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Rosehill House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rosehill House residential home is a care home providing personal care to 21 people aged 65 and over at the time of the inspection. The service can support up to 27 people.

People's experience of using this service and what we found

Medicines were not always managed safely, systems were not in place to ensure people received medicines at specific times. As required medicines (PRN) were being administered on a frequent basis even though care notes demonstrated the person didn't require the medicine. Staff were not always recruited safely, there were enough staff to take care of people. Care plans and risk assessments detailed what care and support people needed to reduce risk to them. People told us they felt safe.

Staff did not always receive appropriate training, however a plan was in place to ensure training was brought up to date. Staff were supported and felt supported by the management team. Staff received supervision. People's needs were assessed, and outcomes recorded. People were offered a choice of food and drink. The service worked with other health care professionals.

People who used the service told us staff were kind and caring. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People told us staff treated them with dignity and respect, they were involved with the planning of their care and their views were listened to.

People's end of life wishes had not been explored and documented. There were a complaints procedure and people knew how to complain. People's likes and dislikes were recorded in people's care plan and staff knew people and their preferences well. People's communication needs were in their plans. People had a good range of activities in place and people were happy with what was on offer.

People spoke highly of the manager and provider who they said was approachable and supportive. The provider and registered manager understood the regulatory requirements; however, there has been several months where monitoring the quality and safety of the service had not occurred. People told us they thought the service was well led.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was inadequate (published February 2019). The provider completed an action

plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

This service has been in Special Measures since December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches at this inspection in relation to not doing all that is reasonably practicable to mitigate risks, this is a breach of Regulation 12: Safe care and treatment.

Not monitoring the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17: Good governance.

We have made a recommendation about the handling of disclosure and barring certificates.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Rosehill House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rosehill House residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection in December 2018. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service.

This information helps support our inspections.

During the inspection-

We reviewed a range of records. These included three people's care records and medication records. We also looked at three staff files around staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and a variety of audits implemented by the provider.

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with nine staff this included the provider, manager, supporting manager, senior care staff, care staff, activities coordinator and the cook.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. There were no processes in place for people who required medication at specific times. For example, 30- 60 minutes before food.
- We could not be assured staff applied topical creams to people as prescribed. Body maps were used for those people needing topical cream application. However, there were no medication administration records (MARs) in place to demonstrate the creams had been applied.
- Some people managed elements of their own medicines. However, there were no risk assessments in place to ensure any risks are mitigated.
- One person had administered their own medicated creams. However, due to a change in need staff now administered the cream but there were no records to demonstrate this had happened.
- For one person who was unable to communicate verbally when in pain their plan did not explain to staff what they should observe.
- One person was prescribed medicine to manage anxieties on an 'as and when basis' (PRN), however, they were receiving this medicine twice a day. The person's care plan and PRN protocol did not provide clear guidance as to when the medicine should be administered. The person's daily notes often recorded the person was content and settled at that time of day.

We found no evidence that people had been harmed. Due to not demonstrating they did not follow safe medicine procedures this is a breach of Regulation 12: Safe care and treatment. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all actions had been completed.

Staffing and recruitment

- Relatives told us, "They are occasionally short staffed. It's hard for the staff," and "There's not always enough staff to cover shifts, staff have to do their best."
- We spoke with the manager about staffing, the manager informed us there had been some issues previously, however, this is now resolved. We checked the service dependency tool and staffing rota, the service was adequately staffed.
- Safe recruitment procedures were not in place for the most recent recruits to ensure only staff suitable to work in the caring profession were employed. This had been identified through an audit completed by the manager and provider. Actions had been taken to mitigate risk people.

- Copies of disclosure and barring services (DBS) certificates were not kept in staff member's files.

