

# HC-One Beamish Limited

# Roseberry Court

## Inspection report

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Date of inspection visit:  
13 December 2016

Date of publication:  
10 February 2017

## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 May 2015 where we found that the registered provider was meeting the legal requirements in the areas we looked at.

We visited the service again on 19 May 2016 when the Care Quality Commission and the local authority received safeguarding concerns in relation to the care of people who used the service and about staff's lack of understanding of positional changes when people were in bed and pressure area care was required. There were also concerns of inconsistency in care records such as positional charts, fluid balance charts and end of life care plans. After receipt of the concerns there was a multidisciplinary team meeting chaired by the local authority to consider the serious concerns protocol and we attended this meeting. At this meeting the multidisciplinary team concluded that there were serious concerns about Roseberry Court. The registered provider developed an action plan detailing the steps they were to take to address the concerns. After the initial meeting the local authority placed a block on all new admissions, however, this was quickly lifted as the registered provider worked swiftly to make improvements. During this time, representatives from the local authority visited the service to review people who used the service and to check for improvements. Following their visits, representatives from the local authority gave us feedback and told us there was much improvement.

The focused inspection on 19 May 2016 was to check the service had sustained improvement. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. At our inspection on 19 May 2016 we found that the registered provider had followed their action plan and improvements had been made in all areas.

At the end of October 2016 the Care Quality Commission and the local authority received further information of concern in relation to the care and welfare of people who used the service. Allegations were made that the call bells used by people to summon the help of staff had been unplugged on occasions, staff ignored people who used the service, medicines had not been given at the right time and there was secondary dispensing of medicines. This is when one care staff member removes the medicines from the original dispensed container, puts this into a pot then gives to another care staff member to give to the person who used the service. Other concerns included people missing meals and inappropriate food being given to people who had been assessed as needing a soft diet. Allegations were made that staff shouted at people and staff were rushing people to bed early.

The local authority is currently undertaking an investigation into the concerns and allegations made. However, we undertook a focussed inspection of the service on 13 December 2016 to make sure people were safe, happy and well cared for. This report only covers our findings in relation to those/this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseberry Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Roseberry Court provides care and accommodation to a maximum number of 63 people. Accommodation

is provided over three floors. The ground floor of the home can accommodate a maximum number of 18 people who require personal care. The first floor of the home can accommodate a maximum number of 24 people who require personal care. The second floor can accommodate a maximum number of 21 people living with a dementia. Communal lounge and dining facilities were available within each unit. There is an enclosed garden/ patio area for people to use. At the time of our inspection there were 57 people who used the service.

People told us they felt safe and that staff were kind, caring and attentive. Staff were able to tell us about different types of abuse. Staff were aware of action they should take if abuse was suspected and were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. All staff we spoke with told us abuse and safeguarding was discussed with staff on a regular basis and that the registered manager encouraged staff to speak up if they had any reason for concern.

We spent time with people on all units and looked in bedrooms. We saw that the call bells used by people to summon the help of staff were plugged in as they should be with a green light showing they were active. When people called for help they were attended to in a timely way.

We spent time with people living with a dementia who were unable to use the call bell to summon the help of staff. We saw that staff were visible during the inspection and attentive to people's needs. We saw that staff checked on those people who wanted to spend time alone in their bedroom.

People told us they were able to make choices about when they wanted to get up or go to bed. Relatives confirmed that they were involved with care planning for those people who were living with a dementia and they had been asked for the person's routine and preferences prior to moving into the service. This helped to ensure the person received the care that was acceptable to them.

Generally, there were good systems in place for the management of medicines. People we spoke with during the inspection told us they received their medicines as prescribed. Some improvement was needed to ensure that waste medicines were stored in line with the homes own policy or national guidance and to make sure people received their inhalers as prescribed. The registered manager assured us at the time of the inspection that they would take immediate action to address this.

We spoke with staff about secondary dispensing of medicines. Staff told us only senior staff were responsible for the administration. Care staff told us they were not aware of any secondary dispensing of medicines.

Staff were aware of those people who used the service who required a specialist diet. Staff were very knowledgeable about the people they supported and were able to tell us about people who were diabetic, or on a soft, altered consistency or fortified diet. A fortified diet is where meals are adapted by adding small quantities of everyday foods, such as cream, butter, milk, and milk powder, which increases the calorie and nutrient content without increasing portion size. Staff told me that this information would be available in the persons care plan also.

## 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 safe.

Staff had an understanding of safeguarding issues and the action they would take to ensure people were safe. People who used the service told us they felt safe.

People told us call bells were attended to in a timely way and they could make choices about when they wanted to get up or go to bed. Relatives of people who were living with a dementia were asked about routines and preferences to ensure people received care that was acceptable to them.

In general there were good systems in place to ensure people received their medicines as prescribed.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Staff were very knowledgeable about the people they supported and were able to tell us about people who were diabetic, or on a soft, altered consistency or fortified diet.

