Gradestone Limited

Roseworth Lodge Care Home

Inspection report

Roseworth Lodge Care Home
Redhill Road
Stockton On Tees
Cleveland
TS19 9BY

Tel: 01642606497

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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

This inspection took place on 17 and 19 October 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting. This was the first inspection since the registered provider took over the service in October 2016.

Roseworth Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single packages under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Roseworth Lodge Care Home accommodates 48 people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing nursing care, one in providing care to people living with a dementia related condition and the final unit in providing general residential care. At the time of our inspection 42 people were living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us staff at the service kept them safe. Risks to people using the service were assessed and actions taken to reduce the chances of them occurring. The premises and equipment were monitored to ensure they were safe for people to use. The registered manager monitored accidents and incidents. Policies and procedures were in place to safeguard people abuse. Plans were in place to support people in emergency situations. People's medicines were managed safely. Staffing levels were based on the assessed level of support people needed. The registered provider's recruitment policy and procedures minimised the risk of unsuitable staff being employed.

People and their relatives all told us they thought staff had the skills and knowledge needed to provide effective support. Staff were supported through regular training, supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this. People were supported to maintain a healthy diet. People were supported to access external healthcare professionals to monitor and promote their health.

People and their relatives described staff at the service as kind and caring and spoke positively about the support they received. We observed examples of kind and caring support being delivered. Staff clearly knew people and their relatives very well. We saw staff treating people with dignity and respect. Staff promoted people's independence when delivering care and support and encouraged them to do as much as they could for themselves. The service had received a number of written compliments from relatives of people who used the service. People were supported to access advocacy services where needed.

People received personalised support that met their needs and preferences. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People were supported to access activities they enjoyed. The registered provider had policies and procedures in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service. Staff said they were supported by the registered manager and spoke positively about the leadership of the registered manager and registered provider. The registered manager and registered provider were visible presences around the service. The registered manager had worked to create and improve links with a number of community bodies to help enhance the quality of life of people using the service. The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people and their relatives through an annual questionnaire. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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.

Risks to people using the service were assessed and acted on.

Policies and procedures were in place to protect people from abuse.

People's medicines were managed safely.

Recruitment procedures were in place to minimise the risk of unsuitable staff being employed.

Is the service effective?

Good

The service was effective.

Staff were supported through regular training, supervisions and appraisals.

People's rights under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) were protected.

People were supported to maintain a healthy diet and spoke positively about food at the service.

Staff supported people to access external healthcare professionals to maintain and promote their health.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the care and support they received.

Staff treated people with dignity and respect and promoted their independence.

Throughout the inspection we saw kind and caring support being delivered.

People were supported to access advocacy services where appropriate.

Is the service responsive?

Good

The service was responsive.

Care planning and delivery was personalised and regularly reviewed.

People were supported to take part in activities they enjoyed.

The service had a complaints policy and people and their relatives said they would use it.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about the culture and values of the service.

The registered manager carried out a range of quality assurance checks to monitor and improve standards at the service.

Feedback was sought from people using the service and their relatives and was acted on.

Roseworth Lodge Care Home

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 was planned to check whether the 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.

This inspection took place on 17 and 19 October 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting.

The inspection team consisted of one adult social care inspector, a specialist advisor nurse 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered provider completed 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 contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by staff at Roseworth Lodge Care Home.

During the inspection we spoke with six people who used the service and two relatives of people using the service. People using the service were not always able to share their experiences with us so we also carried

out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

We looked at four care plans, four medicine administration records (MARs) and handover sheets. We spoke with 14 members of staff, including the registered provider, the registered manager, three nurses, seven care staff and four domestic staff. We looked at three staff files, which included recruitment records.

Good

Is the service safe?

Our findings

People and their relatives told us staff at the service kept them safe. One person we spoke with told us, "I feel safe."

