

Prestige Care (Roseville) LTD

Roseville Care Centre

Inspection report

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15 March 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Roseville Care Centre is a care home which provides nursing and residential care for up to 103 people. Care is primarily provided for older people, some of whom are living with a dementia or related condition. At the time of this inspection there were 96 people using the service.

The service accommodates people across five separate units. Each unit has their own communal lounge, dining facilities and bathing facilities.

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

Medicines were not always managed safely. The providers auditing of medicines was not robust as this had not identified the issues we found at the inspection.

People and relatives were positive about the caring nature of staff and the service they received. Comments included, "The staff are all very thoughtful. I'm very happy here" and "I am very well looked after and supported by kind staff."

There were enough staff employed and on duty at any one time to meet the needs of people. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Accidents and incidents were recorded and analysed, and risk assessments were in place. The registered manager and staff understood their responsibilities about safeguarding.

Staff had the skills and knowledge to deliver care and support in a person-centred way. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. At the time of the inspection work was ongoing to strengthen their documentation relating to mental capacity to ensure that records evidenced how staff were following the principles of the Mental Capacity Act 2005.

People told us their privacy and dignity were respected and their independence encouraged. People were able to participate in a range of activities if they chose to do so.

The provider was open and approachable which enabled people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the registered manager.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

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

Rating at last inspection

This is the first rated inspection of an already established service with a new legal entity.

Why we inspected

This was a planned inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of an inspector, an assistant inspector, a graduate assistant inspector, two staff from the medicine management team and two experts 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

Roseville Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The first day of the inspection was unannounced. We informed the provider of our second inspection day.

What we did before the inspection

Before we visited the service, we reviewed information we held about the service such as when the provider told us about serious injuries or events. We contacted commissioners to seek their feedback. We received no information of concern.

Due to technical problems, the provider was not able to complete a Provider Information Return. 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.

During the inspection

We visited the service on 28 February and 15 March 2019. During the inspection we spoke with 22 people who used the service and 14 relatives/friends. We also spoke with the registered manager, deputy manager, operations manager, wellbeing co-ordinator, handyman, a senior care assistant and six care staff. We also spoke with three visiting professionals.

We looked at a selection of records. This included 20 people's care records, the medicine records of 15 people and various records related to recruitment, the building, and the management of the service.

After the inspection

After the inspection we asked the registered manager for some more information on training and quality monitoring which they shared with us.

Is the service safe?

Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Some people with swallowing difficulties were prescribed thickeners to be added to fluids. However, the quantity to be used had not been communicated effectively and there was risk of the person choking. One person did not have enough stock of their thickener.
- Some people received medicines covertly (disguised in food or drink). However, one person had not been appropriately assessed in line with Mental Health Act requirements. The care plans for administering medicines covertly did not list each medicine individually. Therefore, it was not possible to be assured they were being safely administered
- People receiving high risk medicines did not always have appropriate care plans in place to keep them safe.
- People were prescribed medicines on a 'when required' basis to manage their behaviour. However, we did not see that other de-escalation techniques were always documented as being used prior to administering medicines.
- People had not had their medicines reviewed by the GP. The provider was aware of this and was liaising with the GP.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager responded immediately during and after the inspection to improve the safe management of medicines.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People told us they felt safe with the services provided. One person said, "It's a comfort to have the carers around me, I rely on them quite a bit."
- A relative told us, [Person] is safe because [person] has got assistance when [they] needs it and has a panic button as [they] fall over. [Person] always has the assurance the nurses are close by so [they] feels safe."

- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.
- The provider worked closely with other relevant authorities to make sure people were protected from abuse and avoidable harm.
- Good recruitment procedures were in place to ensure suitable staff were recruited and people were safe.
- There were enough employed staff to meet people's needs. People and relatives told us there were enough staff on duty at any one time. A relative told us, "The staffing levels are always good."

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

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- Checks on the environment and equipment took place, for example checks on nurse call systems. Plans were in place to ensure people were supported to leave the building in an emergency.
- The registered manager and provider critically reviewed incidents and events and determined if improvements were needed.
- The registered manager monitored and analysed accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make certain decisions, these had been made in people's best interests. Records to evidence those decisions were not always complete and MCA assessments were not always decision specific. Some mental capacity assessments had not been reviewed for some time. The registered manager agreed to do this following the inspection.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- Care and support was reviewed on a regular basis.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- Staff had completed an induction and training programme. They had opportunity for supervision and appraisal. Staff told us they felt well supported by the registered manager and other senior staff. One staff member told us, "We get help though regular supervision."

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

- People received meals which met their needs and preferences. People were offered choice at each mealtime. Most people told us they liked the food provided. Comments included, "The main meal is at 12, then sandwiches, soup, scrambled egg, that sort of thing for tea. I go into the dining room. There is plenty of choice" and "The food today was absolutely marvellous, it was gorgeous."
- Staff worked with other health professionals to make sure people received food and drinks according to their needs. Care plans were updated following assessments by a speech and language therapist to reflect any recommendations and minimise risks for people.
- Where needed people's food and drink intake was monitored to make sure they were taking in 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 with their healthcare needs and to attend appointments when necessary. For example, dentists, opticians, chiropodists and GPs. One person told us, "The medical attention is excellent, if I need a doctor or a nurse, etc, they send for one straight away."
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.

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

- The service had adapted its units for the needs of the people living there. Corridors were wide with places people could sit and rest. The units for those people living with a dementia had appropriate decoration and areas designed to make it easy for people to recognise their whereabouts and interact with the environment. Lounges and dining areas were comfortable and well maintained.
- People could choose where they wanted to spend their time, with some areas of the home being livelier and others more relaxing.
- People had access to outside space in an enclosed garden area.

