

Amicura Limited

Roseway House

Inspection report

Wear Street
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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

Roseway House is a residential care home providing personal and nursing care to 40 people aged from 18 and over at the time of the inspection, some of whom were living with a dementia. The service can support up to 49 people in one large adapted building.

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

All staff ensured people had extremely engaging sociable lives. The registered manager, staff and the service's Lifestyle team found creative ways to ensure people were positively engaged; their independence was promoted, and their passions and interests maintained wherever possible. The service was working with people and the local community to reduce the risk of social isolation.

Relatives and people were very complimentary about the support provided by staff. Their comments included, "They do an amazing job", "They're brilliant", "Caring staff" and, "They go out of their way." Staff knew people very well and were responsive to their changing needs. People and their relatives were involved in all aspects of their care planning, reviews and assessments.

The premises were safe for people. Risks people may face had been fully identified, assessed and steps were in place for staff to follow to reduce the risk. The registered manager and staff were following all policies, processes and guidance relating to infection prevention and control to keep people safe during the pandemic.

People and relatives were involved in all aspects of care planning. Care records showed that other healthcare professionals were part of the care planning. People were supported to attend appointments with their GP and other professionals by staff.

Staff were supported with regular supervisions, team meetings and appraisals. There were enough qualified staff on duty to safely support people. Staff were safely recruited and received a comprehensive induction from the provider. Training was effectively monitored, and refresher training was provided on a rolling basis.

Medicines were safely managed. The clinical lead had oversight of every aspect of the medicines through the quality and assurance systems in place. Staff had their competencies to administer medicines checked regularly.

The quality and assurance systems in place were used to monitor the safety and care provided to people. The management team used regular auditing to identify further areas and opportunities to continuously improve the service. The management team worked with staff to reflect on best practice guidance, changes to legislation and lessons learned from incidents to improve their overall knowledge and understanding.

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.

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

Rating at last inspection

This service was registered with us on 18 June 2019 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 18 October 2018.

Why we inspected

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

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.

Roseway House

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Roseway House 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. Roseway House 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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

We gave the service short notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the home to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams but did not receive any formal feedback. We received feedback from the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and asked the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, including care records for four people, medicine records for 10 people and the recruitment records for three members of staff.

We inspected the safety of the premises and carried out observations in communal areas. 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 spoke with two people who used the service, 13 relatives, and eight members of staff including the registered manager, clinical lead, administrator and five care assistants. We reviewed the care records for four people, medicine records for 10 people and the recruitment records for three members of staff.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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. The provider had policies and procedures in place to reduce the risk of potential abuse to people. Safeguarding investigations had been completed by the manager and lessons learned from incidents were shared with staff, people, relatives and the Local Authority.
- Staff told us they had received training around identifying abuse and could tell us what steps they would take if they identified any potential abuse. One staff member said, "I would have no concerns using the whistle-blowing procedure, I haven't had to do it but have confidence that any issues would be dealt with in a serious way."
- Lessons learned from incidents were documented, shared with staff and used to improve the care provided.

Assessing risk, safety monitoring and management

- Risks people may face were clearly identified, assessed and mitigated. Care records included steps for staff to follow to keep people safe. People and relatives told us that they felt the home was safe and did not have any concerns around the safety of the care provided.
- There were environment risk assessments in place to keep people, relatives, staff and visitors safe. The premises were safe and there was regular testing of equipment and utilities.

Staffing and recruitment

- There was enough qualified staff on duty to safely meet people's needs. One relative commented, "[Person] requires 1:1 observation. The staff member has always been there at every visit, so we have no concerns that [Person] is ever alone."
- Staff recruitment was safe. Staff had all necessary pre-employment checks in place including a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. The clinical lead took personal accountability for medicines management and used the quality and assurance systems in place to have regular oversight.
- There was medicines policy in place that staff followed, and all staff had regular checks of the competencies. A staff member told us, "I have done my safe handling of medication training and my competencies are completed on a regular basis."

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- People and relatives were able to access regular visits in and out of the service. Risk assessments were in place to support safe visiting throughout the home.
- Professional visitors and visitors were required to provide a negative lateral flow test before entering the 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had comprehensive and in-depth assessments of their needs which reflected their choices. Care plans and the delivery of care reflected best practice guidance and standards. A relative commented, "They have to try and engage her by asking her what she wants."
- People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews. One relative said, "I went through her care three weeks ago, and I phone regularly."

Staff support: induction, training, skills and experience

- Staff received regular mandatory training, supervision and appraisals. Staff told us that they received a lot of online training, but some staff would prefer to re-start face to face training. A staff member told us, "I get online training yearly and in house, there's not enough hands on training, that's how I learn better."
- The provider supported new staff with an in-depth induction, which mirrored the Care Certificate, to make sure they had the correct skills and knowledge to safely support people. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to access a healthy, balanced diet which also reflected their personal choices and dietary needs. One relative said, "They have a set menu for every day, if [Person] wants something special they would get it for her."
- Some people were on special diets and these were documented within care plans. A relative commented, "She had lots of tests with her swallowing and they check her every two hours. She has a soft diet and I was consulted throughout the process."
- Staff regularly reviewed people to make sure they were not at risk of malnutrition. If a risk was identified there were records showing referrals to health care professionals.