Risks to people using the service were assessed and actions taken to reduce the chances of them occurring. We saw records of risk assessments in areas including falls, moving and handling and medicines. These were followed by actions the registered provider and staff had taken to keep people safe. For example, one person was assessed as being at high risk of falls. This led to the registered provider arranging for one to one staffing for the person, as well as assistive equipment such as a wheelchair lap belt and crash mat to support their safety. Risk assessments were reviewed every month to ensure they reflected people's current level of risk.

The premises and equipment were monitored to ensure they were safe for people to use. The registered manager carried out a premises risk assessment to see if any improvements could be made to help keep people safe. For example, in one risk assessment it was found that food storage cabinets were not always holding their temperature which risked food being stored unsafely. New cabinets were immediately ordered and we saw these had been installed in the kitchen. External professionals carried out fire risk assessments of the premises, and action had been taken to complete recommended improvements. The registered manager and maintenance staff carried out regular safety checks of window restrictors, wheelchairs, beds and electrical equipment. Required test and maintenance certificates were in place, including for gas and electrical safety, lifts, scales and firefighting equipment.

The registered manager monitored accidents and incidents. A monthly audit of such incidents was carried out, including an analysis of whether any patterns were emerging that required improvements to keep people safe. For example, following an incident involving one person a meeting was held with their social worker and relatives and steps taken to reduce the risk of the incident happening again. People's care records contained information on how they could be supported in emergency situations, though they did not have separate Emergency Health Care Plans (EHCP) in place that could be given to other professionals in emergencies. We asked the registered manager about this, who said they were aware of the need to introduce EHCPs but sometimes had difficulty with GPs supplying necessary information. They said they would review this immediately.

Plans were in place to support people in emergency situations. People using the service had a personal emergency evacuation plan (PEEP). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The registered provider had a business continuity plan. This was designed to minimise disruption to people's care in a variety of emergency situations, including loss of staffing or severe weather. Regular fire drills were carried out to familiarise people and staff with emergency procedures. During our inspection an external contractor accidentally triggered a fire alarm. When the alarm sounded staff reacted quickly and calmly to ensure that people were safe and to deal with the incident.

Policies and procedures were in place to safeguard people abuse. Staff had access to the registered provider's safeguarding policy, which contained guidance on the types of abuse that can occur in care settings and information on concerns which should be reported. Records confirmed that where matters had been raised they had been appropriately dealt with. All staff we spoke with said they would be confident to raise any concerns they had. One member of staff told us, "I'd report anything I wasn't happy with. I look at it like this – what if it was my mum or dad?"

People's medicines were managed safely. People's medicine support needs were detailed in their care plans and on medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We reviewed four people's MARs and saw they began with people's photograph and a profile setting out details of their GP and any known allergies. This minimised the risk of medicines being given to the wrong person. MARs we reviewed had been correctly completed without gaps, and where people did not want their medicines this was appropriately recorded. We observed a nurse carrying out a medicine round. People were told which medicines they were being offered, what they were for and then asked whether they wanted to take them. The nurse then carefully recorded which medicines had been administered. This helped to reduce the risk of medicine errors occurring.

Protocols were in place providing guidance to staff on the use of 'as and when required' medicines. These are medicines that are only taken when needed and not necessarily every day. Prescribed controlled drugs were safely and securely stored and recorded. Controlled drugs are medicines that are liable to misuse. We did see that some staff had recorded the administration of controlled drugs using different coloured inks which meant some records were inconsistent. We asked the registered manager about this, who said staff would be immediately reminded to record consistently. Two people using the service received their medicines covertly. Covert medicines are given in disguised form, usually in food or drink. As a result, the person is unknowingly taking the medicine. These had been appropriately authorised and managed. Medicines were safely and securely stored, and regular stock checks were carried out to ensure people had access to their medicines when needed.

Staffing levels were based on the assessed level of support people needed. The registered manager regularly reviewed these to ensure enough staff were deployed to support people safely. The registered manager said agency staff were not used, and that any staff shortages through sickness or holiday were covered by other staff picking up extra shifts. We reviewed a number of rotas and saw that the service was always fully staffed to the registered provider's calculated staffing levels.

