

City Health Care Limited

# Rossmore Community Rehabilitation Centre

## Inspection report

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Hull  
East Yorkshire  
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Date of inspection visit:  
27 April 2022

Date of publication:  
16 May 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rossmore Community Rehabilitation Centre is a residential care home providing personal care to a maximum of 52 people. At the time of inspection, 33 people were using the service. This consisted of 14 people who required support and treatment following a stroke, 15 people who required reablement to prevent hospital admission or to facilitate an early discharge from hospital, and four people who were permanent residents at the service.

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

People received safe, effective and well-led care.

There was an effective quality monitoring system, which ensured checks and audits were carried out., People's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. The provider had oversight of the service and completed regular checks.

People were happy with the service they received and felt staff had a clear understanding of their needs and preferences. People admitted to the stroke service had support and treatment provided by therapy staff based at Rossmore Community Rehabilitation Centre, such as physiotherapists and occupational therapists. There were good outcomes for people.

There were enough staff. Safe recruitment processes had been followed. Staff were trained and their skills and knowledge checked through competency assessments.

People were protected from abuse and avoidable harm. Staff had completed training in how to safeguard people and risk assessments were completed to identify potential hazards. People received their medicine as prescribed.

People and their relatives were involved in the service. Care was planned around people's choices and preferred routines. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support.

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.

The culture of the service was open, and people and staff felt able to raise concerns.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last Inspection

The last rating for this service was good (published 14 February 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Rossmore Community Rehabilitation Centre

## **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 Health and Social Care Act 2008.

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 was carried out by two inspectors.

#### Service and service type

Rossmore Community Rehabilitation Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rossmore Community Rehabilitation Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with eight members of staff including the operations manager, registered manager, a team leader, care workers and a senior housekeeper.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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.

# Is the service safe?

## Our findings

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People received safe support to meet their needs. Risk assessments in people's care plans provided guidance for staff on how to safely support people to maximise their independence whilst minimising risks.
- The registered manager sought advice from relevant healthcare professionals when making decisions about how to provide safe care for people.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People felt safe. One person said, "I feel very safe here, I have been very well looked after. I will miss this place when I go home." Another said, "I feel very safe, the support from the carers is second to none."
- Staff were aware of the signs of abuse and how to report any safeguarding concerns. They were confident the manager would address any concerns reported to them and make the required referrals.
- The registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.
- The provider analysed accidents and incidents to identify any patterns or trends and to support improvement of care.

### Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas, which showed there were enough staff on shift.
- Staff told us there were enough staff to meet people's needs.
- Safe recruitment practices ensured staff were suitable to work with people who may be vulnerable.

### Using medicines safely

- Medicines were managed safely.
- Audits had been used effectively to help monitor and make sure medicines were managed safely. Where audits identified issues relating to medicines, appropriate investigations and actions had been taken to reduce the risk of reoccurrence.
- Staff completed training to administer medicines and their competency was checked.
- Guidance for staff to safely and consistently administer medicines prescribed 'as required' was in place.

### Preventing and controlling infection

- We were assured 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.

#### Visiting in care homes

- Visiting was carried out in line with current government guidance.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The accommodation was arranged over two floors and the layout of the service met the needs of the people who lived there.
- An action plan was in place to identify areas of the service which required refurbishment. For example, the communal kitchen cupboards and some bedroom furniture was old and worn making it harder to keep clean. This demonstrated how issues would be addressed in a timely manner.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received effective care and support to help meet their needs and improve their quality of life. One person told us, "I was unable to walk when I first came here and now, I can walk on my own with a stick."
- People's needs were assessed, and care plans put in place to support and guide staff to deliver effective care.
- Staff made appropriate referrals to other agencies, when required, such as the falls team and people's GP. Referrals were made promptly, and any advice given was incorporated into the way people were supported.
- People were supported to attend medical appointments.
- We observed the therapy team supporting people as part of their rehabilitation. The outcomes were positive.

Staff support: induction, training, skills and experience

- New staff completed an induction to ensure they had the skills and knowledge to carry out their role. This included reading policies and procedures, completing training and shadowing other members of staff.
- Regular supervisions and annual appraisals, alongside observations and competency checks helped management monitor and make sure staff had the skills and experience necessary to provide effective care.
- Staff felt supported in their roles. One staff member said, "I feel supported by the registered manager, I can go to them or the deputy manager with any concerns professional or personal."

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

- People's nutrition and hydration needs were effectively met. People told us, "The food is nice; you can choose what you would like to eat" and "The food is lovely, especially the puddings and custard."
- The cook had a good understanding of people's dietary needs, such as those who had difficulty swallowing, and ensured they followed the appropriate guidance to support with eating difficulties.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans reflected the principles of the MCA. Where restrictions were in place, appropriate DoLS applications had been made to the local authority.
- People's rights were protected, assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

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

- The provider and registered manager encouraged an open and inclusive culture. The focus was on delivering high standards of person-centred care. Staff understood the provider's values and put them into practice on a day-to-day basis.
- People told us the service was well-led. One person said, "The registered manager and staff have gone above and beyond for me, they are brilliant."
- The provider and registered manager understood the duty of candour responsibility; they had been open, communicated well and apologised to people and relatives when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager was aware of their role and responsibilities and kept up-to-date with best practice.
- Weekly multidisciplinary stroke team meetings were held to discuss people's needs and progress.
- Staff worked in partnership with a range of health professionals who visited the service, such as district nurses and emergency care practitioners. There were relationships with 'Trusted Assessors' at local hospitals who completed assessments of people who used the reablement service.
- The registered manager was aware of their responsibility to notify the CQC and other agencies when incidents occurred, which affected the welfare of people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- A culture of high quality, person-centred care had been embedded in the service, which valued and respected people's rights.
- The provider had a quality monitoring system, which consisted of audits, checks and visits from the senior management team. Shortfalls were identified, and action plans produced to address them. The results of people's suggestions were displayed in the service in the form of 'You said, we did' poster.
- People and their relatives spoke positively about how the service was managed. One person told us, "I cannot fault the service here, it is very well run."