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 the GP and other healthcare professionals and care plans reflected the guidance provided. Care records detailed visits from the local GP and community nursing teams.
- The service worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to their needs. One person told us, "I have always had a lot of support with healthcare."

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

- The home had been appropriately adapted to allow for easy access for everyone and to meet their needs. Communal areas and bedrooms were large and spacious.
- People had personalised bedrooms which reflected their own personalities.
- Relatives and people were positive about the adaptations and improvements throughout the home. One relative discussed the areas in the home that their relative enjoyed the most. They said, "There is a garden, plants, seats, lounge, and coffee bar."

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.

- Staff were working within the principles of the MCA. Staff had assessed the capacity of people for specific decisions. Care records reflected the decisions made and care plans followed these.
- DoLS applications were made to the local authority and reflected the person's needs. Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager and staff put people at the centre of everything they did. All aspects of care were person-centred. One staff member said, "I love working with residents as they all have different personalities and it's nice just to make a resident smile."
- Relatives and people were very positive about the staff. One relative said, "We are made to feel very welcome; they have a little coffee hub on site that we can use."
- During the inspection we observed many positive interactions between people and staff. Staff knew people very well.

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

- People were encouraged and supported to be the decision makers of their care. Care plans reflected the individual assessed needs of each person. Staff looked at ways to engage people to express their views. One relative told us, "Someone would sit, talk and listen to what [Name] has to say."
- Staff told us that people were treated as an individual and their care choices and needs were respected. One staff member commented, "The care staff within Roseway House always try to promote the best care, their approach is always holistic and individual to the person."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, whilst also promoting their independence. A relative said, "I feel that she is respected and her dignity is maintained."
- Staff provided examples of how they promoted and respected people's privacy and dignity. One staff member told us, "If someone has a catheter bag and it is on show we cover it up, so we are protecting their dignity. We shut curtains and close the door when doing certain tasks to respect people's privacy."
- Staff promoted people's independence. During the inspection we observed people being encouraged to do small walks in the home and people told us they were looking after the garden.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has 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

- People had holistic assessments of their needs which reviewed not only their physical needs but emotional and social needs as well. Care plans formed from these included people's own choices for how their care was delivered.
- Relatives told us that they had been involved in reviews of people's care needs and initial assessments. One relative discussed how they had been part of a recent review for a person. They said, "They talk to me, they [staff] have just arranged new glasses and a hearing aid."

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 had their communication needs assessed as part of their initial assessments and these were regularly reviewed. For example, one person's care record detailed phrases and words used when they were unhappy, anxious and happy.
- People could access information in different languages, easy read and in large print if needed

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 had the risk of social isolation mitigated as they were supported to maintain relationships and engage in activities that were meaningful to them.
- Staff told us they were able to spend 1:1 time with people regularly and that there were plenty of activities and links with the local community. One staff member commented, "We ensure there are plenty of opportunities to spend time with those nursed in bed and who are less mobile and those individuals who need more individual activity to engage them. People are always encouraged to make friends within Roseway, and community bonds are becoming strong again as they were before Covid-19."
- Relatives told us they were part of the activities and events at the home. One relative said, "They arranged a tea party and invited the relations to the outside activity."

Improving care quality in response to complaints or concerns

- There was a complaint policy in place which people were aware of. Outcomes from any concerns or complaints were used to improve the quality of care provided. One person said, "I have nothing to

complaint about, they are a lovely group of people."

- Relatives told us they did not have any concerns. One relative told us, "I haven't really made a complaint, I do find the manager to be open and honest."

End of life care and support

- At the time of inspection no one was receiving end of life care and support. Staff confirmed that they had received training around this and knew how to deliver care that reflected the person's needs and wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a positive staff culture at the home which placed people at the centre of the service and achieved good outcomes for people. One staff member said, "The team always have the well-being of the residents at heart and we are encouraged to share our thoughts and opinions for the betterment of the home. I feel the residents are well-looked after and that we have strong bonds with residents and their families."
- Staff were positive about the registered manager and the support they provided. A staff member commented, "If you have a problem the manager is supportive and accessible and has been the best manager in a long time at Roseway."
- People and relatives were complimentary about the staff team and the care provided. One person told us, "They reassure me and look after my family."

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; Continuous learning and improving care

- The registered manager understood the duty of candour and when things went wrong, apologies were given to people and lessons were learned. These were used to improve the service.
- Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with people, relatives, staff, and partner agencies.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance systems in place had been reviewed and embedded throughout the service and were used to continuously improve the service and quality of care provided to people.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for any significant events that had occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, staff and relatives were engaged by the management team and staff worked in partnership with others. Feedback surveys were given to people, relatives, staff and other professionals. The results from these were added to the service's overarching action plan and enabled the management team to see what they were doing well and what needed to be improved.

- The service worked in partnership with a range of other organisations and professionals. For example, care records showed staff discussed care needs with the local GP and specialist health professionals.