

Inspection report

Rosemount Care Home Service

Perth Road
Rosemount
BLAIRGOWRIE PH10 6PY

Inspected by: Patsy McDermott
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 14 June 2007

Service Number

CS2003010730

Service name

Rosemount

Service address

Perth Road
Rosemount
BLAIRGOWRIE PH10 6PY

Provider Number

SP2003002125

Provider Name

Tamhealth Limited, a member of the Four Seasons
Health Care Group

Inspected By

Patsy McDermott
Care Commission Officer

Inspection Type

Unannounced

Inspection Completed

14 June 2007

Period since last inspection**Local Office Address**

Care Commission Office
Perth & Kinross Team
Central East Region
Compass House
11 Riverside Drive
Dundee
DD1 4NY

Introduction

Rosemount Care Home is registered to provide care for a maximum of 61 including, older people, older people with dementia and people with a physical disability. The service may also provide respite care and short breaks. On the day of inspection there were 42 permanent residents staying in the care home.

The service is located in a modern, single storey, building which was undergoing on-going refurbishment at the time of inspection.

The upper and basement areas are used for staff rooms and meeting rooms only.

Communal facilities are based on the ground floor, from which residents may access the enclosed gardens.

Resident's rooms are all single with some en suite facilities and are located on the ground floor and separated into two wings. West and Central areas are for older people with dementia and young people with a physical disability. The East wing is for older people.

The home provides residential care, aimed at maintaining 'an optimum level of well being for each of its residents by providing person-centred care'.

Basis of Report

This unannounced inspection took place on 14 June 2007. The inspection was undertaken by Patsy McDermott, Lorna Scott, Rosemary Wright and Jamie Kirkby Care Commission Officers.

Before the visit:

The Service completed a self-evaluation on the National Care Standards.

The reports from previous inspections, visits and contacts made with the Care Commission since the last inspection were used to inform the basis of this inspection.

This service was inspected after receiving a Regulation Support Assessment (RSA) to determine what level of support was necessary. The RSA is an assessment undertaken by the Care Commission Officer which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service and action taken upon requirements.

This service was required to have a HIGH level of support that resulted in an inspection based on the national inspection themes and any recommendations and requirements from previous inspections, complaint or other regulatory activity. This rating is due to the number and type of requirements in the last report and other activity related to the service.

During the inspection, evidence was gathered from a number of sources including:

Discussions with the manager

- Discussions with the staff on duty
 - Informal contact with staff
 - Informal contact with residents
 - Observation of care practices and interaction between staff and residents
 - Examination of personal records of residents
 - Examination of the home's policies, procedures and essential records
- Examination of the bedrooms, communal areas, and ancillary facilities within

The National Themes Inspected for this service were:

- Protecting People
- Child Protection
- Restraint
- Adult Protection
- Training Plans – SCCC Codes of Practice
- Palliative care

which will be assessed later in the year.

The standards inspected at this inspection were:

Care Homes for Older People

- Standard 4: Your Environment
- Standard 5: Management and staffing arrangements
- Standard 19: Support and care in dying and death

The inspection also took into account the Regulation of Care Act (Scotland) 2001 and the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, Scottish Statutory Instrument 114, referred to below as SSI 2002/114.

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

There were SIX requirements identified at the last inspection.

(1) A suitably warm environment that is free from offensive smells must be maintained.

It was noted at arrival at the service and during the inspection there had been a considerable improvement in the general cleanliness and there were no offensive odours.

There are still areas of refurbishment and decorating to be addressed but these have been discussed in the body of the report.

(2) The service must take action to ensure services users' health and welfare in relation to infection control and health and safety. In particular:

- (a) the newly installed radiator covers required to be painted
- (b) Mops were stored with heads down and not able to dry properly and the storage area was not clean.
- (c) Commode seats were seen to be dirty and old with foam hanging out in some places.
- (d) The pedal bin was rusty and needs to be replaced.
- (e) In general the level of decoration was acceptable but some bedrooms required redecoration and carpets replaced.
- (f) One of the toilets near the lounge area had a distinct malodour and there was no storage space for wipes or gels.
- (g) Ambulift chair in the bathroom was not clean. The cleaning of equipment should be carried out on a regular basis and monitored by the manager.

Discussed in the body of the report.

(3) Some of the newly installed radiator covers had made the thermostats inaccessible. This needs to be rectified to ensure an ambient temperature is maintained.

Discussed in the body of the report.

(4) The service must ensure that a call system is accessible for service users in all parts of the building, including service users' bedrooms.

