

Mr Azad Choudhry & Mr Aurang Zeb

Rosehill House Residential Home

Inspection report

Keresforth Road
Dodworth
Barnsley
South Yorkshire
S75 3EB

Tel: 01226243921

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosehill House Residential Home is a residential care home providing personal care to up to 27 people in one adapted building over two floors. There were 12 people living at the home at the time of the inspection.

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

People were safe living at Rosehill House. Systems and processes were in place to safeguard people and staff were knowledgeable about these. Risks to people were assessed and their safety managed and monitored. People's needs were regularly reviewed and staffing levels supported people's needs. Medicines were administered safely. Infection prevention and control was in place. Accidents and incidents were reviewed and lessons learnt shared with staff.

The home was well-led. People and staff told us they knew the registered manager and provider well. There was a scheduled system of checks and audits. The registered manager regularly communicated with people, relatives and staff to keep them informed. The registered manager had systems in place to keep updated with legislation and best practice. The registered manager regularly reviewed practices in the home to improve care quality. The home worked closely with the Local Authority.

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 and update

The last rating for this service was good (published 7 October 2020).

Why we inspected

We received concerns in relation to the management of risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosehill

House Residential Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors visited the 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 a 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 registered 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care worker, care workers and the cook. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and records relating to staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one staff member.

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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at the home. One person when asked if they felt safe said, "Safe? Yes, of course I do."
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff knew about whistleblowing procedures and were confident their concerns would be acted on by the registered manager. Staff were confident to speak to the provider.
- The home had systems in place to record concerns and what actions had been taken to protect people.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and action taken to mitigate these risks. Records showed the home had considered the least restrictive option when doing so. There were clear controls in place.
- The registered manager completed a pre-admission assessment which identified and recorded key areas of managing risks to people's safety. This was used to inform the care plans which detailed how to care for people safely.
- Risks were regularly reviewed. Information about any changes to the risks for people were shared at staff handovers.
- Staff understood the potential risks to people from their dietary needs.
- External contractors undertook regular servicing and checks of premises and equipment. Internal checks also took place to ensure the environment was safe.

Staffing and recruitment

- People's needs were met in a calm and unhurried manner and staff said staffing levels were good. One person told us, "Yes, they [staff] are here straight away. They check on me every couple of hours." A staff member said, "(There's) enough staff."
- The registered manager used a dependency assessment tool to consider staff deployment. There were two vacancies at the home which meant the activities role had not been covered for a period of weeks, however there were sufficient care staff to support activity provision in the afternoon. The registered manager was in the process of interviewing for these posts.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered posts.

Using medicines safely

- Medicines systems were well-organised and people were receiving medicines when they should.
- Staff administering medicines were trained and had their competency to administer medicines checked regularly.

- Medicines administration records (MARs) contained all the necessary information for the safe administration of people's medicines. People's allergies were documented and risks to people from these mitigated.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- A person told us, "(The) cleaner does a good job. They change my bed. Room is always spotless. They put stuff away for me."

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken, where appropriate, to mitigate future risks.
- The registered manager considered themes and trends from any accidents and incidents.
- Staff were encouraged to report accidents and incidents and these were dealt with promptly and lessons learnt and shared, where appropriate.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and staff told us the service was very well-led. People knew who the registered manager was, and it was clear the registered manager knew people well. Staff comments included, "[Registered manager] chats to people to brighten their day."
- The registered manager had an open-door policy and staff were encouraged to discuss and share any concerns. Staff confirmed this; one staff member said, "I know [registered manager] would sort it out with me. [Registered manager] would sort straight away or we'll do together."
- The registered manager described how they were very well-supported by the provider.
- The provider had a good understanding of their responsibilities and visited the home regularly. The provider and registered manager acted according to duty of candour requirements.

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

- The registered manager was very clear about their responsibilities and those of their staff. The registered manager was vigilant about keeping updated on current practice and legislation. They had recently started to share their knowledge with senior staff, encouraging and supporting them to develop.
- Good governance arrangements were in place. The provider undertook regular audits which covered all aspects of the service and ensured a focus on improving quality at the home. A staff member confirmed, "Care plans are the best they've ever been."
- The registered manager had good oversight of the home. A daily walk round was undertaken and the registered manager was engaged in the day to day running of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There had not been any residents' meetings, however the registered manager spoke with people regularly to engage them in the home. One person was supporting the registered manager in interviewing for new staff. People were consulted about their room decorations and the registered manager planned to involve people in future identified refurbishments to communal areas.
- People's equality characteristics were recorded and used to inform care. For example, the registered manager had recently made arrangements for one person to access religious services in the community.
- The registered manager kept in regular contact with relatives and knew them well. The registered manager

spoke with relatives when they visited and kept them informed.

- Regular meetings took place with staff and minutes were available for staff unable to attend.

Continuous learning and improving care; Working in partnership with others

- Staff were encouraged to get to know people well and use this to improve care. Information was shared to ensure staff used this to support people in a personalised way.
- A recent incident had been reviewed and used to improve care across the home. Staff had been involved in discussions about this.
- The home had worked closely with colleagues from the local authority to improve care at the home and learn from any concerns raised. The registered manager took immediate action to address any concerns and was proactive and open about these.
- The home had links with the local school who had visited the home to bring gifts at Christmas and Easter.