

Rosehill Care Home Care Home Service

27 Park Road
Dalkeith
EH22 3DH

Telephone: 0131 285 6226

Type of inspection:
Unannounced

Completed on:
29 May 2024

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 provide a care service to a maximum of 11 older people, two of which can be for short breaks and respite.

There were 10 people receiving a service at the time of inspection with no respite being provided.

Supported people enjoyed personalised 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 supported people are Sisters from the order, with three other people in need of care and support also living in the home.

The service provider is the Society of the Sacred Heart.

About the inspection

This inspection visit took place on 20 May 2024 between 08:45 and 16:45.

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.

The inspection was carried out by one inspector from the Care Inspectorate. Our visit was then followed by time examining evidence remotely.

In making our evaluations of the service we:

- spoke with people using the service and staff at our visit
- considered feedback from completed and returned MS Forms questionnaires from supported people, relatives, staff and health and social care professionals
- observed practice and daily life
- reviewed documents.

Key messages

- There were very good strengths demonstrated in supporting positive outcomes for people.
- Staff members knew supported people well and this promoted good health and wellbeing outcomes.
- People's views were regularly sought, and people were involved in decisions about the day to day running of the home.
- People's independence was promoted, and people were encouraged to be physically active through exercise and physical games.
- Management were proactive when working with other professionals to achieve positive outcomes for supported people.
- Personal plans held good information about the person's care and support needs - we have made some improvement suggestions.
- Staffing arrangements currently met the needs of supported people.
- Training and development was ongoing with additional training being planned.
- Management demonstrated a commitment to provide high quality care and support to people.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care and support provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People experienced kindness, compassion, dignity and respect in how they were supported and cared for. Each person had a key care worker which led to positive relationships, with the worker knowing the person's care needs and preferences really well.

Supported people were very complimentary about the care and support they received in Rosehill, and all looked relaxed and comfortable in their environment and with staff presence.

People were involved in decisions about the day to day running of the home. Monthly residents' meetings were held which were well attended with management providing updates on various topics including staffing arrangements. People's views were sought, and decisions agreed at those meetings. Recent decisions made were around activities, menus, and the employment of a gardener.

People's independence was promoted, with guidance given from management relating to associated risks to help make informed choices. People could choose where and how they spend their time and how they managed their own daily routine. This could include going to chapel in the morning, following their own interests during the day and having afternoon tea together. Some people were regularly out and about in the community.

One external professional told us: "The manager and staff members are all supportive of the residents to continue living their life as well as they are able to. They support and encourage the residents to remain as independent as possible and ensure changes within the home are discussed with all staff and residents."

There were opportunities for meaningful engagement and activities within the home. People were encouraged to be physically active through exercise and physical games. Along with family and friends the community was also welcomed into the home. With local musicians visiting and recently nursery children which was a great success. Notable events and birthdays were celebrated. There were group trips out and about, the most recent being an Orient Express Experience and fish and chips on the promenade at Portobello.

People were stimulated and engaged through their spiritual connection and through meaningful conversations with each other and with staff throughout the day. Staff had time to engage with people on a one-to-one basis, to chat and reminisce.

We have suggested staff complete a Scottish Social Services Council (SSSC) Open Badge on meaningful connections. This should give them more confidence and skills to ensure people are consistently supported to be active, engaged and stimulated throughout the day.

People were supported well with nutrition and hydration. Food was cooked and prepared in the care home. Meals were discussed at each residents' monthly meeting and adjustments made to the menu to meet individual requests. People told us they enjoyed the food.

People's weight was monitored to identify if further support was needed from a health professional, for example a doctor or a dietician. There were other monitoring systems in place to ensure people's wellbeing.

With staff knowing people well they were able to recognise if there were any changes to the person's health and wellbeing needs. Where concerns were identified referrals were made to appropriate professionals in a timely manner. Families were also contacted about health and wellbeing concerns and kept up to date. This reassured them about the care and support their relative received.

Procedures were in place to safely support people with their medication. Medication administration was monitored well, and any errors analysed with staff to gain learning and bring about improvement. There were very good protocols in place to support the administration of "as required" medication when a person was stressed and distressed. Specific steps to take were detailed in the protocol for staff to try to reduce the stress prior to making the decision to administer medication. There was very good communication with the local general practitioner (GP) and the local pharmacy. This ensured any medication changes were acted upon quickly. There was very good involvement with other health professionals including the care home support team and district nurses.

Feedback from supported people, relatives and external professionals all considered people's health benefited from the support they received at Rosehill. That staff were well informed about people's care and health needs and how to support them.

Overall, there were very good strengths demonstrated in supporting positive outcomes for people. One relative told us: "Staff and setting excellent to provide wellbeing. The care and support I would say has been outstanding."

How good is our leadership?

5 - Very Good

We found significant strengths in relation to the leadership of the service and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Management demonstrated a commitment to provide high quality care and support to people which reflected the values and aims for the service. Management promoted a learning culture and sought continual improvement of the service. The manager was a good communicator and advocated on behalf of supported people and staff, was approachable and evidenced transparency and openness.

