

Bon Accord Care - Rosewell House Care Home Service

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Unannounced

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Service provided by:

Bon Accord Care Limited

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About the service

Rosewell House is part of Bon Accord Care. It is registered to provide a care service to 60 older people and adults as follows:

- a respite care service for adults with long-term physical conditions
- a rehabilitation and respite service for older people
- a maximum of nine of the 60 places will remain for permanent residential use until this part of the service is no longer required.

There were 51 people staying in the service on the first day of the inspection.

Rosewell House is a purpose-built complex, in the west end of Aberdeen. It is close to local amenities and to a bus route that links it to the city centre. It is a two storey building and is split into six units. Each unit has 10 bedrooms (all single with en suite toilet and shower) and a communal lounge and dining area. There is a small car park at the front and a large, well laid out garden to the rear.

Within the six units there are dedicated areas for rehabilitation, short breaks and alternative care. Rosewell House aims to increase personal independence and reduce dependence through rehabilitation, using a holistic range of therapies and activities. It aims overall to decrease dependence on health and social care support. The short breaks unit specifically aims to provide a short stay for a person, to allow their carer to have a break at planned times throughout the year.

Rosewell House has been registered with the Care Inspectorate since 1 August 2013.

What people told us

We sent out questionnaires to people using the service before our inspection and received 11 back. We also received two questionnaires from relatives. During our inspection we spoke with people who were staying at Rosewell and some of their relatives. People were generally pleased with the service that they were receiving. They told us that communication was good and that the support workers were caring and helpful. We asked an Inspection Volunteer to phone some people who had used the service very recently and she told us that people said they, or their relative was well cared for and they felt safe, along with some comments about there not being enough staff. There were in fact a number of adverse comments stating that there was not always enough staff on duty and people were sometimes bored or lonely.

People made comments such as:

"the girls are good"

"staff help as much as they can, they can be very busy"

"the food here is usually good though sometimes the beef can be tough to cut"

"I've been here too long and I don't do anything"

"'quins' are good, they keep me well fed"

"no complaints about Mum's care"

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?	3 - Adequate
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How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

3 - Adequate

We considered Rosewell was at an adequate standard at supporting people's wellbeing. It had some strong areas of practice and also had some weak areas which need to be improved. People staying at Rosewell should be treated with dignity and this was partly seen when we heard the support workers talking with people and they were polite and respectful. Some other aspects were good, such as people eating together at nicely laid tables, and we saw staff being compassionate and caring when people were upset about their personal circumstances. There were times when people's dignity was not completely upheld, for example by not knocking and waiting at bedroom doors, by not ensuring people were well covered and had privacy as they snoozed, or by staff unthinkingly not maintaining complete confidentiality. We discussed these areas with the managers who understood and said they would work to improve them.

One of the units at Rosewell was a short-term rehabilitation unit. It achieved good specific outcomes for people in terms of their everyday living skills. We spoke with the NHS community nurse who is based in the building, and also the physiotherapists and occupational therapist who worked at Rosewell and it was clear how this multi disciplinary input and the focus on enablement built people's independence and dignity. It would be beneficial for this ethos to be used in the other two units in Rosewell; the short breaks and the alternative care units. This would mean that all people were continually encouraged to maintain or increase their independence and to utilise all the areas and any opportunities that were available for an active lifestyle.

People come in to Rosewell on a planned basis, as an emergency from home or via a discharge from the hospital. We saw that emergency or unplanned admissions to Rosewell were not as safe as they could have been. We noted during our inspection, on more than one occasion, that people arrived from hospital without medication or written information and also that care plans which came with people from their homes were not clear and accurate. The staff at Rosewell did their best and gave what support they could, but accepting people with this lack of information could lead to poor health outcomes such as missed medication or people not being kept safe. We discussed how important it is for a rehabilitation and respite facility to ensure care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. The management team agreed to address this problem with the hospital and care management teams. We found that people had a good choice of nutritious food and snacks, prepared in the on site kitchen. It was encouraging to see that alternatives were readily available when people did not want or like what was on the menu. This meant that people had choice in what they ate and we felt this contributed positively to people being satisfied with the food provided.

Requirements

1. In order to ensure that care and support is provided in a planned and safe way, the provider must:
ensure that adequate notes, medication and other equipment accompanies people who are coming into the home and these are utilised effectively.

This must be achieved by 15th January 2020

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 4.14 which states "my care and support is provided in a planned and safe way, including if there is an emergency or unexpected event."

It is also necessary to comply with regulation 4 - (1) A provider must - (a) make proper provision for the health, welfare and safety of service users, of the Social Care and Social Work improvement Scotland (Requirements for Care Services) Act 2011.

