

Mr Azad Choudhry & Mr Aurang Zeb

# Rosehill House Residential Home

## Inspection report

Keresforth Road  
Dodworth  
Barnsley  
South Yorkshire  
S75 3EB

Tel: 01226243921

Date of inspection visit:  
19 December 2017

Date of publication:  
12 April 2018

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection on 19 December 2017. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

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. Rosehill House is registered to provide accommodation for persons who require nursing or personal care. The service can accommodate a maximum of 23 people. The service is a detached property within its own grounds. At the time of the inspection there were 22 people living at the home.

Our last inspection at Rosehill House took place on 6 and 7 September 2016. The service was rated Requires Improvement overall. We found the service was in breach of four of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of these regulations. However, at this inspection we found the registered provider was not submitting notifications to the Care Quality Commission every time a significant incident has taken place, This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents. You can see what action we told the registered provider to take at the back of the full version of the report.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had the necessary skills and understanding to support people to evacuate safely in the event of a fire. We saw the registered manager was in the process of completing personal emergency evacuation plans (PEEPs) for everyone who lived at the service. PEEPs are a support plan for people who may need help and assistance to leave a building in the event of an emergency. We recommended the registered manager prioritise the completion of these assessments so associated risks are mitigated in the event of an evacuation.

The staffing numbers were worked out using a dependency tool. This identified the level of dependency for each person, such as low, medium and high dependency. We identified inconsistencies with the quality of people's dependency assessments. Throughout the day we observed that people received timely care and staff did not appear rushed.

We found systems were in place to make sure people received their medicines safely so their health needs

were met. We asked the registered manager to start recording room temperatures to ensure medicines are stored in appropriate conditions. If medicines are not stored properly they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine.

The service employed a part-time activities coordinator and we saw a programme of activities was offered at the service. We received mixed feedback from people who used the service about the quality of activities provided.

We saw some people who used the service were living with dementia. We identified improvements to the adaptation and design of the service to make the environment more dementia friendly.

People's care records contained detailed information and reflected the care and support being given. However, we found care records needed more detail about people's social histories and preferences, such as likes and dislikes.

People spoken with were very positive about their experience of living at Rosehill House. They told us they were happy, felt safe and were respected.

Staff were provided with relevant training, which gave them the skills they needed to undertake their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

## 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.

The provider had systems in place for managing medicines and people received their medicines in a safe way. However, we were not confident that medicines were stored under appropriate conditions as room temperatures were not being recorded.

Through our observations and by talking with staff, we found there were enough staff available to meet people's needs. However, improvements were needed to the service's systems and processes to calculate staffing levels.

Risk assessments were undertaken which identified risk and the actions needed to minimise risk.

Staff knew how to safeguard people from abuse and had received training in this subject.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests. Care records were not always clear when a person lacked the mental capacity to consent.

Staff received supervision and appraisal in regard to their development and support.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

**Good** ●

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

### Is the service responsive?

The service was not always responsive.

Although staff understood people's preferences and support needs, this was not always reflected in care records.

People living at the service gave mixed feedback about the quality of activities provided at the service.

People's care plans contained a range of information and had been reviewed to keep them up to date.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

We found the registered manager was not always submitting notifications to the Care Quality Commission every time a significant incident had taken place.

The service promoted a positive and open culture, where staff and people living at the home had confidence in the registered manager.

Audits were carried out regularly which identified required improvements.

**Requires Improvement** ●

# Rosehill House Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 December 2017 and was unannounced. The inspection team consisted of two adult social care 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.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned as requested. This information was considered as part of our judgements made about the service.

During the inspection we spoke with five people who used the service and nine visiting relatives. We spoke with the registered manager, deputy manager, three senior care assistants, one care assistant, one activities coordinator and the cook.

We spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to the people who lived at the service, staff and the management of the service. This included three people's care records, three staff records, and the systems in place for the management of medicines and quality assurance.