**Inspected but not rated**

# Roseberry Court

## 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 checked whether the registered provider is 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.

We carried out a comprehensive inspection of this service on 7 May 2015. In May 2016 we received information of concern and as a result we undertook a focussed inspection of the service on 19 May 2016.

We received further information of concern in October 2016 and undertook a further focussed inspection. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting. The inspection team consisted of two adult social care inspectors, a pharmacist inspector, a pharmacy technician and two experts 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.

Before the inspection we reviewed all the information we held about the service. We did not ask the registered 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.

We spoke with 23 people who used the service and 14 relatives. We spent time in the communal areas and observed how staff interacted with people. We observed the lunch time of people who used the service. We looked in bedrooms.

During the visit we spoke with the registered manager, the operations manager, the head of care, senior management, the housekeeper and eight care staff.

We looked at the medicine records of six people who used the service and other records in relation to the management of medicines.

## Is the service safe?

### Our findings

People told us they felt safe and that staff were kind, caring and attentive. One person who used the service said, "I do feel very safe in here. What makes me feel safe is that I am not on my own and there are people around if I need help, if you know what I mean." Another person said, "I feel safe and the carer's are lovely here." Another person said, "The staff are very kind and care very much. I am definitely in safe hands. Another person said, "I do feel safe in here, because I can use my call buzzer in my room if I need some help. I generally like to have my door closed during the day when I sit in my room and at night time by choice, it's never locked though, and the staff sometimes pop in to check on me." A relative said, "I feel it is safe here. I feel happy [name of person] is secure and knowing that they feel safe is a great piece of mind for me and the rest of the family." Another relative said, "I have visited many places and never have I come across such caring and attentive staff. I leave here knowing she is safe."

During our discussions with staff they were able to tell us about different types of abuse. Staff were aware of action they should take if abuse was suspected and were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. All staff told us abuse and safeguarding was discussed with staff on a regular basis and the registered manager encouraged staff to speak up if they had any reason for concern. One staff member said, "From the very first day I started working here we were told about keeping people safe, types of abuse and how we must speak out if we see something we are unhappy about." Another staff member said, "I would report any concerns I had to a senior and then I think they report it to the manager. I have never had to report any abuse but I know when I should – physical, financial, institutional, neglect." Another staff member said, "I have reported abuse in the home where I used to work so I know what steps I need to follow. I haven't seen or suspected anything here I would need to report."

The information of concern we received at the end of October 2016 included allegations that the call bells used by people to summon the help of staff had been, on occasions, unplugged and that staff ignored people who used the service. During the inspection we spent all of our time with people who used the service on all units. We looked in bedrooms during the course of the day and saw that all call bells were plugged in as they should be with a green light showing they were active. When people called for help they were attended to in a timely way.

We asked people who used the service if there were sufficient staff on duty and if their call bells were answered in a timely way. One person said, "They come immediately when I press my bell." Another person said, "Staff are always available." Another person said, "I buzz whenever I want something and they are always quick to respond." And another said, "Usually yes, there has only been one or two times I have had to wait a little longer but that was because of an emergency."

Some people told us they had needed to wait for staff as there was only one stand aid hoist and this could be in use by another person. We pointed this out to the registered manager and senior management who told us they would order another hoist as a matter of priority. After the inspection the registered manager confirmed they had ordered this immediately and received this the day after the inspection.

We spent time with people living with a dementia who were unable to use the call bell to summon the help of staff. Staff were visible during the inspection and attentive to people's needs. We saw that staff checked on those people who wanted to spend time alone in their bedroom.

People told us that staff were attentive to their needs. One person said, "Even when they are passing and I haven't called them they will pop their head around the door to see if I need anything." Another person said, "They always take time to find out what I need. Nothing is too much trouble." A relative told us the person who used the service could be forgetful but, "The staff check on her regularly to see she is okay."

People told us they were able to make choices about when they wanted to get up or go to bed. One person said, "They help me when I need it and I do what I can myself and that's how I like it. I like to get up at 5.30am and go to bed at 9.30pm. I do get up early but that is my choice. There is always someone ready to make me a cup of tea when I rise in the morning." Another person said, "I love to read a lot so I usually go to bed around 10.50pm. The staff are absolutely fine with this."

A relative said, "She is unable to make that choice because she has dementia, but staff asked us when she moved in what was her normal routine."

Staff told us, "People get up when they want and go to bed when they want. Most people have a routine but it is a routine they have had for years and years, not one we have told them to have. Some people go to bed earlier than others; some get up earlier than others. When we are on day shift we finish at 8.30pm so we will help get some people ready for bed. Some people are up and dressed on a morning when I come on day shift at 7.30am, but that has been their choice. People are quite independent on this floor anyway." Another staff member said, "I think the home is very flexible and people have choice. Down here (ground floor) people are quite independent and have their own mind. They know when they want to get up and go to bed." Another staff member said, "We know from their [people] care plan who likes to go to bed early and who likes to go to bed later." A staff member we spoke with, who also worked night shift, confirmed that people could go to bed whenever they wanted. They also said, "Some residents even get up during the night and we will make them a cup of tea if they like and help to make them comfortable so they can go back to sleep. Sometimes they [people] just need a bit of reassurance."