People and their relatives said they thought there were enough staff at the service. One person told us, "They come quickly when I ring the bell." Staff also said there were enough staff at the service. One member of staff told us, "I'd say we had enough staff. There's no rushing around." Another member of staff said, "I think there are enough staff here. We all muck in. We wouldn't dream of letting someone struggle." Throughout the inspection we saw staff supporting people at a relaxed, unhurried pace and responding quickly to call bells.

The registered provider's recruitment policy and procedures minimised the risk of unsuitable staff being employed. Applicants were required to complete an application setting out their employment history and asked to explain any gaps. Proof of identify was verified, written references sought and Disclosure and Barring Service (DBS) checks carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. For nursing staff, checks were made with the Nursing and Midwifery Council (NMC) on professional

registrations. The NMC is the professional regulatory body for nurses and maintains a register of nurses and midwives allowed to practise in the UK, including any restrictions that have been placed on the individual's practice. One member of staff remembered the recruitment process and said, "They did checks like DBS and references. I was interviewed."

Good

Is the service effective?

Our findings

People and their relatives all told us they thought staff had the skills and knowledge needed to provide effective support. One person told us, "They (staff) are all very good here." Throughout the inspection we saw staff confidently carrying out support such as using hoists and assisting people with their mobility.

Staff completed a wide range of mandatory training. Mandatory training is the training and updates the registered provider deems necessary to support people safely. This included training in manual handling, first aid, health and safety, infection control, safeguarding, dementia awareness and equality and diversity. The registered manager monitored and planned training. Records showed that training was either up-to-date or planned. Training was regularly refreshed to ensure it reflected current best practice.

Staff spoke positively about the training they received and said they would be confident to request any additional courses or refresher training if they felt these were needed. One member of staff said, "Training is good. I enjoy it. We do it on the computer and face to face." Another member of staff said, "The training is brilliant. We do classroom training and e-learning. Plus, the nurses check your knowledge as well and test how well you know the residents."

Newly appointed staff had to complete an induction course before they could support people unsupervised. This included learning the service's policies and procedures, meeting people living at the home and working shifts alongside more experienced members of staff. Staff said they remembered their induction and had found it useful in preparing them for their roles. One member of staff said, "I did a two day induction, then shadowed other staff. They've put me through all of my training again."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings confirmed that staff were encouraged to raise any support needs they had and to request anything that would help them perform their role. One member of staff said, "We get supervisions and appraisals. They're brilliant. If you're unsure about anything you can ask about it." The member of staff then gave us an example of something they had requested at a meeting that was quickly arranged for them.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of our inspection 31 people were subject to DoLS authorisations. Clear records of DoLS authorisations were kept, including expiry dates.

Where people had Lasting Powers of Attorney (LPAs) appointed to help manage their affairs the service obtained evidence of this to ensure people's legal rights were protected.

Staff had a good working knowledge of the principles of the MCA and of the importance of supporting people to make their own choices where possible. One member of staff described how they supported one person who was living with a dementia, saying, "In the morning, I pick three or four clothes out for them and ask which they want to wear and they will point out." Care plans contained evidence of best interest decisions made on people's behalf, which had involved people's relatives and people who knew them best.

People were supported to maintain a healthy diet. People's dietary needs and preferences were assessed when they started using the service, and were passed to kitchen staff to ensure people received the diet they wanted and needed. Where necessary, people's dietary and fluid intake was monitored and there was evidence of referrals to dieticians and speech and language therapists (SALT) for additional support. Malnutrition Universal Screening Tool (MUST) records and weight monitoring were in place. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. We saw that people were supported with food supplements where these had been recommended. A relative we spoke with said, "[Named person] had lost weight, but now he is taking protein shakes his weight has stabilised."

Most people chose to eat in the dining rooms, though some ate in their rooms. There was a choice of hot meals available on the menu, and kitchen staff told us people could request anything they wanted to eat. Between meals we saw people were regularly offered and encouraged to take snacks and drinks. People spoke positively about food at the service. One person told us, "I like the food here. There is plenty choice." Another person said, "Breakfast is good."

