temperatures. Although this problem had been partially resolved by the time we gave feedback to the service, this had resulted in increased risk of infection and inconvenience for residents and staff.

We found that some areas of the home did not have radiator covers fitted, or that they were unsuitable. This meant that residents were at increased risks of burns and scalds.

Many of the wardrobes in residents bedrooms were not fixed to the walls, increasing the risk of accidents and risk of harm to residents, should these topple, or be pulled over.

Several profiling beds were not operational. This increased risks to residents and staff when carrying out care tasks and also increased the risk of pressure related injuries. Although this issue had only recently been identified, it was clear that quality assurance processes had not identified these issues, and staff had not reported them promptly. This meant that it was unclear to managers, how long these beds had not been working properly.

We found that there had been problems with the nurse call system for several weeks, which meant that some bedrooms were unable to call for assistance in emergencies. Repairs had been carried out, however the system was still experiencing problems and required replacement at inspection.

The service was aware of all of the areas identified within this report, and provided us with an action plan detailing when they expected these issues to be resolved. We have considered this in our requirements to improve. **(See requirements 2, 3 and 4)**

Requirements

1. People should expect to live in an environment that is safe and secure, is well looked after, and is well maintained. The provider must produce and thereafter implement a plan designed to improve the standard of the environment.

The service must ensure that the environment is homely in appearance and decorated and maintained to a standard appropriate for the care service. The provider should revisit the environmental assessment and make the necessary adjustments for people living with dementia, or who experience sensory loss.

Maintenance checks must be thorough.

Staff must ensure issues are reported and safety systems are fully implemented.

The provider must implement a detailed plan of works to improve the standard of the environment.

As agreed with the provider at feedback to the service, by 1 August 2019.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 10(2)(a)(b)(c)(d) a regulation regarding the fitness of premises and Health and Social Care Standard (HSCS)

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that; 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.' (HSCS 5.6)

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.19)

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

2. The provider must ensure that all radiators, are fitted with suitable covers in order to prevent burns and scalds and injury to residents.

In addition

The provider must ensure that the dishwasher is replaced and fully functioning, as agreed with the provider following submission of the maintenance action plan, before or no later than 28 June 2019

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 10(2)(a)(b)(c)(d) a regulation regarding the fitness of premises.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that; 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

3. The provider must ensure that all wardrobes are securely fixed to walls in order to prevent them from toppling over and causing injury to residents.

In addition

Suitable curtains and/or other window coverings must be installed in all bedrooms, in order to maintain privacy and ensure the promotion of sleep for residents. As agreed with the provider by 12 June 2019.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 10(2)(a)(b)(c)(d) a regulation regarding the fitness of premises.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that; 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

4. In order to protect residents and staff from harm when carrying out care and support, and to reduce the risk of pressure related injuries; the provider must demonstrate the following:

That all beds used by residents are fully functioning and that essential repairs are carried out on beds that are not fully functioning. Where it is not possible to repair a bed so that it is fully functioning, the bed must be replaced.

That residents and staff can summon help and assistance via the nurse call system from all areas of the home where care and support are carried out.

That residents can open and close their bedroom windows with ease so that residents can control the ventilation and heating within their own bedroom.

As agreed with the provider at feedback to the service, by 1 August 2019

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 10(2)(a)(b)(c)(d) a regulation regarding the fitness of premises.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that; 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.19)

How well is our care and support planned?

3 - Adequate

We found that the service was performing at an adequate level in this area during this inspection. This meant that some strengths were identified, however key areas of performance were required to improve.

We found that support plans reflected the care and support that people required, and were reviewed and updated regularly as needs changed. We found that people had access to peripatetic professional support, including; GP's, podiatry, opticians and dentists. This meant that we had confidence that residents were appropriately referred to additional professional support when it was required, and that their health was being monitored.

We saw that some support plans had very detailed information about individuals in the 'all about me' section, which provided an overarching summary of the care and support needs of individuals. However, we found that this information was variable in the plans sampled, and in some cases, important information had been left out.

For example, where residents were found to require additional support when stressed and distressed, or required the administration of 'as required' medication, this information had only been recorded within the medication administration record. This increased the risk, of inconsistent approaches being utilised by staff when supporting residents, including deciding when 'as required' medication should be administered. People should expect to be supported with consistency, and in a planned and safe way.

Medication systems were well managed and daily clinical checks were completed as is required of all services.

We found that records evidenced that some residents had not received oral care for several days at a time, and that parts of the oral care charts were missing. This meant that we could not be confident that people had received adequate oral care. Where it was recorded that care had been refused; there was not a plan in place to address this, or to ensure that referrals had been made to appropriate health care professionals for additional support. People should expect that they are cared for, and supported by people who anticipate issues and are aware of, and plan for known vulnerabilities.

People using services, and their relatives and carers should expect to be involved in developing and reviewing personal plans. We found that in some cases people had not had a review of their care for prolonged periods; or that reviews only provided a basic summary of care. We were pleased to see that this was being addressed and reviews were being scheduled six monthly as is required of all care services. We discussed with the service how reviews could be improved to ensure that care and support was outcomes focussed and that the service was able to demonstrate that they were meeting peoples assessed needs.

The service was about to introduce new care and support plans at this service, and we look forward to seeing how this is progressed in the coming months.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should continue with the present work to personalise the care plan documentation making all care plans person-centred. This should also cover how the service supports people to access preferred activities, and also to ensure that end of life anticipatory care plans are fully discussed and agreed with individuals or their legal representatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that; 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22)

'I am supported to discuss significant changes in my life including death or dying, and this is handled sensitively' (HSCS 1.7).

Not met

This area for improvement was made on 30 July 2018.

Action taken since then

The service was preparing to implement new support plans, and had also introduced an activities worker who will support the personalisation of support plans. As this work had not yet started, and due to a new manager being in place this work had not yet started.

Not met

Previous area for improvement 2

The provider should ensure that the Care Inspectorate is notified of accidents and incidents promptly, as per guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.'

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that 'I benefit from different organisations working together and sharing information about me promptly where appropriate' (HSCS 4.18).

Not met

This area for improvement was made on 30 July 2018.

Action taken since then

We found that we had not been informed of some notifications that services are required to tell us. This included some accidents and maintenance issues.

Not met

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our setting?	1 - Unsatisfactory
4.1 People experience high quality facilities	1 - Unsatisfactory
4.2 The setting promotes and enables people's independence	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.