We looked at the systems in place for medicines management. We assessed six medication administration records (MARs) and looked at storage, handling and stock requirements.

Medicines were stored securely with access restricted to authorised care staff. At the time of our visit, waste medicines and returns were not stored in line with the home's own policy or national guidance. We brought this to the attention of the registered manager who stated they would address this immediately.

Controlled drugs, medicines that require extra checks and special storage arrangements because of their potential for misuse, were regularly checked in line with the home's policy. Room and fridge temperatures were recorded daily on two floors however; one floor could not find their room temperature record. All recorded fridge temperatures read the same values suggesting that the fridges had not been reset after recording. This was pointed out to the registered manager who told us they would address this.

Medicines were administered by a medicines trained care worker. Medicine administration was recorded and count down balances were correct for most items we checked. However, for inhalers a different system was being used on different floors in the home. We found that two people's inhalers had not been administered according to prescribed instructions as their balances were incorrect. We brought this to the attention of the registered manager who stated they would rectify this issue and source inhaler training. We

found that the patch application record for one person had not been consistently completed and documentation used by care staff for application of patches and external preparations had not been signed or countersigned when transcribed. Medicines audits were completed and actions were documented and signed when completed.

We asked people who used the service if they received their medicines as prescribed. One person said, "I usually get my medication at the same time each day. I get mine in the morning just after 8am or there about, lunchtime around 12.15pm and in the evening about 8.15pm. Sometimes it varies; it just depends when they come around." Another person said, "I get my medication in the morning at about 8.15am. I sit here waiting as I know when they come around. I usually have my other medication at tea time after 4pm and then at night time round 8.30pm." Another person said, "I always get my tablets about the same time. The staff can be busy but the time I get them doesn't alter."

We spoke with staff about secondary dispensing of medicines. This is when one care staff member removes the medicines from the original dispensed container, puts this into a pot then gives to another care staff member to give to the person who used the service. All staff told us only senior staff were responsible for the administration. Care staff told us they were not aware of any secondary dispensing of medicines.



## Is the service effective?

### Our findings

We spoke with people who used the service who told us staff provided a good quality of care. One person said, "I am very happy. They have done all sorts for me. I wanted a room with patio doors when I first moved in but there was none available so I was put on a 'waiting list'. As soon as one was available they moved me straight in. They have moved that bird table round here as well because they know I enjoy watching the birds. I get to go out when I want, my family visit when they want. I couldn't ask for better really." Another person said, "I have been very happy. I visited a few homes with my family and I am glad I chose this one." A relative said, "This is a really good team of staff who know everyone very well. This is really important when people have dementia and are confused as the staff have to make lots of choices and decisions for them and I have to say they do that very well."

Staff told us they felt supported and liked working at the service. One staff member said, "I like my job because I get to know the people very well and their family. Also, it's a kind of a two-way way thing really as we [staff] work here so much and get to know them [people] well, they become like our family as much as we become like their family."

People told us they liked the food provided and that there was an unlimited supply of snacks and drinks. One person said, "We get what we want when we ask for it. There is a tea trolley at about 11am and 3pm but if I want anything in-between I just ask and they are straight to it. They always offer my visitors drinks as well." Another person said, "The food is good, very nice. We get a choice and they usually come round on a morning and ask what we want for lunch and tea – it's usually three choices." Another person said, "I enjoy mealtimes, good meals- I eat everything - it's good all round, especially Sunday Dinner."

We asked staff who worked on the various units about people who used the service and any specialist diets. Staff were very knowledgeable about the people they supported and were able to tell us about people who were diabetic, or on a soft, altered consistency or fortified diet. A fortified diet is where meals are adapted by adding small quantities of everyday foods, such as cream, butter, milk, and milk powder, which increases the calorie and nutrient content without increasing portion size. Staff told us that this information was available in the person's care plan.

During the inspection we observed the lunchtime of people who used the service. We saw that many people who were living with a dementia required a soft diet. Staff told us they had been seen by the dietician and speech and language therapist (SALT) and they had been assessed as needing a soft diet because of their poor swallowing. Some people who used the service needed prompting to eat their food and others needed staff to support them with feeding. The lunchtime of people on different units was relaxed and people were seen to enjoy their food. Some people chose to have their meals in their bedroom and we saw that staff accommodated this.

It was observed that tea, coffee, or juice were offered and a choice of biscuits or chopped fruit as a healthy snack alternative at 11am. In addition strawberry milkshake, which was a fortified protein shake for people who needed building up due to weight loss, were given to those people who needed it. Staff ensured that

people's needs for hydration were met and encouraged in a very caring manner.