People were supported to access external healthcare professionals to monitor and promote their health. During our inspection a practice nurse was visiting to give people the flu jab. People's care records showed evidence of referrals and close working with professionals such as GPs, district nurses, diabetes clinics, falls teams, mental health advanced practitioners, chiropodists and opticians. This meant people had access to the healthcare they needed.

Good

Is the service caring?

Our findings

People and their relatives described staff at the service as kind and caring and spoke positively about the support they received. One person we spoke with said, "The staff are good and they listen." Another person told us, "I'm happy here. The staff are good." A third person told us, "I really like it here." A fourth person said, "I love it here." A fifth person we spoke with told us, "If I am worried about anything, then I go to [named member of staff]. They are the best one to go to. They look after me."

We observed examples of kind and caring support being delivered. For example, we saw a member of staff sitting in the lounge and chatting with people. The staff member saw that one person looked withdrawn and distracted so walked over, sat next to them and spent a long time talking with them and cheering them up. We saw the person smile at the member of staff and say, "You're very kind." In another example we saw a different staff member observing that a person did not look comfortable in the chair they were sitting in. They asked the person if they would like to move to a more comfortable chair, and directed them to a chair they usually liked to sit in. The person smiled and nodded and held the staff member's hand as they moved chairs.

Staff clearly knew people and their relatives very well. Throughout the inspection we saw staff having friendly and enjoyable conversations with people about their lives, families and things that were of interest to them. Conversations often involved shared jokes, and there was lots of laughter heard throughout the inspection.

We saw staff treating people with dignity and respect. Though staff had close and friendly relationships with people they acted professionally at all times. This included completing confidential paperwork in areas where it could not be overlooked and discussing people's support needs quietly and away from communal areas. Staff used people's preferred names and asked for permission before supporting them or entering their rooms.

Staff promoted people's independence when delivering care and support and encouraged them to do as much as they could for themselves. For example, we saw staff encouraging one person to use their walking frame to walk to lunch. Staff then walked alongside them at the person's own pace so they did not feel hurried. Staff joked with the person, "Take it steady, we're not in a race!" One person we spoke with said, "I do little things to help out, and they let me." One member of staff told us, "I always ask people what they would like to do for themselves, and encourage them to make decisions for themselves."

The service had received a number of written compliments from relatives of people who used the service. These were recorded and shared with staff. One relative had written, 'All of you are one in a million, and we will never forget what you did.' Another relative wrote, 'You are all angels without wings.' A third relative wrote, 'We will always remember how happy you made [named person] feel.' An external professional had telephoned the service to provide positive feedback, saying, '[External professional] wanted to compliment the carer who was with [named person]. (They said) it was a pleasure to watch the way she cared for [named person].'

At the time of our inspection two people were using advocates. Advocates help to ensure that people's views and preferences are heard. Information on advocacy services were made available to people who might need them, and the registered manager was able to describe how people would be supported to access such services.

Good

Is the service responsive?

Our findings

People received personalised support that met their needs and preferences. One person we spoke with said, "It's alright here. I get everything I need." No one we spoke with said staff at the service did not meet their needs. From our observations and discussions with staff it was clear that they were very familiar with people's support needs.

A pre-admission assessment was carried out before people started using the service. This considered the support needs people might have and whether the service was able to meet them. The registered manager told us people would not be allowed to start using the service until all necessary resources were in place to support them. During the inspection we saw the registered manager ordering some mobility equipment for people who were scheduled to start using the service. The registered manager said they would not move in until the equipment had arrived. This helped ensure staff had the resources and equipment needed to provide the support people needed.

Where a support need was identified during the assessment process a care plan was drawn up on how staff could best support the person. This included details of how the person wished to be supported where they were able to express this, or guidance made in people's best interests. Care plans were in place for areas including medicines, personal care, mobility, moving and handling and nutrition. We saw that care plans were detailed and personalised. For example, one person had a care plan in place covering their behaviours that can challenge the service. This contained guidance to staff on triggers that could cause the person to become anxious and steps they could take to reassure and calm them. During the inspection we saw staff interacting with the person in line with their care plan, which meant they received the personalised support they wanted.

