

HC-One Beamish Limited

Roseberry Court

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Roseberry Court is a residential care home providing personal care to people aged 65 and over, including people living with dementia. The service can support up to 63 people; 56 people were using the service when we inspected.

The care home accommodates people in one adapted building over three floors. One of the floors specialises in providing care for people living with dementia.

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

Since the last inspection there had been changes in management and the provider had not sustained good governance at the service, which meant there was an increased risk of people receiving inconsistent care. The provider's audits had not always been effective in identifying and monitoring issues in the service. This included shortfalls in care records, environmental risks and fire safety. The provider was aware of issues within the service and was working with the new manager to understand these in more detail and address them.

People were at increased risk as staff were not always deployed effectively to keep them safe and provide quality care. At times people were left unsupervised and were able to access objects that could pose a risk to them. Improvements were seen on day two of the inspection and were welcomed by the staff team, but these had yet to be fully embedded.

People received effective care; they and their relatives were involved in developing their care plans and reviewing these. Work was ongoing to improve staff training.

Staff understood the importance of consent and supported people to make decisions about their care. 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.

People were supported by kind and patient staff. They benefited from these interactions. People received a consistently caring approach by staff, who provided them with reassurance. People were encouraged to follow the routines of their choice. Their dignity and privacy was respected.

People were treated as individuals. Staff worked to promote social inclusion and provide people with stimulation. Activities were led by a skilled activities coordinator, this had a positive impact on people's wellbeing. People and their relatives felt able to raise any concerns, which were listened to.

Staff were passionate about providing people with good quality care. Feedback from people and their relatives was encouraged by the provider and used to improve and develop the service.

The service was well established within the community. The provider and manager were working to improve communication with community professionals to support their plans to improve the service.

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

Rating at last inspection

The last rating for this service was good (published 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Roseberry Court

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.

Inspection team

Two inspectors and an Expert by Experience carried out the inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two, one inspector visited.

Service and service type

Roseberry Court 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 had applied to become registered manager with the CQC. Once they have registered this means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day. We told the provider we would be visiting on the second day.

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 worked with the service. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six of their relatives. We spoke with 16 members of staff including representatives from the provider, the manager, deputy manager, senior care workers, care workers, the activities coordinator, housekeeper, a maintenance worker and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records in full, four in part and three medicine records. We looked at two staff recruitment and supervision files. We also looked at a range of records relating to the management of the service, including the provider's staffing tool, training records and quality assurance checks.

We spoke with two professionals who were visiting the service, including a healthcare professional.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a sample of the provider's policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always safely monitored.
- Fire safety had not always been managed appropriately. Staff had not always attended satisfactory fire drills to make sure they understood how to respond in the event of a fire. The provider arranged for this to take place before the second day of inspection.
- It was not always clear environmental risks had been assessed. Toasters and hot water dispensers were available on each of the units. We spoke with the manager about these items on the dementia unit and risk they could present to people's safety. We found no evidence people had come to harm, however, this risk had not been followed up from the last inspection. The manager agreed to review this.

Failure to assess, monitor and mitigate risks relating to the health, safety and welfare of people is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks were completed to maintain the environment.
- Staff worked with people and their relatives to assess risks and look at ways to manage these. One relative said, "[Relative] is at risk of falls, we work together to keep her safe."
- The manager had reviewed risks to people across the service, including pressure sores and was working to address the issues identified.
- Staff knew how to support people with behaviours that could challenge the service and provided reassurance to prevent them becoming distressed.

Staffing and recruitment

- Staff were not always deployed effectively to ensure there were enough staff to keep people safe and provide high quality care. For example, there were times on the dementia unit where people were unsupervised and accessing items, such as batteries that could put them at risk.
- The provider's dependency tool was not always followed to show how decisions about safe staffing levels had been followed. For example, over a one month period there were numerous days when there were three staff allocated to work on the dementia unit, rather than four identified under the dependency tool. The provider reviewed their staffing arrangements and improvements were seen on day two of the inspection.
- We received mixed feedback from relatives about staffing levels.

We recommend the provider reviews and follows their system to ensure safe staffing levels are maintained.