2. In order to ensure that all staff consistently adhere to basic principles of dignity and respect the provider must ensure all workers have adequate knowledge and skills by;
provide training and coaching sessions,
senior staff working with and observing support workers,
paying attention to basic principles such as knocking and waiting, covering people appropriately, not leaving people sitting for long periods on the toilet, ensuring confidentiality in public areas.

This must be achieved by 15th January 2020

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 4.3 which states "I experience care and support where all people are respected and valued".

It is also necessary to comply with regulation

4 - (1) A provider must - (b) provide services in a manner which respects the privacy and dignity of service users,
of the Social Care and Social Work improvement Scotland (Requirements for Care Services) Act 2011.

How good is our leadership?

3 - Adequate

Quality assurance and improvement processes in Rosewell were at an adequate level, with some strong areas and some areas that needed to be improved. One positive aspect was that people were enabled to give their views on the service. There was a robust complaints system which was adhered to, meaning people received an explanation of the investigation process and an apology if things went wrong. We saw compliments being stored and passed to staff which we felt people would have wanted. It is reasonable to expect a service to want to get better and efforts were being taken towards a culture of continuous improvement, for example audits of support plans. These should have led to consistent information for workers to follow. However, we found the audits had not identified and rectified errors, so had not resulted in people's support being of a consistently high quality. We expect that staff should work well individually and as a team to provide high quality support. We heard from staff that they didn't feel empowered and we observed that they were not working accountably in all situations. Some support was good but we found that important tasks were missed by a succession of workers and this resulted in unsafe care for at least one specific person.

People using Rosewell benefit from different organisations working together and sharing information promptly. In order to improve this, a specific administration/discharge post was successfully created. Families and care

managers told us they now have better communication links with information being shared promptly and it was easier for them and for the Rosewell support workers to understand the planned care and support.

Requirements

1. In order to ensure that poor areas of practice are identified and rectified as soon as possible, the provider must:
undertake audits and continuous improvement processes that are effective in identifying areas that affect the safety and quality of care, and thereafter put improvements in place.

This is to be achieved by 15th January 2020

This is in order to ensure that care and support is consistent with Health and Social Care Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

It is also necessary to comply with regulation

"welfare of users 4. - (1) A provider must (a) make proper provision for the health, welfare and safety of service users"

of the Social Care and Social Work Improvement Scotland (Requirements for care Services) Regulations 2011

How good is our staff team?

3 - Adequate

The staff team and how they work together in Rosewell were at an adequate level with some strengths and also areas that need to be improved. People using the service should feel confident that staff are trained, competent and skilled. Staff (and training records) told us that there was a lot of training, we knew that there was regular supervision and additionally the manager recently implemented short coaching sessions in an attempt to build skills and knowledge. During our inspection we saw examples where workers did not use these skills, they told us they were unclear on their roles and we saw they were not autonomous in their decisions and practice. This led directly to instances of poor and inconsistent quality of care, for example; workers being unclear whether someone could have a drink, a lady sitting in a wheelchair instead of a lounge chair and someone's safety equipment not being transferred to their new room with them.

It is important for people to receive consistent care from staff that they know. The numbers of permanent support workers at Rosewell was lower than the management team would like and they were recruiting. Efforts were made to use consistent workers from their relief pool but they still had to use agency workers frequently. People were not happy and told us that they didn't get the same standard of care when it wasn't the permanent members of staff. We saw that people's needs were not being met by the right number of staff and this, along with difficulties of permanent staff not working effectively, led to an increased likelihood of people not having the best possible time at Rosewell.

Requirements

1. In order to ensure that people receive a safe and individually suitable service, the provider must:
ensure that an adequate number of staff are available at all times to realistically achieve high quality care based on outcomes and not tasks.

This must be achieved by 15th January 2020.

This is to ensure that care and support is consistent with Health and Social Care Standards 3.15 which states "My needs are met by the right number of people."

It is also necessary to comply with regulation

"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 in such numbers as are appropriate for the health, welfare and safety of service users"

of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011

2. In order to ensure that people receive the optimum care from staff who feel responsible and accountable the provider must:

ensure all staff are aware of their role and responsibilities and are enabled to fulfil them, and ensure all staff work autonomously and with accountability

This must be achieved by 15th January 2020.

This is to ensure that care and support is consistent with Health and Social Care Standards 3.14 which states "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes."

It is also necessary to comply with regulation

"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 in such numbers as are appropriate for the health, welfare and safety of service users"

of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011

How good is our setting?

4 - Good

Rosewell House is a purpose-built complex and this gave the setting some important strengths, as the building promoted and enabled people's independence, example of this being:

wide corridors with seating areas at the ends which helped people to move around safely,

small 10 bedroom units with lounge and dining rooms which could feel homely and sociable ,

a large well planned garden with paths and seating,

a large common room which was sometimes used for concerts, church services, group activities.