## Is the service safe?

### Our findings

We checked progress the registered provider had made following our inspection on 6 and 7 September 2016 when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because the registered provider failed to take all reasonable steps to make the premises safe and control the risk of infection. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. We found there were satisfactory systems in place to control the risk of infection. We saw the home was clean and domestic staff were observed using protective clothing and colour coordinated cleaning materials to reduce the risk of cross contamination. We saw the service carried out regular checks of the environment and in their October 2017 infection control audit the registered provider identified no issues and reported all rooms were in fair or good condition. The registered provider had a refurbishment plan in place which identified areas for improvement around the home. One completed action was replacing carpets in communal areas and re-painting walls. We saw the registered provider had addressed our concerns from the previous inspection about infection control risks in the laundry room.

Everyone we spoke with told us hygiene standards at the home were good. One visitor said, "There is an acceptable standard of hygiene, [the service] very rarely have bad odours."

We checked progress the registered provider had made following our inspection on 6 and 7 September 2017 when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because there were not always sufficient numbers of suitable competent and skilled staff to meet the needs of people living at the service. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

On the day of the inspection the following staff were working at the service; one senior care assistant, two care assistants, one domestic assistant, one laundry assistant and one activity coordinator. The activity coordinator was employed part-time for 20 hours per week, Monday to Friday. We looked at staff rotas and found they reflected the number of staff working. For night time shifts the rota showed two care assistants scheduled to work. The staffing numbers were worked out using a dependency tool. This identified the level of dependency for each person as low, medium or high dependency. The registered manager told us they were not following written guidance to assess people's level of dependency. This meant people's assessments were at risk of being scored inconsistently and therefore not an accurate reflection of their identified needs. If people's dependency assessments were under-scored this could adversely impact on the overall staffing levels at the home, which in turn puts people at risk. The registered manager told us they would start using a recognised dependency tool and review all assessments.

People spoken to said they had no concerns with the number of staff on duty, and did not report any impact on the care delivered. One person told us, "There are enough [staff], I think so, there are always enough for me." People told us staff were good at responding to call bells when they needed assistance. All people spoken to said the staffing levels were good and they see the same staff each day. Throughout the day we observed people received timely care and staff did not appear rushed. This showed there were sufficient



numbers of suitable competent and skilled staff to meet the needs of people who used the service.

Information shared with CQC prior to the inspection about an incident indicated potential concerns about the safety of people who were at risk of harm if they left the service unsupported. This inspection examined those risks and the service's supervision and control measures to keep people safe. We saw people had access to the service's communal garden which had a small perimeter fence. During the inspection we observed people living at the service use the garden unsupervised who were also assessed to be at risk if they left the service unsupported. The registered manager told us they used Closed Circuit Television (CCTV) in the garden area to ensure people were safe. However, we saw periods where the CCTV feed was not being monitored and therefore the registered manager was not doing all that is reasonably practicable to mitigate the risks. The registered manager told us they would review their systems and processes to maintain the safety and wellbeing of people who were at risk of leaving the service unsupported.

We saw staff had completed training on fire safety and evacuation and a general evacuation plan in place. This meant staff had the necessary skills and understanding to evacuate people safely in the event of a fire. We saw the registered manager was in the process of completing personal emergency evacuation plans (PEEPs) for everyone who lived at the service. PEEPs are a support plan for people who may need help and assistance to leave a building in the event of an emergency. We recommended the registered manager prioritise the completion of PEEPs for everyone living at the service.

We looked at five people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made. This meant correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked showed staff had been provided with relevant safeguarding training.

People who used the service told us that they felt safe and commented; "I feel safe, I don't worry about the others living here."

We found people's medicines were managed in a safe way. Medicine was administered to people by the care staff. We checked three people's Medicine Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MARs. Medicines were stored securely. The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. At the time of inspection no one living at the service were being prescribed CD's. This

showed safe procedures had been adhered to.

All of those who spoken with were happy with the support they received for their medicines. One person commented, "They always give me my pills at the right time of the day."

We looked to see if medicines were stored safely and at the right temperature. We saw the service were not recording room temperatures which meant we were unable to check whether medicines had been stored at the right temperature. If medicines are not stored properly they may not work in the way they were intended to, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. We saw some people living at the service stored their medicines in a drugs fridge under conditions which ensured that their quality was maintained. Fridge temperatures were being recorded daily and were within a safe range. We recommend the registered provider start monitoring room temperatures and implement a contingency plan so that medicines are always stored under optimal conditions.