We recommend the provider considers current guidance on handling DBS certificate information and update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I have been safe here. I need my walker [Zimmer]. I get regular pain meds, I ring at 7.30am, if no one has already been they will bring me my tablets, then I can move. I get plenty of attention and I go to bed when I am ready" and "I'm safe, because of a good boss. The hoist makes me feel not safe though."
- Comments from family included, "Oh yes, [relative] is safe, they have had no falls", "She fell in the night and hurt her arm, but there's always someone about", and "They do regular checks. [Relative] has got new furniture and a hospital bed."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

Assessing risk, safety monitoring and management

- The service aimed to obtain detailed information about a person before a new care package commenced. Before support was provided an initial assessment was undertaken to make sure the service could meet people's needs.
- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Preventing and controlling infection

- There was a malodour in different areas of the home. We discussed this with the manager and the provider. They told us the flooring throughout the downstairs of the home was going to be replaced which will help with this issue. The provider agreed to deep clean the carpets as an interim measure.
- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Learning lessons when things go wrong

- The manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not always trained to be able to provide effective care. There were several staff who's training updates were out of date. The manager and provider had completed an audit of training and training was booked to ensure people were up to date.
- Staff told us they felt supported in their roles and received supervision sessions. Staff appraisals had recently been updated. Staff felt able to raise issues at any time with the new manager and provider.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us, "I don't like the meals, they do them continental, I like my meal separate." "The food's alright" and "The food's alright but I have lost weight, they say, 'if you want something you shall have it'."
- There was little evidence that people were offered a choice of food at meals time. We discussed this with the manager and the provider. They had recently spoke with people about the meals they wanted to have. New menus had been revised and were being implemented.
- We spoke with the cook and they were unaware of people's dietary requirements. We followed this up with the manager who informed us the cook wasn't the normal cook. The manager and provider had identified information regarding diets was missing from the kitchen and was going to ensure it was replaced.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- No one required their food and fluid intake monitored, however, the service recorded this in people's daily notes to help monitor and identify early if there were any concerns.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were comprehensive, outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies and professionals to ensure people received effective care.

- Where people required support from other professionals this was provided, and staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

Adapting service, design, decoration to meet people's needs

- The carpets in certain parts of the property were heavily stained, this had been addressed in the action plan.
- There were two toilets that did not have any locks on the doors, we spoke with the provider who told us they were unaware of this but would resolve as soon as possible.
- The home had a secure garden area that people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside whilst maintaining a safe environment for them. One person told us, "I spend my life in the garden." Another person told us, "We are growing some vegetables, we have a rabbit and I feed it."
- General redecoration and refurbishment were on-going to make sure people were provided with a nice environment. There was a refurbishment plan in place demonstrating actions taken and outstanding action.
- Specialist equipment was available when needed to deliver better care and support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager understood the need to include any conditions in the care planning process to demonstrate they had been met.
- Mental capacity assessments we saw were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf.
- Support staff told us they had received training in the MCA and DoLS. This helped them to understand how to protect people's rights.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received good care and support from staff. Comments included, "Visitors come, loads of them, when they want. I woke up at last night at three o'clock, I asked them [staff] to wash me and was thrilled to bits when they did it and got me up. I slept a bit in the lounge. [Staff member] couldn't be nicer, there's some really good ones, they are more like family", "They are good and do their job. I have no problem with them, there isn't a bad 'un among them", and "Most of them are kind. [Staff member] and [staff member] are angels."
- Relatives told us, "They are nice, lovely and seem kind. [Staff member] is good, [relative] likes them", "I can come any time. I have had a review with social services", "They are alright, I get on alright with them all. I can come any time. You can rely on [staff member]."
- One staff member told us, "One [person] wants cuddling all day. People miss you when you're not on shift. Some people just want to chat and hold your hand. [Person] you can't understand what they are saying but it's important to them you listen. People need affection and companionship. I'm an agony aunt and everything."
- Staff we spoke with were positive about their role.
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to be involved in decisions about their care, as far as possible, in making decisions about the care and support they received. People had completed surveys, reviews and attended meetings to share views.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that, people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how