The strength of the building could be used to better advantage for people by altering the facilities within each of the areas. In addition to the good building, staff should recognise and take opportunities to enable and assist people to have an active life and participate in a range of activities each day, indoor and out. Rosewell had an activities coordinator and we recommend they should consider the range, timings and diversity of activities that they encourage. In addition to the large group events, people would benefit from personal attention to their interests and activity level. The management team agreed with us that a different emphasis in each unit and a focus on enablement would be more individually beneficial for the different groups of people using Rosewell.

Areas for improvement

1. The provider should improve the specific identity, aims and priorities for each of the areas; short-term rehabilitation, short breaks, long-term awaiting support, and then tailor the environment and staff support appropriately to ensure the optimum care and support is given.

This is to ensure care and support is consistent with Health and Social Care Standard 1.20 which states "I am in the right place to experience the care and support I need and want"

How well is our care and support planned?

2 - Weak

We considered whether assessment and care planning was leading consistent and safe care and found this was not the case. There were areas of weakness that needed priority action to improve. Peoples support plans should set out how their needs, wishes and choices will be met and we found many areas where inconsistencies and lack of attention to people's plans meant that they did not do this. These included:

comprehensive daily notes that identified deficits in support but were not acted on and rectified,
conflicting statements about the support people required with mobility, eating and communication,
statement of abilities and support required with medication was not shown to be based on a through assessment,

no reviews with people staying for a long time in Rosewell.

These instances were discussed with staff and the management team who were unable to reassure us that, at the time of our inspection, people's support would always meet their needs and be right for them. We concluded that people's care and support was not always provided in a planned and safe way and was not of a consistently high quality.

Requirements

1. In order to ensure that assessment and care planning reflects peoples needs and wishes and therefore supports high quality care and outcomes, the provider must;

ensure all information in a support plan is consistent and accurate,

ensure deficits in care that have been identified are acted on quickly,

ensure all abilities for administering and taking medication are based on accurate risk assessments.

This must be achieved by 15th January 2020

This is to ensure care and support is consistent with Health and Social Care Standards 1.15 which states "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices."

It also necessary to comply with regulation Personal plans 5. - (1)

(3) a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the services, prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met",

of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011

2. In order to ensure that people's personal plans and future needs are consistently understood and met, the provider must undertake timely reviews, particularly for people who stay for long periods of time.

This must be achieved by 1st February 2020

This is to ensure care and support is consistent with Health and Social Care Standards 2.17 which states "I am fully involved in developing and reviewing my personal plan, which is always available to me.."

It also necessary to comply with regulation

Personal plans 5. - (2) (b) a provider of a care service must review the personal plan-

(i) when requested to do so by the service user or any representative,

(ii) when there is a significant change in the service users health, welfare or safety needs

(iii) at least once in every six month period whilst the service user is in receipt of the service,

of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011

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

Requirements

Requirement 1

In order to ensure service users receive the right care in a way which meets their needs, wishes and choices the provider must by 1 March 2019:

(a) Set out in service users' care plans how their needs will be met, as well as their wishes and choices.

(b) Ensure staff know about service users' needs and wishes and how to meet them.

(c) Ensure care is well led by staff who have sufficient time, knowledge and skills to assess and improve the quality of service users' care.

(d) Ensure service users' medication is administered safely and effectively.

(e) Include service users in discussions about the quality of their care and use their feedback to make improvements where possible.

This is in order to ensure that care planning is consistent with the Health and Social Care Standards which states "My care and support meets my needs and is right for me" (HSCS 1.19). It is also necessary to comply with Regulation 4(1)(a) (welfare of users) and 5 (Personal Plans) of the Social Care and Social Work Improvement Scotland Regulations 2011.

This requirement was made on 31 October 2018.

Action taken on previous requirement

(a) Set out in service users' care plans how their needs will be met, as well as their wishes and choices. This is not being consistently done.

(b) Ensure staff know about service users' needs and wishes and how to meet them Support plans not consistent, Accepting hospital discharges without proper paperwork.

(c) Ensure care is well led by staff who have sufficient time, knowledge and skills to assess and improve the quality of service users' care not always enough staff, staff say they're too busy to do other than basic care, people not through for breakfast until 11am

(d) Ensure service users' medication is administered safely and effectively largely met, only small errors, regular audits. We didn't see meds assessments in some files.

(e) Include service users in discussions about the quality of their care and use their feedback to make improvements where possible. The Admin / Discharge Coordinator now gives exit questionnaires and speaks to families.

Not met

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

From an upheld complaint in June 2019

The provider should improve how they investigate any complaints about staff. Records should show how they carried out their investigation. Complainants should receive a written account of how the provider has dealt with their complaint.

This area for improvement was made on 12 June 2019.

Action taken since then

The complaints that we saw were well documented and a written account had been sent to the Complainant.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
1.4 People are getting the right service for them	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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