We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information. However, policies were not dated. It is important to date policies so it is clear when these need to be reviewed or updated so information stays relevant. We saw regular audits of people's MARs were undertaken to look for gaps or errors and to make sure safe procedures had been followed. We saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

We looked at three staff files and found safe procedures for recruiting staff were followed. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We found there were satisfactory arrangements in place for people who had monies managed by the service. We examined two people's financial transaction records and found they were fully completed and corresponded to the hard copy record. The registered manager was aware of the actions to take when handling people's money so safe procedures were adhered to and this helped protect people from the risk of financial abuse.

## Is the service effective?

### Our findings

At our inspection on 6 and 7 September 2016, we found a breach in the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 18, Staffing. This was because staff were not receiving regular appraisals. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. At this inspection we found improvements had been made and the service was no longer in breach of this regulation. We looked at the supervision and appraisal matrix for all staff. This showed care staff had been provided with supervision at regular intervals and an annual appraisal. Staff spoken with confirmed they were provided with regular supervision and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements.

People we spoke with told us they thought the care staff were well trained and performed their jobs well. We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness. This meant all staff had appropriate skills and knowledge to support people.

We found improvements to the environment were needed to ensure people's individual needs were met by the design, adaptation and decoration of the service. The registered manager told us some people who used the service were living with dementia. We saw colour schemes used for carpets, railings and light switches were not dementia friendly. We recommend the registered provider consider relevant guidance when making improvements to the environment.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection the registered provider told us there were five people living at the home who were subject to a standard authorisation with no conditions. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the provider was working to the principles of the MCA.

We looked at the care records for three people who used the service and there was evidence that people were consulted about how they wanted to receive their care and where possible consent was obtained for care and treatment as part of the registered provider's admission process. However, we found it was not always recording in care records when a person lacked capacity to consent to their care and treatment. We recommend that care records are updated to show when a person lacks capacity to consent to their care and treatment. Relevant mental capacity assessments should also be included in people's care records.

People we spoke with told us care staff always ask for permission before delivering care. One person said; "They tell me what they are doing before they do it and make sure I am okay."

People living at the home said their health was looked after and they were provided with the support they needed. The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and dentists. We saw evidence community health professionals were visiting regularly. One relative told us; "Everyone living at the service have just had their eyes tested and their feet checked. [The service] get the doctor or nurse if needed." Relatives spoken with said the service kept them informed about referrals and changes in peoples care. One relative told us; "They phone up straight away if [family member] has to see a doctor or go into hospital." This showed the registered provider was working in partnership with other agencies so people received effective care and their health needs were met.

We saw in care records that people had had their nutritional needs assessed, including allergies or special diets. We saw referrals to relevant professionals were made, such as dieticians, so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency, so that any emerging risks could be quickly identified.

People spoke positively about the meals provided at the service. One person told us; "The food is quite good, I can choose my own meals, there is a good choice and plenty to eat." We observed that snacks and drinks were available to people between mealtimes. One person said; "You can have snacks and drinks when you want."

We found a varied and nutritious diet was provided to support people's health. We looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed in writing or people were shown their meal options to help them decide.

We found the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being met. This included fortifying foods with higher fat alternatives to encourage weight gain. We found allergen information for individual meals was clearly identifiable. This demonstrated people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

# Is the service caring?

## Our findings

People who used the service all made positive comments about the care they received. People told us they were happy and well cared for by staff who knew them well. Comments included, "The staff are really good, they treat everybody like a person," "We regularly talk about what I want or need." People we spoke with told us their family and friends were always made to feel welcome at the service.

All visiting relatives we spoke with said staff were caring and respectful of people's preferences. They also told us people who used the service had a say about their care. One relative told us; "They [staff] are good, friendly and personal."

