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Rosehill House Residential Home

Inspection report

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21 September 2020

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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 Residential Care Home is a 'care home' providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

People told us they felt safe. Medicines were managed safely. However, we recommended the manager follows best practice guidance in relation to recording dates when medications are opened. Staff were recruited safely, and there were enough staff to take care of people. Support plans and risk assessments detailed what care and support people needed to reduce risk to them.

People spoke highly of the management team, commenting they were approachable and supportive. The manager understood the regulatory requirements. People told us they thought the service was well-led.

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 requires improvement (published 10 September 2019), and there was a breach of regulation. 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 and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5 August 2019. Breaches of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

The inspection team consisted of two inspectors.

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 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we have changed the way we inspect due to Covid-19 and needed to check with the registered manager what information we could review electronically and what we would need to look at on site. During this phone call we discussed any

risks to people and the inspection team, we asked the provider to advise us which door to use and tell us where to put on our Personal Protective Equipment (PPE) after checking ours IDs.

Inspection activities started on the 15 September 2020 and ended on the 21 September 2020. We visited the care home on the 16 September 2020.

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, professionals who work with the service and 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 this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with four members of staff including the manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives about their experience of the care provided to their loved ones.

The manager sent various documents electronically that we reviewed. We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to demonstrate they followed safe medicines procedures. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Medicines were stored safely and at the right temperature. Records showed that people received their medicines in the right way.
- There was a system in place to support staff to know when creams, gels and eye ointments were opened. However, dates of opening were not recorded on these items. We found no evidence to suggest that these recording issues had any detrimental impact on people's care or quality of these products because they had not been used over their expiry dates.

We recommend the provider consider current guidance and act to update their practice accordingly.

- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked annually. Records showed staff were up to date with medicines training.

Staffing and recruitment

- There were enough staff to ensure people received safe care.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed.
- 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.

Systems and processes to safeguard people from the risk of abuse

- Some staff training was out of date. However, this had already been identified by the manager and staff

had been issued with links and paperwork to update their training. Staff confirmed they had received this. Although some training was due, in our conversations with staff we were reassured they knew about signs of abuse and neglect to look out for and what to do if they had any concerns.

- The provider had appropriate systems in place to safeguard people from abuse. People told us the service was safe. Comments included, "I feel safe here, [staff member] looks after me". Relatives added, "I feel that [relative] is safe, they are in the right place".
- 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. Staff received appropriate training.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Staff and the management team had a good understanding of the required COVID-19 infection control guidance. There was enough personal protective equipment (PPE) available.
- Regular testing was being carried out for people who used the service and staff.
- Staff completed training on infection prevention control and safe working practices during the COVID-19 pandemic. Staff were able to describe the correct circumstances for wearing their PPE.
- Staff worked hard to maintain cleaning standards in the service. The environment was clean, well maintained and there were no malodours.

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

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

At our last inspection the provider had failed to monitor the quality of the service. This was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented quality assurance systems to monitor the service. These had been effective in identifying areas for improvement. When issues had been identified, these were added to an action plan and action had been taken to make improvements.
- There was a manager in post who provided leadership and support. We found the management team were committed to making a difference to the lives of people living at the service.
- People who used the service received good quality person-centred care. Details of key life events were documented in people's support plans this ensured staff knew about what was important to people and could celebrate together.
- The manager understood which incidents and events must be reported to CQC. We were satisfied they had notified CQC of all relevant incidents prior to this inspection.

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

- People and staff were engaged with the service. Staff met with the manager on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- Staff and other stakeholders who used the service had completed a survey of their views about the service. The manager was looking at new ways of obtaining people's views without having to send paper surveys to people.
- The management team made themselves easily available to people using the service, relatives and staff.

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

- There was an open and honest culture in the service. People were complimentary about the manager.
- 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. Staff were able to explain how they supported people which reflected information recorded in people's support plans.
- The manager had a clear understanding of their role and the organisation, and the lines of managerial support available.

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. Improvements to the service were made following changes in policy and procedure, to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and analysis of incidents was used to inform changes and make improvements to the quality of care people received.

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 clinical commissioning groups, social workers, mental health services and Barnsley local authority.