Staff told us how supportive the manager was. Staff considered they were able to play an active part in evaluating and improving the quality of the service they work in. The manager provided very good stability within the home.

Relatives were confident in the leadership of the home. One told us: "The manager is very friendly and approachable; nothing is too much trouble." One supported person described the manager as "a caring and responsible person."

The quality of the service was being checked through various quality assurance systems and processes including satisfaction questionnaires and internal audits. We have suggested an additional audit is undertaken in relation to daily recordings.

Incidents were managed well and learning was sought to reduce reoccurrence. Future planning and improvement were progressed through improvement plans.

Management worked very well with health and social care professionals to achieve positive outcomes for supported people. One external professional told us: "Very dynamic and motivated manager. Has a good staff team who are all approachable and are keen to learn. Manager always takes time to meet with me when I visit and discuss any concerns they or I may have."

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At the inspection visit there were sufficient staff on duty to meet people's needs. Staff told us they had enough time to care and support people without rushing. Relatives and external professionals considered staff had enough time to support and care for people. We were satisfied staffing arrangements currently met the needs of supported people.

Whilst agency staff were being used periodically, rota management ensured there were always familiar staff on duty. Having familiar staff allowed good relationships to develop between staff and supported people.

Training was provided face to face and via e-learning. Staff were complimentary about their training and had completed relevant mandatory training. In-house training was being developed with plans for additional training like palliative care to be delivered. Other training to complete includes tissue viability and client specific training like diabetes and osteoporosis. To support the improvement of care planning there were plans for care planning training to be delivered. There were plans for staff to complete the promoting Excellence Dementia Skilled Practice level. We have suggested staff complete the SSSC Open Badge on meaningful connections. The planned training should further enhance staff's competencies and knowledge.

A "Champions" role was being developed. This should ensure there are staff who vigorously support and promote particular areas of practice and policy. Staff should be able to approach these champions to get advice. For example around nutrition, oral care and medication.

One to one supervision meetings were taking place with staff. We have made some suggestions to the format of the supervision record document including adding sections which prompt discussions around reflective practice, values, and care standards. Observations of competency were also undertaken. These supported staff members' development and learning, so people could be confident staff supported them well.

There was good information from various sources showing the staff team were working well together. These included observations of staff at the inspection visit and positive feedback from staff, supported people, relatives and external professionals. One external professional stated: "It is a pleasure going to Rosehill, the staff are so professional and work extremely well as a team."

How good is our setting?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At our visit we found the atmosphere in the home to be calm and relaxed. Staff were friendly and supported people were happily going about their daily routines. Feedback from supported people, relatives and external professionals was positive about the environment. The ambience was described as "homely" and "welcoming" and all considered the home to be clean. One person stated: "they keep it very clean." Cleanliness was supported through the use of cleaning schedules and environmental checks and audits.

The laundry was clean and tidy. The lay out allowed for safe laundry procedures to be followed to reduce the risk of contamination. Feedback from supported people and their relatives was positive - all agreeing the laundry service worked well.

At the time of the inspection visit the home was using an outside company for repairs and maintenance whilst a new maintenance person was sought. Recruitment had been successful with plans for a new person to start working soon. This should ensure repairs and maintenance tasks are addressed in a timely manner with the maintenance person leading on the process of safety checks undertaken at their required frequencies.

Internal environmental improvements of the building were ongoing. Last year a new heating system was installed. Prior to a new person moving in the home, their room was decorated, and new furniture purchased. A refurbishment audit was undertaken in March 2024 which identified additional improvement work needed. This includes new flooring, furniture, and significant repairs. Refurbishment is included on the service improvement plan.

The garden was a lovely place for people to spend their time. Some people also enjoyed working in the garden tending the flowers. The garden will be enhancing people's emotional wellbeing.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans sampled held good information about the person's care and support needs. Relevant health monitoring documents and risk assessments were in place. Plans had person-centred information including people's daily routines and people's preferences were incorporated into the various plans.

Plans listed people's health conditions. We have advised to include additional information on the health condition itself in the plan and how the condition impacts on the person's life. This will give staff a clearer understanding about people's health challenges.

Some people were involved in their own personal planning, spending time with their key workers and agreeing the plan.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or need support to make.

Plans were reviewed on a monthly basis and at the formal six-month review. Where there was new or changed information this did not always result in the care plan being updated. We have suggested some changes to the six-month review process to prompt the updating of plans and more scrutiny of individual care plans through the auditing process. This to also include checking all plans have been dated.

A hospital pack was in place for each person, with relevant information for the hospital and emergency services to refer to. This ensured health professionals had correct information available to them, about the person, to help make clinical decisions.

Each person had a one-page mini plan document which provided a short overview of the person's support needs and preferences. There was also guidance for night staff around people's supper and beverage choices. We have advised for this information to be reviewed and combined in the mini care plan along with additional relevant information. And to have these plans available and easily accessible for agency and new staff to refer to.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.4 Staff are led well	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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