We observed caring interactions throughout the inspection. We observed staff providing support to people during mealtimes and saw staff were able to meet people's needs and did so in a caring manner. For example, we observed care staff consistently communicated at eye level when people were seated. We also observed staff chatting with people who used the service in a friendly and familiar way. This demonstrated staff were caring and committed to meeting people's needs.

Staff told us they enjoyed working at the home and said staff worked well together as a team. One staff member told us, "I treat them [people who use the service] like my own parents."

The registered manager told us they had an open door policy and we saw people were free to talk to the registered manager when they wanted to. We observed a number of people who used the service went to the register manager's office and interactions were always caring and meaningful.

We did not observe staff discussing any personal information openly or compromising people's privacy. For example, we saw staff asked people's permission to enter their rooms. This was also reflected in comments from people who used the service, "They [staff] always knock on the door before coming in and say who they are." Staff understood the need to respect people's confidentiality and understood not to discuss personal information in public or disclose information to anyone who did not need to know. Any information needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers. This helped to ensure only staff who had a need to know were aware of people's personal information.

We looked at the services 'Statement of Purpose', which sets out their aims and values. This was clearly displayed in the entrance hall. We observed staff interactions encompassed the service's aims and values, such as being respectful and honest.

We found the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service were displayed in communal areas of the home. There was a range of information and leaflets available in the reception area including complaints policy and a welcome leaflet.

## Is the service responsive?

### Our findings

At our inspection on 6 and 7 September 2016, we found a breach in the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 9, Person-centred care. At the last inspection we found care and treatment were not provided in a way that met the needs of service users, as care plans did not always reflect professional advice or contain sufficient detail. Activities at the home were limited, especially those supporting people living with dementia. At this inspection we found sufficient improvements had been made to meet the aspects of the regulations found in breach.

People spoken with thought the service was responsive. One person told us, "They [staff] are getting to know me, it takes time" and "They [staff] know what I don't like."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of five people's assessments and care plans. They gave a clear picture of people's needs and how best to support them. There were documents in place regarding the person's life history, preferences and activities they enjoyed so staff could support people to meet their wishes and aspirations. We found information about people's preferences and life history lacked detail. This meant people's care and support was at risk of not being person-centred. We discussed this concern with the registered manager and recommended they review people's care records to include more detail where possible. We saw evidence of monthly reviews of people's care and support plans, information was updated or added to, to ensure it was still correct and relevant.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

We saw the service employed a part-time activities coordinator. The service displayed the activities of the day in the reception area. We also saw a poster which showed upcoming events at the service. We inspected the service in December so events were predominantly Christmas themed, which included performances from a local choir and brass band. The activities coordinator told us they try to plan a range of different activities which is spread over five days of the week. We saw the registered manager supported the activities coordinator to attend a network meeting with other activity coordinators in October 2017. The meeting was a forum to share ideas about activities and events that people responded well to at other services. People we spoke with gave mixed feedback about the quality of activities at the service. Comments included, "There are no activities at all, there is no stimulation of the mind," "There are enough activities for me, I don't join in with them" and "There is nothing to do except watch the television." Relatives also gave mixed feedback about the activities provided, "The activities are good, ball games, Christmas party, discussion of the news" and "There are not enough activities, I have never seen any." We shared this feedback with the registered manager and recommended they consider people's views as part of their decisions about the provision of activities at the home.

The registered provider had a complaints procedure and the registered manager kept a record of any

concerns received. We saw the record also included relevant letters and information relating to concerns. This showed the registered manager acted on complaints. We saw people had access to a copy of the complaints policy in the reception area. People we spoke with understood the complaints process. One person told us, "I have never wanted to make a complaint, I would be happy to speak up." Another person said, "I have never really wanted to complain, I would just tell them [the registered manager]." All people we spoke with told us they felt confident raising concerns informally to staff and they were listened to.

All visiting relatives we spoke with said they would feel confident in making a complaint should they need to. One relative told us, "I have never wanted to complain, if needed I would just go to the manager no worries about that." Another relative said, "I have not really complained, the laundry is haphazard, I reported this and better systems are now in place." This showed the registered manager was approachable and listened to feedback.