- Staff were recruited following a safe recruitment process.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff were able to recognise signs people may be experiencing abuse and knew how to raise these with the provider and external organisations.
- The provider was working with the local authority and healthcare professionals to ensure any safeguarding concerns were shared with them in a timely way to be addressed.

Using medicines safely

- Medicines were managed safely. Competency checks were used to observe staff practice.
- Inconsistencies with how medicines stock balances were being counted were identified. These issues had not been discussed with staff in a timely way to prevent them reoccurring. The provider was working to improve medicines records and the manager had introduced a new stock check system on day two of the inspection.
- People were satisfied with the support they received to take their medicines.

Preventing and controlling infection

- The environment was clean and well maintained to support effective infection control.
- People were protected against the risk of infection. Staff were trained and used personal protective equipment, such as gloves and aprons appropriately.

Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately to make sure people were safe.
- Accident and incident records and follow up checks had not always been fully documented to show how risks to people had been monitored and reduced. For example, following one person experiencing a fall. The manager was working to improve these records and was meeting with senior care workers to support their learning and share good practice.

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 the last inspection this key question was rated as good. At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received training in all areas relevant to their role to support their practice. For example, concerns had been raised by other professionals with regards to staff knowledge around skin integrity. The manager had failed to arrange training for staff in a timely manner. The provider was aware of the training shortfalls and had developed an action plan to identify and support staff training needs. These shortfalls have been addressed in the well-led section of this report.
- Staff received regular supervisions to monitor their performance. It was not always clear how these were used to support staff's development. The provider advised the supervision format was being improved to support this.
- New staff received an induction specific to their role. This was overseen by the manager.

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

- People had access to a selection of juice drinks, which they could help themselves to throughout the day.
- Information about people's dietary requirements was shared amongst the staff team to ensure this was understood and people's needs accommodated.
- Fluid intake charts were not always used effectively. They did not always identify people's target fluid intake and were not always totalled to help identify if people had not drunk enough.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective support following an assessment of their needs to check the service was able to meet these.
- People and their relatives were involved in developing their care plans. One relative said, "We've all worked to put together a plan for [relative's] care."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with professionals to ensure people received effective care. They understood the roles of different health and social care professionals and worked in partnership with them.
- Advice from health professionals was obtained when needed and recommendations followed up.
- Staff made themselves available for visits from professionals to provide them with the information they needed. One healthcare professional told us, "There has been a good relationship between here and our service. Every time I come I've managed to find a member of staff who knows the person."

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

- The environment was adapted for the needs of the people living there. People were able to navigate their way around the floors and spend time where they chose.
- People had access to quiet spaces and communal areas, where activities were taking place. Areas at the end of the corridors had been made into garden areas, which people enjoyed.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff gained consent from people before providing care. Written consent records were in place.
- People were encouraged to make informed decisions about their care, which were respected. This included where people made unwise decisions. For example, one person chose not to follow advice from healthcare professionals about their diet.
- People's mental capacity was assessed in line with good practice guidance when it was unclear if they could make decisions about their care and support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received a consistently caring approach from all the staff team. A professional visiting the service said, "The care staff are so good at calming one person down and persuading them it is important to have their hair washed."
- At times staffing arrangements meant care staff were rushed in providing care and could not spend longer periods of time supervising, comforting and speaking with people.
- People benefited from their positive interactions with staff and responded to their warm, friendly care. One person said, "[Care worker] is worth their weight in gold."
- People and their relatives praised the caring support they received from dedicated staff. One relative said, "Nothing is too much trouble here, they told us they would get [relative] back on their feet again and they have."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to make day to day decisions about their care and follow the routines of their choice. One person said, "If I want a lie in, I can have one."
- People's preferences for male or female care staff providing personal care was respected. This helped maintain people's dignity and accept this support.
- People's privacy was respected. People were able to spend time in quiet lounges alone or with relatives. One person described having a private phone line in their bedroom to make phone calls.
- Relatives felt their family members were respected. One relative said, "The staff who work here have grandparents and they treat the people they way they would treat their own grandparents."
- People were encouraged to be independent where possible. For example, staff encouraged people to walk short distances to help retain and improve their mobility.
- People's confidentiality was maintained; information was held securely within locked offices. These records were only accessible to staff who needed this information to carry out their role.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were knowledgeable about people's needs, likes and dislikes and used this to personalise their care. For example, staff worked with one person to remember their past. A healthcare professional told us, "I was going to ask staff to do reminiscence work, they were proactive in addressing this. This left the person feeling happy and content. It helped build a life story."
- People's care needs were reviewed to ensure they received appropriate care. Relatives were involved in this to consider their views.
- Care plans did not always contain consistent information to guide staff in supporting people. They had not always been updated following reviews to accurately detail people's care and support needs. The provider had plans to introduce new documentation to prevent this.

