

Prestige Care (Roseville) LTD

Roseville Care Centre

Inspection report

Blair Avenue
Ingleby Barwick
Stockton-on-tees
TS17 5BL

Tel: 01642308188
Website: www.prestigecaregroup.com/

Date of inspection visit:
25 January 2023
01 February 2023
03 February 2023
09 February 2023

Date of publication:
21 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Roseville Care Centre is a residential care home that was providing personal and nursing care to 88 people older people and people living with a dementia at the time of the inspection. The service can support up to 103 people across five areas, each of which has separate adapted facilities. One of the areas specialises in providing care to people living with a dementia.

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

Risks to people were safely managed. Staffing levels were monitored and the provider had safe recruitment processes. People were safeguarded from abuse. Accidents and incidents were monitored to see if lessons could be learnt to improve the service. Effective infection prevention and control processes were in place. Plans were in place to support people in emergencies.

We have made a recommendation about the management of some medicines.

People received kind and caring support from staff who knew them well. People and relatives said staff helped people to achieve good care outcomes. People were supported to make their voices heard.

Staff received regular training, supervision and appraisal. People's needs and choices were assessed and monitored. 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 service was adapted for people's comfort and convenience. People received effective support with eating and drinking.

People received personalised care based on their decisions and needs. A range of activities was made available to people, which they enjoyed. Staff were able to communicate with people effectively. Systems were in place to investigate and respond to complaints.

Good governance systems were in place to monitor and improve standards. People, relatives and staff spoke positively about the leadership of the service. Feedback was sought and acted on. Staff worked effectively with a wide range of external professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 May 2019). A further inspection took place but the rating was not reviewed (published 23 March 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseville Care Centre on our website at www.cqc.org.uk.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Roseville Care 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

An inspector, a medicines inspector, a specialist advisor nurse and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Roseville Care 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. Roseville Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. A new manager had also been appointed, who was in the process of replacing the registered manager. In this report they will be referred to as the manager.

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 8 people and 10 relatives about their experience of the care provided. We reviewed a range of records. This included 8 people's care records and 8 medicine administration records, with accompanying documentation. We spoke with 10 members of staff, including the registered manager, the manager, the nominated individual, care, kitchen and domestic staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with an external professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Medicines were managed safely. However, some improvements were needed within the guidance and records for some medicines such as creams and patches.
- Medicines were safely and securely stored. Staff received training in handling medicines.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for some people was unclear and further information was needed for the variable dose.

We recommend that the provider reviews the guidance and records kept for creams, patches, when required medicines and people's preferences around how they take their medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well cared for. Comments from people included, "I feel very safe, I have first class carers" and, "[Staff] look in on me and make sure I am alright."
- Staff received safeguarding training and said they would immediately take action if they had any concerns. Issues had been appropriately reported to the relevant authorities and action taken to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and monitored. Recognised risk assessment tools were used to effectively manage risks to people. A relative we spoke with said, "I can go home, knowing she isn't going to come to any harm."
- The premises and equipment were monitored to ensure they were safe to use. Required test and safety certificates were in place.
- Systems were in place to support people in emergency situations. This included training staff and carrying out fire drills.
- Lessons were learnt when things went wrong. Accidents and incidents were monitored to see if action could be taken to improve people's safety.

Staffing and recruitment

- The provider ensured the service had safe staffing levels. Regular monitoring of staffing levels took place to

ensure people received safe support. Recruitment was ongoing, and agency staff were used to maintain staffing levels while this took place.

- People and relatives commented on the use of agency staff but said there were usually enough staff available at the service. A relative we spoke with said, "I am very pleased with the level of care she has. There seems to be [staff] around 24 hours a day and they always seem to know what people are doing."
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. This included checking employment histories and obtaining references.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Systems were in place to support safe visiting to the service. One person told us, "I can have a visitor when I like, it's home from home."

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- At the last inspection we found best interest decisions and MCA assessments were not always decision specific or completed fully. At this inspection we found that records were now fully completed and decision specific.
- DoLS authorisations were appropriately applied for and monitored.

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

- Effective systems were in place to assess and act on people's needs and choices. These were regularly reviewed to ensure people received the support they wanted and needed.

Staff support: induction, training, skills and experience

- Staff received the training needed to carry out their roles effectively. Training was monitored to ensure it was relevant and up to date. One member of staff told us, "The training is really good."
- Induction training was completed when new staff were recruited. This introduced them to people and the provider's policies and procedures.
- Staff were supported with regular supervisions and appraisals, and spoke positively about these meetings. One member of staff said, "They are useful as we're all human and all learning every day so it is handy to get that feedback."