The service had a strong commitment to supporting people living at the home, and their relatives, before and after death. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and a family relative as appropriate.

## Is the service well-led?

### Our findings

At our inspection on 6 and 7 September 2016, we found a breach in the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 17, Good governance. We identified systems had not been established and operated effectively to ensure compliance with the regulations. Robust monitoring or quality and safety issues had not been established and action not always taken to mitigate risks. At this inspection we found improvements had been made.

We saw monthly checks and audits had been undertaken. Those seen included care plan audits, maintenance audits, accidents audits, medicines audits and infection control audits. Where issues had been identified we saw that action plans were implemented and carried out to resolve them. For example, the registered manager identified a person living at the service had several falls in their October 2017 audit, which prompted a referral to their health service and their GP. The GP found an underlying health condition was the reason for this person's recent increase in falls. This person's health condition was subsequently managed through prescribed medicines which reduced falls and associated risks. This showed robust monitoring systems were established and action was taken to mitigate risks.

At this inspection we found the registered manager was not always submitting notifications to the Care Quality Commission every time a significant incident had taken place. We looked at safeguarding records from 1 January 2017 to 12 September 2017. We saw there had been 5 safeguarding incidents at the service and in each case the registered manager had notified other agencies as required but had not informed the CQC, which meant we were not aware of potential incidents of abuse that had occurred at the service. It is important that we are made aware of these types of incidents so we can take action where appropriate to keep people safe. We asked the manager about this who told us they were not aware these types of events needed to be reported to CQC or there were specific forms to be completed and submitted for each of these types of events. We requested that the registered provider start submitting notifications in line with regulation.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

The management team consisted of a registered manager, a deputy manager and senior care staff. This meant that people living at the service and staff had a clear support structure should they need to escalate any concerns.

All people spoken with felt the service was well managed and the management team were approachable. Comments included, "I think it [the service] is well run, I have no complaints," "I know [the registered manager] and we have a good chat at times" and "I know [the registered manager], he is quite nice actually." We received one negative comment about the lack of relative meetings provided at the service. Relative meetings are a forum for family members to discuss their experiences or concerns about their loved ones care with the registered provider. We found people living at the service and relatives were not provided regular opportunities to meet and discuss their care. We discussed this concern with the registered manager



who told us they did provide meetings in the past but these were poorly attended. The management team therefore operate an open door policy so people are free to discuss their care when they please. We recommend the registered manager continuously review their arrangements for gathering feedback to suit the needs of people and relatives using the service.

Staff spoke positively about the management arrangements. Staff told us they felt well-supported and confident bringing any issues to the attention of the management team as these would be resolved quickly and effectively. One staff member told us, "The [registered manager] is lovely, I can talk to him about anything, his door is always open."

We saw surveys were sent out to relatives in June 2017 to gather feedback about the care and support provided at the home. We saw feedback was positive and the registered manager's analysis showed an overall 'satisfaction score' of 95% in relation to the care, support, treatment and environment. We saw the registered manager responded to negative feedback from the survey. One action was to ensure people's clothes were clearly labelled to reduce the risk of mix ups after these had been laundered. This shows the registered provider acted on feedback from relevant persons for the purposes of continually evaluating and improving their services.

We saw the service complied with Clinical Commissioning Group (CCG) visits. The CCG is a National Health Service (NHS) organisation which is responsible for buying and contracting healthcare, which includes services people receive in a care home. We saw the CCG visited Rose Hill House on 29 March 2017. The report from this visit looked at infection prevention and control at the service. Where issues had been identified by the CCG we saw that action plans were implemented by the registered provider. This shows that the registered provider was able to work in partnership with other agencies in order to drive continuous improvements at the home.

The home had policies and procedures in place which covered all aspects of the service. However, we found not all policies and procedures were dated and therefore were not confident that these had been updated to reflect changes in practice guidance and legislation. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered provider told us they carried out their own visits to the service. However, these visits were not being recorded so we could not see evidence of this at inspection.

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 18 Registration Regulations 2009 Notifications of other incidents  The registered manager did not always notify the Care Quality Commission every time a significant incident had taken place.