End of life care and support

- People received effective care at the end of their life. Staff recognised people may require additional support at this life stage and prioritised this.
- Care records documented some information about people's end of life preferences. The manager was working to develop these to record more detailed information to include people's wishes, views and religious beliefs approaching the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs and how they may express themselves, including through their behaviours.
- Information displayed around the service provided people with details about events and activities; picture symbols were included to help make sure information was accessible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People benefited from a varied activities programme, including bingo and singalongs with instruments. The activities coordinator was skilled in including people and engaging them to help them gain maximum benefit from the activities.
- Staff were aware of people at risk of social isolation and worked with the activities coordinator to include

them in activities taking place.

- People were encouraged to form friendships and enjoyed each other's company. One person said, "I have the company of people here, I am quite happy here."

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns with staff, which were acted on. They knew how to raise complaints if needed.
- Complaints were investigated and responded to appropriately.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created had yet to embed improvements to support the delivery of consistently high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were not always robust or effective in identifying and addressing the issues we found, including with staffing, fire safety, environmental risks, medicines stock, staff training and care records. This increased the risk of people experiencing inconsistencies in their care.
- The provider's systems were not always used effectively to monitor quality and safety across the service. For example, the safeguarding log was not up to date. The manager planned to update this following discussions with the local authority.
- Feedback following a staff survey in July 2019 had yet to be reviewed and followed up.

Failing to have effective systems in place to assess, monitor risks, quality and safety of the service and maintain accurate, complete and up to date records was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified issues with the service and was working to address these. The provider was transparent in discussing these difficulties and their plans throughout the inspection. These improvements had yet to be embedded and sustained.
- The manager was working with senior care workers to share learning and encourage them to reflect on and improve their practice.
- Staff understood the changes planned to the service and were motivated to make improvements. They gave positive feedback on the changes made to date.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a sense of community at the service, where people and their relatives welcomed one another. One relative said, "It's so friendly here, I get on well with the other people, I talk to them and they wave back."
- Staff spoke with passion about their roles and worked together to care for people. One care worker said, "We support each other, and we all support the residents." One senior care worker told us, "If you do this job you've got to go that extra mile, it's part of being in care."

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 manager understood their responsibility to be open and honest with people if something went wrong.

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

- Feedback from people, relatives and professionals was regularly sought and used to inform improvements at the service. Each day the 'resident of the day' was asked for their views on all aspects of their care, including meals.
- A 'you said, we did' board detailed the actions the provider had taken in response to feedback from people and relatives.
- The provider communicated effectively with people and their relatives to ensure they were informed of their care needs and any changes happening in the service. One senior care worker told us, "I always put people first. If we have a good rapport with families it helps them feel their family member is safe, they've got to have trust in us."
- Staff felt able to speak with senior care workers and the manager to raise any concerns. The provider was working with staff to ensure they understood their processes for escalating any issues.

Working in partnership with others

- The manager and provider were working to improve links with professionals, including the local authority and healthcare professionals to improve communication and promote joined up working.
- Links had been formed with the local community to enable people to remain part of their area. Local groups, including a nursery regularly visited the service.

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 17 HSCA RA Regulations 2014 Good governance The provider had failed to have effective systems in place to assess, monitor and mitigate risk and assess, monitor and improve the quality and safety of the service. They had also failed to maintain accurate, complete and up to date records. 17(1)(2)(a)(b)(c)