Discussed in the body of the report.

(5) The provider must ensure that the Care Commission is formally informed of any change in the manager of the service.

This requirement is met.

(6) The personal records of service users must be kept confidential to each individual in order to ensure their privacy and dignity.

This requirement is met.

Comments on Self-Evaluation

A Self-evaluation was completed prior to this inspection

View of Service Users

Several service users were spoken to during the inspection. In general they were happy with the service they received and felt the staff were 'kind'. One service user commented they would like to be involved in more activities.

View of Carers

As this was an unannounced inspection there were no carers available for interview.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

Not all elements of this standard were inspected on this occasion. Instead the inspection focussed on requirements and recommendations from the last inspection.

The Building was easily accessible with all bedrooms on the lower floor.

Furnishing and décor throughout the building was of a reasonable standard, with some exceptions as discussed below.

All bedrooms meet the minimum space standards recommended in the National Care Standards and had en suite toilets and washbasins. Service users had personalised their own rooms in a variety of different ways including using small pieces of furniture, pictures and soft furnishings. All room doors had locks which could be operated manually.

Areas for Development

The last inspection report identified three requirements in relation to this standard:

1. A suitably warm environment that is free from offensive smells must be maintained.

The action plan advised that thermometers had been placed in each sitting area and temperatures are being monitored by staff on a regular basis.

Radiators have been checked by the service and are now working correctly.

On arrival at the service there was a marked improvement in the level of decoration and cleanliness.

There was no malodour evident upon arrival or during the visit.

Flooring at the entrance to the home had been replaced.

This requirement is met.

2. The service must take action to ensure services users' health and welfare in relation to infection control and health and safety. In particular:

(a) the newly installed radiator covers required to be painted.

Nearly all the radiators have been painted with only a few requiring attention.

(b) Mops were stored with heads down and not able to dry properly and the storage area was not clean.

Clips have been fitted to allow the proper storage of mops and the area has been tidied. All staff have been advised about appropriate infection control procedures and training is on-going as evidenced by the training records.

A domestic supervisor has been appointed who has taken responsibility for cleanliness in the service.

On the day of inspection the cupboard where the mops are stored was seen to be tidied but mops were found to be dripping with water.

This element of the requirement will be carried forward.

(See requirement 1)

(c) Commode seats were seen to be dirty and old with foam hanging out in some places.

All old commodes have been disposed of and a cleaning schedule for equipment has been implemented.

(d) The pedal bin was rusty and needs to be replaced.

Pedal bin has been replaced.

(e) In general the level of decoration was acceptable but some bedrooms required redecoration and carpets replaced.

Five service user's carpets have been replaced.

New flooring has been installed in service user's rooms in consultation with the service user and their carers where appropriate.

(f) One of the toilets near the lounge area had a distinct malodour and there was no storage space for wipes or gels.

This toilet has been cleaned and repainted.

There is now a storage area available. In some of the bathrooms viewed there were no wipes, bins or hand gels. A bath full of water was left unattended for several minutes and one toilet chair was dirty.

(See requirement 1)

(g) Ambulift chair in the bathroom was not clean.

The cleaning schedule is now being monitored by the manager.

3. Some of the newly installed radiator covers had made the thermostats inaccessible. This needs to be rectified to ensure an ambient temperature is maintained.

All radiator thermostats are now accessible except two which still require attention. The manager advised she was aware of this issue and awaiting new thermostats. It was reported staff were checking temperatures throughout the home on a regular basis.

4. The service must ensure that a call system is accessible for service users in all parts of the building, including service users' bedrooms.

The buzzer cord in one service user's bedroom was found to be missing on the day of inspection.

This requirement will be carried forward.

(See requirement 2)

The bathroom fans and air vents in the East wing were dusty and needed to be cleaned.

(See requirement 1)

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

The accident and incident records were seen to be completed appropriately.

The home had a comprehensive set of policies and procedures, which covered key areas of responsibility – including: staff recruitment; health and safety; equal opportunities; and, the conditions under which restraint may be used.

Staff had their individual training needs identified; and, had access to on-going training. Training records examined demonstrated recent staff training included Dementia Awareness. Staff who had accessed this training commented they had gained an awareness of the different types of dementia and to react appropriately.

Medication records were examined and found to be effective and complete.

Personal plans were reviewed at a minimum of monthly intervals. The manager was aware of the importance of asking residents or their representatives to sign review records and the need to ensure that review outcomes and action plans were clearly identified.