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.

Good: 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 were treated with kindness and the good relationships they had with staff impacted positively on their feelings of wellbeing. Comments included, "I enjoy living here. I love my room and the kindness of the carers. They are wonderfully, wonderfully, kind" and "The staff are amazingly good and kind. They listen to you. You don't think you'll end up in a place like this, but I don't think I could have found a kinder home."
- An equality and diversity policy were in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs. Equality and diversity training encouraged staff to promote a person-centred approach and ensure people's preferences, wishes and choices were respected.

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

- People's rights were promoted and person-centred care was delivered. The provider was committed to valuing people as individuals.
- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people, such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. One person told us, "The staff are lovely and ever so respectful."
- Staff promoted people's independence in all aspects of their daily lives. Equipment was used to help people drink independently, such as specialised drinking cups with handles. People were encouraged and supported to be independent with their mobility. Where needed people had been appropriately assessed and had walking aids.

Is the service responsive?

Our findings

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

Good: 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's needs were recognised, acted upon and recorded appropriately. Care plans showed people and their relatives were involved in planning their care and changes were made when needs or wishes changed.
- People's assessments and care plans were person-centred and contained details of people's choices and preferences. People's cultural and spiritual needs were considered as part of their initial assessment.
- Staff had a good understanding of people's lifestyle, preferences and needs.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

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 encouraged to take part in activities. There was an allocated wellbeing co-ordinator for each unit, activities that took place were bespoke to people's needs on the unit. During the inspection we saw a game of bingo taking place on one of the units and a sing along in another.
- The registered manager had created a café in the main entrance of the service. Relatives and friends were able to sit and have coffee/tea and cake while visiting people who used the service. A donation was optional for this and money received was being used to fund the creation of memory boxes. For part of the inspection we sat in the café area and saw and heard how people and relatives enjoyed the café facility.
- People and relatives praised the activities and outings taking place. Comments included, "I sometimes go out. You can play bingo, there's about 22 of us play. Yes, I'm happy with the activities" and "[Person] has Sky tv in [their] bedroom, to watch football. [Person] is always popular when there's a match on and people come and join [them], [person] likes that."

Improving care quality in response to complaints or concerns

- People could share any concerns with staff who supported them. People knew how to make a complaint and told us they would be listened to by the management team. The registered manager acted upon

complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support

- Compassionate care was provided at the end of people's lives. People had been asked how they would like to be supported at the end of their lives and wherever possible these preferences were met. Staff worked closely with district and specialist nursing teams so people could stay in the home rather than being admitted to a hospital if that was their wish. We saw many cards of thanks from relatives of people who had received end of life care. One card read, 'Thanks for the kindness and great care shown to [person] for the last few weeks of [their] life. [Person] was only at Roseville for a short time, but in that time, [person] came to have an affection for the staff.'

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.

Requires improvement: 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; Continuous learning and improving care

- The provider was completing audits to review medication administration records and systems. However, the audits were not robust and did not pick up areas for improvement that we identified at the inspection.
- The management team were skilled and experienced. They were aware of their regulatory responsibilities.
- Other audits were carried out regularly to monitor the quality of the service.
- There were regular management meetings where service improvements were discussed and planned. People benefited from a management team who were committed to on-going improvements. Staff meetings took place regularly and were also used share information and keep staff up to date.
- The provider had a clear strategy for its future and the people using the service. Management told us about plans to introduce Wi-Fi within the building so that they could introduce better technologies to manage their quality assurance tools and for electronic care planning to allow for more responsive and accurate care planning.

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

- Staff morale was good. Staff told us the registered manager was approachable and lead by example. The registered manager held daily flash meetings inviting staff from different departments within the service to discuss any important issues and actions to take to address these.
 - The registered manager did two daily walks round the service. This allowed people and staff to see the registered manager as an active presence and enabled the registered manager to recognise issues and areas for development within the service for immediate improvement.
- People, relatives, visiting professionals and staff complimented the leadership of the service. Comments included, "[Registered manager] is lovely, approachable. The care staff are lovely, they really are lovely" and "This place has a good atmosphere. Staff are very clear about their roles and what they need to do."

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 management team demonstrated a commitment to deliver a safe and high-quality service.
- The registered manager submitted notifications of significant events such as incidents and accidents that had occurred in a timely manner.
- The principles of the duty of candour were embedded within the registered managers practice. The registered manager was open and honest in response to any complaints and worked in partnership to make

improvements. People and relatives told us the registered manager was approachable.

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

- The management team spent time with people, relatives and staff at meetings or at reviews of care. This allowed them to gain people's views and involve people in any changes being made to the service. One person told us, "You can speak your mind. They're good the meetings, the manager does listen to your concerns."
- People could feed back on the quality of the service via surveys.

Working in partnership with others

- The service had good links with the local community. The local supermarket donated hampers for raffle prizes and tea and coffee for a coffee morning. Representatives from the local churches visited the service to meet people's religious needs.
- The service worked in partnership with other agencies. During the inspection staff worked with a district nurse to support someone for a review of their care. A visiting professional told us, "I feel there is strong leadership. I have got to know [senior staff] here and value [their] judgement. I can rely on the history they provide. We work well together."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who use services were not protected against the risks associated with unsafe management of medicines because medicines were not always managed safely. Medicine audits were not robust enough to pick up the issues we found at inspection.