

Rosehill Care Home Service

27 Park Road
Dalkeith
EH22 3DH

Telephone: 01316 606 602

Type of inspection:
Unannounced

Completed on:
20 February 2023

Service provided by:
Society Of The Sacred Heart

Service provider number:
SP2003002597

Service no:
CS2003011065

About the service

Rosehill is a small care home based within the Sacred Heart Community in Dalkeith. It is registered to offer accommodation for up to 11 older people. There were nine people receiving a service at the time of inspection with two respite beds available.

Residents enjoy personalised large ensuite bedrooms, a private lounge with dining area, and access to the communal dining area. All the facilities are located on the ground floor. Outside, the care home benefits from a small courtyard and garden area.

Most of the residents are Sisters from the order, but people in need of care and support can be placed by the Local Authority. Some of the Sisters were very independent choosing to live in the home and benefit from the facilities, such as the catering, laundry, and activities, and receiving minimal support from staff.

About the inspection

This was a follow up inspection to evaluate progress on four outstanding requirements made on 28 October 2022.

The requirements were regarding:

- people being supported to take part in meaningful activities
- management having appropriate oversight and monitoring of the service's quality assurance systems
- staff training and supervision being undertaken
- support plans reflecting people's needs and wishes.

This was an unannounced inspection which took place on 15 February 2023. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.

Key messages

- A good deal of work had been completed towards meeting the requirements.
- People were being supported to take part in meaningful activities.
- We saw quality assurance systems had improved, but further work was required.
- Staff training and supervision had improved, but further work was required.
- We saw some support plans were completed, but others required attention.

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

Requirements

Requirement 1

By 20 January 2023, the provider must ensure that they support people to take part in meaningful activities to maintain their health and wellbeing.

To do this, the provider must, at a minimum:

- involve people fully in developing and reviewing their choice of interests and activities;
- ensure that social events, entertainment and group activities are available which meet people's choices and interests; and
- clearly record a person's choice of activities within the personal plan or activity planner which could include how the person enjoyed the activity and what involvement they contributed to the activity.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) .

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors' (HSCS 1.25), and 'I can maintain and develop my interests, activities, and what matters to me in the way that I like' (HSCS 2.22).

This requirement was made on 28 October 2022.

Action taken on previous requirement

When we visited the home, we found improvements in this area.

Since the last inspection, we saw that residents had been consulted regarding activities through the use of questionnaires and residents meetings. The information was analysed and used to develop activity plans.

The activities were varied and included daily physical exercises. Otago exercises had been discussed with the residents to improve mobility and reduce the risk of falls. These were introduced and the residents were engaging well and enjoying these.

Staff observations noted that staff were proactive with activities and we saw that staff were encouraged to change the timetable at the residents' request and this allowed flexibility. An Activities Champion was being identified to take on a leading role in embedding the changes which have been made.

Recording of activities had greatly improved with an activities diary being introduced to record participation and enjoyment of activities. This was being audited and actions from the audit were seen to be completed. Information on activity was also recorded in the individuals support plan.

Volunteers have been recruited to support with activities. PVG checks have been completed and the service was progressing with this by meeting with volunteers to see how they could support the activities identified by residents.

We were assured that people were able to have an active life with a range of activities available and that these allowed people to maintain their interests and activities.

This meant that the provider was responsive in promoting meaningful activities which took account of peoples preferences and choices.

Met - within timescales

Requirement 2

By 20 January 2023, the provider must ensure people experience safe care and support where management have appropriate oversight and monitoring of the service's quality assurance systems.

In order to achieve this, the service provider must ensure that:

- a) the quality assurance system enables areas for improvement to be promptly and accurately identified;
- b) that the outcomes of any audits are clearly recorded;
- c) where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible;
- d) quality assurance systems to monitor whether care and support records are accurate, detailed and up-to-date;
- e) quality assurance arrangements are reviewed and developed to ensure that people benefit as much as possible from their care and support; and
- f) policies and Procedures are available and appropriate for the service, including but not limited to, Adult Support and Protection, Supervision and Infection Prevention and Control.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement was made on 28 October 2022.

Action taken on previous requirement

Policies and procedures were available and appropriate including adult protection, supervision, and infection prevention and control. These policies were full and personalised to the service.

