

Roseberry Care Centres (England) Ltd

Rosemount Care Home

Inspection report

Sunningdale
Whitley Bay
NE25 9YF

Date of inspection visit:

12 April 2021
16 April 2021
19 April 2021
20 April 2021
28 April 2021
04 May 2021
06 May 2021
17 May 2021
20 May 2021

Date of publication:

03 June 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

Rosemount Care Home is a home providing accommodation and nursing and personal care to older people, including people who may live with dementia. The service can support up to 60 people. People are accommodated in three units across one building. At the time of inspection 47 people were using the service.

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

There had been substantial improvements made to the running of the service to ensure people were the main focus of care delivery and they received safe, effective care that met their needs.

Staff knew about safeguarding procedures. There were opportunities for staff to receive training. Staff now worked well with other agencies to ensure people received care and support. Staff said they felt supported by the organisation and were aware of their responsibility to share any concerns about the care provided.

Records provided guidance to ensure people received safe, consistent, person-centred care and support from all staff members. Systems were now in place for all people to receive their medicines in a safe way.

The service supported some people with complex needs. There was evidence of collaborative working and communication with other professionals to help meet people's needs

All people and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families.

Some people and relatives said communication could be improved. The provider was responsive and had made changes to address people's feedback and this continued. There were opportunities for people, relatives and staff to give their views about the service. Improvements had been made to involving people in the running of the service and to consult with them.

Improvements had been made to the choice and variety of food to ensure people enjoyed the meals offered to them. Improvements were being made to activities to ensure they were person-centred and of interest to people.

A quality assurance system was in place and it had become more robust to assess the standards of care in the service. The provider had put in place a consistent management team, in the absence of a manager, to ensure the running of the service.

We were assured that the provider was monitoring the use of PPE for effectiveness and people's safety.

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.

Information was accessible to involve people in decision making about their lives.

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 18/05/2020 and this is the first inspection.

The last rating for the service under the previous provider was rated good, published on 14/06/2018.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, people's personal and nursing care needs, communication and medicines management. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review all of the key questions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from these concerns as the provider had taken effective action to mitigate the risks and we were assured was continuing to make improvements to ensure people received safe, effective and person-centred care.

Please see the full report.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Rosemount Care Home

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.

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 site visit was carried out by two inspectors. An inspector and two Experts-by-Experience supported the inspection remotely. 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

Rosemount 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.

A registered manager was not in place at the time of inspection. The registered manager had left and a new manager had not been appointed. The service was being overseen by a regional operations manager and a regional support manager. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of the inspection because we needed to be sure it was safe for us to visit the service due to the pandemic.

Inspection activity took place off site between 12 April 2021 and 20 May 2021. A site visit to Rosemount took

place on 6 May 2021. We made telephone calls to people, relatives and staff on 19, 20, 28 April and 4 May 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the Care Quality Commission. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 15 relatives about their experience of the care provided. We spoke with 15 members of staff including the provider, regional operations manager, regional support manager, two registered nurses, two senior care workers, seven care workers and an activities co-ordinator. 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 eight people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 for 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

- Several improvements had been made within the home, by the provider and senior management team, to ensure people were cared for safely. At the time of inspection people and relatives told us people were safe and trusted staff. One relative told us, "[Name] is safe and comfortable as far as I can see, they're in safe hands" and "[Name] is safe and secure."
- A number of safeguardings had been received by the local authority due to concerns about people's care. These had been investigated and had been resolved during the course of the inspection.
- Staff were aware of the steps to follow to raise any safeguarding concerns. Staff had received training relating to safeguarding adults. One member of staff commented, "I'd raise any concerns with the person in charge."

Assessing risk, safety monitoring and management

- Systems were becoming more robust to ensure any risks to people's health, safety and well-being were mitigated. Environmental risks were also assessed, with measures put in place to remove or reduce the risks.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.

Learning lessons when things go wrong

- Improvements had been made to ensure people's safety and safety concerns were acted upon. A person told us, "I have an alarm on my wrist so if I fall, I can call for help."
- There had been a number of reported incidents of people falling. This had improved each month since January with a reduction in people's falls. There was a more robust analysis of all accident and incident reports to help mitigate risk to people's safety
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

Using medicines safely

- Medicines were administered safely. Improvements had been made to medicines management as a result of recent safeguardings and the resulting visits from the community medicines optimisation team. The provider followed up recommendations from their visits in a timely way.
- People who required help to take medicines received support from trained staff. One person told us, "I generally get my medication on time."

Staffing and recruitment

- There were sufficient staff to support people.
- There had been concerns received about low staffing levels and staff deployment. A number of staff, including the manager, had left and whilst new staff were being recruited regular agency staff were working into the home. A person commented, "There are lots of different staff now. Some are agency and I don't know them and they don't know me and they need telling what needs doing for me. I do think things are settling and improving."
- Staffing levels and staff deployment had been re-arranged to ensure people were cared for in a safe and timely way. A staff member said, "A lot of staff have left but staffing is improving."
- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

Preventing and controlling infection

- Appropriate infection control processes and procedures were in place.
- The home was maintained in a clean and tidy manner.
- The home had a sufficient supply of protective equipment and we observed staff wore PPE effectively.
- The management team had accessed external support and advice on infection control and training and maintaining a safe environment.

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's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Concerns had been previously raised about people's care needs not being met appropriately. The management team had worked to make improvements to ensure people's health care and support needs were now all being met.
- Care plans were developed for each identified care need and staff had improved guidance in care records on how to meet those needs. A person told us, "They [staff] know what my needs are and seem to know what they are doing."