Where appropriate, checks were in place relating to a professional registration. The service was aware of the future need for social care staff to register with the Scottish Social Services Council (SSSC) and was actively preparing for such registration.

Areas for Development

Areas for development:

Staffing rotas checked, highlighted a deficiency in staff provision during the late shift and night shift. The service was therefore not meeting the conditions of registration.

(See requirement 3)

During the inspection it was observed that several service users' required assistance with personal care in relation to hairdressing and dental care.

(See requirement 4)

It was noted during the inspection some service users care plans lacked focus relation to social and emotional needs. Risk assessments in relation to restraint should include levels of supervision, triggers which promote particular behaviours and regular reviews.

(See requirement 5)

Enforcement

There has been no enforcement action in relation to this service since the last inspection.

Other Information

There were seven recommendations in the last report:

(1) The service should ensure the latest Care Commission report is included in the pre admission information and actively promote an awareness of new inspection reports to service users and their carers or representatives throughout their stay at the service.

The manager advised the Care Commission reports were available in several areas of the service and included in pre-admission information for prospective service users and their families.

(2) The manager should ensure that complaint information is explained to people prior to admission.

This recommendation has been discussed with all staff who are involved in the pre-admission procedures.

(3) The manager should ensure that complaint procedure is updated.

The new complaint procedure was observed to be on display at the front entrance.

(4) The manager should ensure service users have a secure place to keep their valuables.

This recommendation has been partially met through the introduction of lockable drawers in the new furniture ordered. The manager advised all residents would be asked if they wished this facility and responses would be noted in the care plan. However at the time of inspection this had not been fully implemented.

(See recommendation 1)

(5) It is recommended service user's ability to manage their finances should be reviewed and recorded on a regular basis.

(6) It is recommended the provider explains any differences in the fees for the service to service users and their relatives or representative at the pre-admission stage of moving in to the service.

The manager stated all service users have had financial assessments and care plans and reviews in relation to finances are being implemented. However this was not evidenced from the personal plans examined during the inspection and will be carried forward.

(See recommendation 2)

(7) The service should consider the use of signage, signifiers and the use of colour, to aid the orientation of people who have dementia.

The manager advised some staff members had attended the Iris Murdoch Centre for Dementia and were currently considering this recommendation therefore it will be carried forward to the next inspection.

(See recommendation 3)

It should be noted the service now has a new manager who has been very effective in

making recent improvements at Rosemount.

Requirements

1. The service must take action to ensure services users' health and welfare in relation to infection control and health and safety. In particular:

- (a) Mops should be stored with heads down and able to dry properly.
- (b) Baths full of water should not be left unattended at any time.
- (c) Toilet chairs should be cleaned on a regular basis.
- (d) The bathroom fans and air vents in the East wing were dusty and needed to be cleaned.

This is in order to comply with:

SSI 114 Regulation 4(1) (a) Welfare of users - a requirement to make proper provision for the health and welfare of service users.

In making this requirement, National Care Standards for Care Homes for Older People, Standard 4: Your environment has been taken into account.

Timescale for implementation: upon receipt of this report.

2. The service must ensure that a call system is accessible for service users in all parts of the building, including service users' bedrooms.

This is in order to comply with:

SSI 114 Regulation 4(1)(a) Welfare of users - a requirement to make proper provision for the health and welfare of service users.

In making this requirement, National Care Standards for Care Homes for Older People, Standard 4: Your environment has been taken into account.

Timescale for implementation: upon receipt of this report.

3. The Service must meet the agreed staffing schedule at all times.

This is in order to comply with: SSI 2002/114 Regulation 13(a) - a requirement that providers shall ensure that at all times suitably qualified and competent persons are working in the care home in such numbers as are appropriate for the health and welfare of services users. This is an outstanding requirement from previous regulatory contact.

Timescale for implementation: 24 hours from the publication date of this report.

4. All service users' should have the required assistance they need with personal care in relation to hairdressing and dental care.

This is in order to comply with:

SSI 114 Regulation 4(1)(a) Welfare of users - a requirement to make proper provision for the health and welfare of service users.

Timescale for implementation: upon receipt of this report.

5. Service users personal plans should be more focussed in relation to social and emotional needs and risk assessments in relation to restraint should include levels of supervision, triggers which promote particular behaviours and regular reviews.

This is to comply with:

SSI 2202/114 Regulation 5 - a requirement to prepare a written plan to set out how the service user's health and welfare needs are to be met.

Timescale for implementation: Four weeks from the publication date of this report.

Recommendations

Patsy McDermott