Care plans were reviewed on a monthly basis to ensure they reflected people's current support needs and preferences. A daily handover sheet was used to record support delivered, which was used as a basis of discussion with staff coming onto shift at handover meetings. This meant staff had the latest information on the support people wanted and needed.

People were supported to access activities they enjoyed. The registered provider had recently employed an activity co-ordinator, and they had started to arrange a series of activities at the service. This included visiting entertainers and local school choirs, arts and crafts, games and parties. The registered provider had a minibus, which was used to take people out to access local amenities and attractions.

The activity co-ordinator and registered manager had recently started a 'wish a day' scheme, in which people were asked to name one thing they would like to do that day and staff would try their hardest to make this happen. One person had recently asked to go into town for a meal at a local fast food restaurant, and this had been arranged for them.

During the inspection we saw the activity co-ordinator playing a game of dominos with a group of people in the lounge. The registered manager then walked in with another person, who had asked if anyone would

like a game of bingo. The people playing dominos all said they would like to play bingo, but the activity co-ordinator was sure to gain everyone's opinion and permission before changing the game. We then saw the now larger group enjoying a game of bingo, with staff encouraging anyone who wanted to take part. People clearly enjoyed playing the game. People spoke positively about activities at the service. One person said, "I enjoy the trips with the carers in the minibus, but I only go to the ones I want to."

The registered provider had policies and procedures in place to investigate and respond to complaints. The complaints policy set out how complaints could be raised and how they would be investigated. The service had not received any complaints since the registered provider took over in October 2016, but the registered manager was able to explain how the policy would be applied. People and their relatives said they knew how to raise complaints but had none to make.

Good

Is the service well-led?

Our findings

Staff spoke positively about the culture and values of the service. One member of staff said, "It's a happy home, the best I have known it in all the years I've worked here." Another member of staff said, "A clean, smart, caring home."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also one of the registered providers of the service.

Staff said they were supported by the registered manager and spoke positively about the leadership of the registered manager and registered provider. One member of staff told us, "The home is a lot better now, and anything we need we get straight away. For example, they bought new laminate flooring." Another member of staff said, "The registered manager is brilliant. If you need help or are unsure you can go and speak privately and she will help you and reassure you. She's brilliant." A third member of staff said, "The registered manager has good standards. She's a workaholic. She comes in on a morning and puts her apron on to help."

The registered manager and registered provider were visible presences around the service. Throughout the inspection we saw them regularly speaking with people and their relatives, who they clearly knew well. The registered provider had begun to refurbish the premises by installing new flooring and decorating people's rooms on a rolling basis. They were also investing in a new computer system that would computerise care and other records and allow the registered provider and staff to access them remotely. The registered manager said an advantage of them also being a registered provider was that they could make changes and purchase new equipment without delay. The registered provider's statement of purpose for the service read, 'It is the objective of Roseworth Lodge Care Home to provide care to all our service users to a standard of excellence.'

The registered manager had worked to create and improve links with a number of community bodies to help enhance the quality of life of people using the service. A local school choir visited regularly to stage performances. Staff received falls training from the local NHS falls team, and the registered manager was hoping to access further NHS training in other areas.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits carried out included health and safety, infection control, food hygiene, skin integrity, care plans and medication. Records confirmed that where issues where identified remedial action was taken to address them. For example, a medication audit from July 2017 had identified that some medicine administration record profile photographs were missing. An action plan was

put in place and the photographs were added within the timeframe required by the plan. This meant procedures were in place to monitor the quality of the service.

Feedback was sought from people and their relatives through an annual questionnaire. This had last been completed in March 2017, and the results contained positive feedback. For example, one person had responded, 'Very happy with everything.' The results of the survey were displayed in communal areas for people and their relatives to see. Feedback was sought from staff at regular staff meetings. Staff told us they found these meetings useful and supportive.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.