An audit overview was in place covering areas including medication, cleaning, laundry, and support plans, but other areas such as training, supervision, maintenance, and environment were not included. This information was held separately. There was a lack of evidence that this was being analysed and used to continuously improve the service.

Outcomes of the audits were recorded but did not include the responsible person or the date of completion. The service improvement plan, when read in conjunction with the audit overview, provided fuller information, but this was not updated regularly.

Support plan audits had identified that there was a need to completely update all plans and this was in process. Auditing had been suspended pending completion of this action.

This meant that although some aspects of this requirement had been progressed, there was insufficient evidence to assure people that quality assurance processes were robust and used to improve the quality of the service.

We concluded that this requirement had not been met and we have extended the timescale to meet this to 20 March 2023.

Not met

Requirement 3

By 20 January 2023, the provider must ensure that essential staff training has been completed and regular one to one supervision sessions with staff have been undertaken.

In order to achieve this, the provider must, at a minimum:

- a) prioritise training in the areas of fire awareness and evacuation; infection, prevention and control; moving and positioning; adult protection; food safety; data protection and confidentiality;
- b) organise a detailed staff training plan to include, but not be limited to, fire awareness and evacuation; infection, prevention and control; moving and positioning; adult protection; food safety; data protection and confidentiality; medication; dementia;
- c) ensure full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators;
- d) undertake regular one to one supervision with staff including a written record and

- actions;
- e) directly observe staff putting on and taking off personal protective equipment and hand washing, including a written record and any actions when issues arise; and
 - f) complete a regular audit of environmental cleanliness to include actions taken when issues arise.

This is in order to comply with: Regulation 4(1)(a) (Welfare of users) and Regulation 13(a) and (c) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This requirement was made on 28 October 2022.

Action taken on previous requirement

Staff advised that issues accessing online training had been resolved. The online training matrix showed that essential training had been completed via eLearning. A robust induction training pack was now in place.

Staff were now receiving regular supervision and this was being recorded including actions. Staff told us that they appreciated supervision.

Observations of use of PPE, handwashing, medication and general practice were being undertaken. These were recorded appropriately with actions noted and discussed at supervision.

Environmental cleanliness was being audited and was included in the audit overview. This meant that people could be assured that there were robust infection control procedures in place to promote their health and safety.

The training matrix did not hold information about in person training completed which included adult protection, skin integrity, MUST and BMI, falls prevention, anticipatory care planning and medication. There was no training audit in place.

Although some actions from the requirement had been progressed, there was still work outstanding to assure people that they could be assured that staff had the knowledge and skills to support their health and wellbeing.

We concluded that this requirement had not been met and we have extended the timescale to meet this to 20 March 2023.

Not met

Requirement 4

By 20 January 2023, the provider must ensure that people have support plans which reflect their needs and wishes.

To do this, the provider must, at a minimum:

- a) ensure support plans are developed, implemented and documented for each person, in consultation with people and/or someone important to them (their representative);
- b) ensure documentation and records are accurate, sufficiently detailed, reflect the care planned or provided and include people's health, welfare, choice, and safety needs;
- c) ensure support plans are reviewed when changes happen or at a minimum of every six months with people and/or someone important to them (their representative);
- d) include anticipatory care planning showing evidence of discussion with people and/or someone important to them (their representative);
- e) provide appropriate training, time and support to all staff involved in planning and documenting care and support; and
- f) demonstrate that managers are involved in monitoring and the audit of support plans.

This is in order to comply with Regulation 5(2)(b)(i and ii) (Support plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15), and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 28 October 2022.

Action taken on previous requirement

Anticipatory care plans were included with support plans and were also discussed at the review meeting. Minutes from a resident's meeting evidenced a general discussion about anticipatory care planning. Staff have completed in face training to support them with these discussions.

An audit of support plans was undertaken and the decision was made to completely rewrite the plans. Plans have been rewritten by keyworkers and residents and will be reviewed in meetings including the resident, family members, keywork and manager. Two of the nine residents had completed plans and these were seen to be detailed, person centred and outcomes focused. Meetings were being arranged for the other residents.

The manager advised that audits would restart following all plans being updated.

Staff had not undertaken support plan training.

Although some actions from the requirement had been progressed, there was still work outstanding to assure people that their support plans reflected their assessed care and support needs, choices and preferences.

We concluded that this requirement had not been met and we have extended the timescale to meet this to 20 March 2023.

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

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