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

- Improvements had been made to ensure people's healthcare needs were met appropriately. There was improved communication between staff and visiting professionals and staff followed guidance provided to ensure people's needs were met.
- Records showed there were care plans in place to promote and support people's health and well-being. One person commented, "I don't have any worries. I know staff would call the doctor if I needed one."

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

- Systems were in place to ensure people received varied meals at regular times. Complaints had been received about the menus and lack of variety of food. Improvements had been made in consultation with people. One person told us, "The food is lovely, I probably eat too much" and "I enjoy the food and I know if I wanted something different, staff would get it for me."
- People's weights were well-monitored for risks of malnutrition. Specific nutritional care plans were in place to ensure people were able to enjoy the meals they wanted. A relative commented, "[Name] enjoys their food, they'd been losing weight when they arrived, but not now."

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

- The premises were adapted for the comfort and convenience of people living there. This included appropriate signage to help people move around the building.
- People were supported to personalise their own rooms to ensure they reflected their personal tastes.
- A programme of redecoration and refurbishment was taking place since the new provider had taken over to refresh the building.

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.

- DoLS authorisations had been applied for appropriately. When authorised these were monitored and reviewed.
- Staff ensured that people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests.

Staff support: induction, training, skills and experience

- Staff members received training that helped maintain their skills.
- New staff completed an induction, including the Care Certificate and worked with experienced staff members to learn about their role.
- People were supported by staff who received ongoing training that included training in safe working practices. One staff member told us, "My training is up-to-date, we've been doing on-line training recently, but I hope we do more face-to-face training again."
- Staff received regular supervision and appraisal to discuss their work performance and personal development. Staff members all said they were, "Well-supported" by the management team."

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.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- A number of staff had left the service since the last inspection and it was evident this continuity of care had been impacted but improvements were being made to create a staff team to have a positive impact on people. One person said, "There have been a lot of new staff starting, but they soon settle in."
- There had been some concerns and feedback from relatives that people did not look well-cared for and clean. Improvements had been made to ensure that this was addressed and people looked smart and had manicured nails with coiffured hair.
- Staff showed sensitivity towards people. A relative commented, "When a carer deals with [Name] it's done in a respectful, caring manner."

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

- People were well-treated and supported. One relative told us, "Staff will do anything for you. [Name] has great fun with the carers. They treat them very respectfully, like [Name] matters as a person."
- Staff interacted calmly, attentively and warmly with people. People and relatives told us, they were treated with kindness and compassion. A relative said, "[Name] loves the carers. They fuss them and are very chatty. They tease and joke with each other."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. A person told us, "It's wonderful here."

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

- People confirmed they were supported to express their views and to be involved in making decisions about their care and support. One person said, "I get a shower when I want one" and "Staff will ask me before they do anything for me."
- Guidance was available in people's care plans which documented how people communicated.
- Information was accessible and was made available in a way to promote the involvement of the person.
- Records gave guidance about people's daily routines if they could not tell staff themselves.

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

- Care and support was personalised and responsive to people's individual needs and interests.
- Several improvements had been made to systems across the home to ensure that people received the care and treatment they needed.
- People's care records were detailed and documented their history, preferences and health and mental health care needs. This information assisted new staff, not familiar with people's preferences, as they had guidance to provide appropriate care and treatment. A relative told us, "[Name] needs help with dressing. Staff help and encourage [Name] to do as much as they can for themselves."
- People's needs were regularly reviewed and staff worked in close partnership with people, relatives and relevant professionals to make changes.

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.

- The provider was aware of the Accessible Information Standard. Information could be made available in various formats including audio, large print or easy read format to meet individual communication needs.

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

- Improvements were being made to the planning and provision of activities to ensure they were person-centred. There were two activities co-ordinator in place, who organised group and one-to-one activities. They had several plans to ensure that people remained occupied and engaged if they wished to take part. One of them said, "We get ideas from people for activities and have also joined Golden Carers and Dementia Lives to get ideas."

End of life care and support

- Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- Some information was available about people's religion and cultural preferences if this support was required.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively. The management team took steps to resolve complaints to people's satisfaction.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was not always well-led.
- The registered manager had left and the provider was taking steps to appoint a suitable replacement. In the meantime, there were suitable arrangements in place to manage the service consistently and introduce improvements to ensure the service was managed safely and effectively.
- Substantial improvements had been made by the provider and senior management team to support people and staff. However, there hadn't yet been sufficient time to be assured improvements were sustained and changes were embedded.
- The quality assurance process was becoming more effective. Audits were completed to monitor service provision and to ensure the safety of people who used the service.
- The management team understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- Several improvements had been made to aspects of care provision to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- More robust systems had been introduced to ensure people received safe, effective and consistent care that respected their needs and wishes.
- Records provided information to ensure staff delivered appropriate care and support.

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

- Improvements had been made to communication since the new provider had taken over the service in May 2020. However, some people and relatives' feedback received during the inspection stated that communication had not always been effective. Their comments included, "We weren't told about the changes. It does seem as if things might be settling down so I'm more optimistic" and "I just feel left out, I like to be kept in the loop." We discussed this with the management team who said communication was continuing to be addressed.
- Staff told us communication was more effective to ensure they were kept up-to date about people's changing needs and changes being introduced into the home.

- Staff said they were well-supported. They were very positive about the senior management team and said they were approachable. One staff member said, "There have been improvements and I do feel listened to if I make a suggestion" and "The managers are lovely, they're really approachable and supportive."

Continuous learning and improving care; Working in partnership with others

- The provider, senior management team and staff were improving the service for the benefit of people using it.
- There was a programme of staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.