they maintained people's dignity whilst delivering care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had access to a range of activities within the home such as hairdresser visit, nail painting and craft activities. One person told us, "[Staff member] does activities and comes and talks to us. We throw marble bags in a bucket, I scream laughing." Another person told us, "There's no activities, I just walk in the garden."
- Relatives told us, "[Staff member] does activities, but [relative] doesn't interact" and "There's lots of activities, [relative] joins in as best they can."
- The activities co-ordinator told us, "I try and have a schedule, but we don't always follow it. [Person] wanted some gold ear-rings, we did online shopping, [person] picked their own, we then went and bought them at the weekend. I do one-to-one with people. One person likes to do crafts, they tend to go outside quite a lot, gardening. We've potted lots of plants, we also play cards and dominoes outside mostly. [Person] has named the rabbit Emma after their mum, [person] likes to sit and cuddle the rabbit. The rabbit will let [person] do this all day."
- People living at Rosehill House had an individualised plan of their care, drawn up with them and other professionals, where appropriate, based on an assessment of their needs. Plans were reviewed regularly.
- People's care plans were detailed and contained information about people's likes, dislikes, specific needs, their personal preferences, and how staff should best support them to live happy, contented lives. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- We received positive feedback from other professionals who visited the service who told us the service was focussed on providing good care and support which led to good results for people. For example, the local authority told us the home was working closely with them to improve the quality of their care plans and the lives of people living at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans described the person's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People told us that they knew how to complain. One person told us, "I would complain to [staff member] or [staff member], I have no complaints." Another person told us, "I would tell [staff member] if I had any complaints, I've not really complained."
- One relative told us, "They have plastic cups and they are stained, I complained, and they are replacing them." We spoke to the provider regarding this issue, they showed us evidence that new cups had been ordered.
- Complaints were managed in line with the policy. People said that they felt able to speak to the manager or provider at any time.

End of life care and support

- The manager informed us they were not currently providing care for people at the end of life.
- The service had not explored all people's preferences and choices in relation to end of life care in case a sudden death may occur. We discussed this with the registered manager, who informed us they would ensure records would be updated. Training was also booked to provide staff with the knowledge they require in this area.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were a range of quality assurance systems and audits in place to monitor the service. However, these had not been completed for several months. These audits had been re-implemented over the last two months. However, they need time to be embedded.

Due to not monitoring the quality of the services, this is a breach of Regulation 17: Good governance. The Health and Social Care Act 2008. (Regulated Activities) regulations 2014.

- A supporting manager told us the provider was much more involved in the management of the home and had engaged with the new electronic system to monitor and check performance in the home.
- There was a manager in post who provided leadership and support. They were currently being supported by one of the providers who was previously the registered manager. We found the management team open, honest and committed to making difference to the lives of people living at the service.
- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and the staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people living at the service.
- The quality of the service was also monitored using surveys to get the views of people who used the service and their relatives. This was completed either face to face or via the telephone. The last survey overall results were positive.
- Staff told us, "Things are a lot better now, it's picking up. We are getting on top of care plans. We have more conversations with [manager]. [Manager] is approachable I would feel listened to." "Lot better than it was three months ago. [Manager] has been round and chatted with everyone. Seen lots of changes for the better since last manager left."
- "[Provider] is a wonderful person; they are getting the doctor for my pain in my leg when I am in the hoist. Anything you need [provider] gets it. [Provider] is the best thing. They are so kind [provider] sits with me if they have time."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People who used the service and relatives were positive about the management. Comments included, "[Name] is the manager. I can talk to them. If I had complaints I would go to [name] or [name]. I've been invited to meetings, I've not come. They always phone if there is anything wrong or if [relative] is ill." "I find [provider] easy to talk to. I told them about [relative's] room and so they are moving her next door which has been done and has new furniture and they will revamp [relative's] room. I am really pleased."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The manager had only worked for the service for a short period of time. However, they had a clear understanding of their role and the organisation. The provider was supporting within the home on a daily basis.

Continuous learning and improving care

- The manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The manager demonstrated an open and positive approach to learning and development.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with social workers and Barnsley contracts team and commissioners.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not demonstrating followed safe medicine procedures
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Inconsistent monitoring of the quality of the service. Audits were not effectively implemented for several months.