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

- People spoke positively about eating and drinking at the service. One person told us, "I enjoy the food." A relative we spoke with said, "I think it's good. [Named person] gets three meals a day and between meals there's cups of tea and a biscuits."
- People were supported to maintain a health and balanced diet. Where people required specialist diets these were provided. People were regularly weighed to ensure they were eating and drinking enough.

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

- People were supported to access external professionals to maintain and improve their health. Relatives were updated on any changes made to people's support as a result of such appointments.
- Staff worked effectively with other agencies to provide consistent and effective care. One relative told us, "[Staff] pickup on things and know when to report to the doctor."

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

- The premises were adapted to meet people's needs. Communal areas were clean and comfortable, and we saw people enjoying spending time in them.
- People's rooms were decorated to their individual tastes. Relatives said staff helped them people to organise their rooms how they wanted them.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 spoke positively about the care they received from staff. Comments included, "[Staff] are definitely kind and caring" and, "[Staff] are absolutely brilliant."
- Relatives told us that people were well treated. One relative said, "All the staff deserve a lot a credit at Roseville, it couldn't be better. It's a good place, with staff that care."
- We saw lots of examples of kind and caring support during our inspection. These included staff having meaningful conversations that people enjoyed and reassuring them when they became anxious.
- Staff valued and respected people as individuals. Staff were committed to helping people lead the lives they wanted, including helping maintain relationships of importance to them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. This included informal conversations with staff on day to day decisions and also in reviewing care plans. One relative told us, "The staff are excellent. Here they will do what they (people) want."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We saw staff had close and friendly but professional relationships with the people they supported. One person told us, "I am quite happy with the treatment I am getting. [Staff] always knock on the door, I always say come in."
- Staff supported people to do what they could for themselves to maintain and promote their independence. Care plans contained guidance on what people would like to do themselves and what they might need help with.

Is the service responsive?

Our findings

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

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

- Care plans were detailed and personalised. This helped to ensure people received support that responded to their needs and preferences.
- People and relatives contributed to care planning. This meant people were able to have control over the support they received. One relative told us, "They do reviews and keep me updated with what is going on."
- Staff were knowledgeable about people's support needs, and effective handover systems were in place to update them on any changes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to make their voices heard by staff who could communicate with them effectively. One relative told us, "[Staff] understand [named person] has dementia, the staff understand her."

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 were supported to access activities they enjoyed. These included crafts, games and entertainers visiting the service. A relative we spoke with said, "[Named person] is always doing something like bingo, singing or making things. It's good."

- Activities were regularly reviewed to ensure they remained socially and culturally relevant to people and that everyone had access to them.

Improving care quality in response to complaints or concerns

- People and relatives said they knew how to raise concerns and that these would be acted on. One relative told us, "I know if I went in today and there had been a problem, I know it would be resolved straight away."
- The provider had effective systems in place to investigate and respond to complaints. Records showed that investigations took place when complaints were made.

End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to provide this should it be needed.

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

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

- At our last inspection the provider did not have effective oversight of medicine record and systems. At this inspection we saw governance systems had improved and a range of audits were used to monitor and improve standards.
- At our last inspection we found care records were not always up to date or accurate. At this inspection we saw that improvement had been made and care records were regularly reviewed and updated where needed.
- People and relatives spoke positively about the leadership of the service. One person told us, "We have a new manager. She is on the ball, I can assure you."

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 had open and inclusive communication with people and relatives. One relative we spoke with said, "The admin staff and a mangers have time for you if you need to ask them anything."
- People were supported to achieve positive care outcomes and said the service was well-led. One person told us, "It's caring. I know everybody, I never hear any bad words, it's like family. I am more than happy with it."
- People, relatives and staff spoke positively about the culture and values of the service. A relative we spoke with said, "Walking through the door every member of staff acknowledges you. They say how [named person] is. It's a lovely atmosphere."

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

- Feedback was sought from people, relatives, and staff and was acted on. This included through feedback surveys and meetings. One member of staff said, "It is a fantastic management team, we feel supported. You can raise anything at all at staff meetings."

Working in partnership with others

- Staff worked in effective partnership with a range of external professionals and agencies to ensure people received the support they needed. Care plans contained evidence of effective partnership working.