

# HC-One Beamish Limited

# Roseberry Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Roseberry Court is a purpose-built residential care home in Redcar and Cleveland. Personal care is provided for up to 63 people aged 65 and over across three floors in the service. At the time of the inspection there were 42 people living at the service.

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

Staff understood people's risk, however staffing levels did not allow for sufficient oversight of risk. Continued improvements were needed to fully oversee risk in the home. Accidents and incidents were monitored. Medicines were safely managed. Good infection prevention and control procedures were in place. People were happy with their care.

Quality assurance measures had been inconsistent in identifying where improvements needed to be made. A small number of notifications about events taking place at the service were not submitted in a timely manner.

Staff said they enjoyed working in the service. They were positive about the support they received from the manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 May 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 and 11 March 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseberry Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing levels and quality monitoring. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an improvement plan from the provider to show what changes they will make to ensure they improve their rating to at least good. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Roseberry Court

## 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

Two inspectors carried out this inspection.

#### Service and service type

Roseberry Court 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.

At the time of inspection, the registered manager no longer worked at the service. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A relief manager was in post whilst recruitment for a permanent manager took place.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 six people who used the service and three relatives about their experience of the care provided. We spoke with 14 members of staff including the area director, area quality manager, relief manager, deputy manager, five senior care workers, three care workers and two members of housekeeping staff. 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 six people's care records. We looked at two staff files in relation to recruitment and staff supervision and the training matrix for all staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Risks were not consistently managed. People living on the dementia unit were left unattended in the lounge for long periods of time. There was a lack of oversight of people who were at risk of falls or who displayed aggressive behaviour. We observed an incident which went unnoticed by staff on duty because they were supporting other people.
- Not all staff had participated in a planned fire drill during the last year; actions from fire drills did not show if they had been addressed.
- The provider had identified gaps in the reviews of risk assessments, care plans and positional change records during a quality monitoring review earlier this year. We found the same issues remained.

Further improvements are needed to safely oversee the management of risk at the service. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- There were not enough staff on duty to safely care for people safely. We received consistent feedback about unsafe staffing levels. One person said, "There are no staff now. They seem rushed at times. They never sit and chat with me; they don't have time. I struggle to get myself dressed as there aren't enough staff to help me. A relative said, "The girls are run ragged; they don't have time to sit and talk."
- Staff had raised concerns about staffing levels with the manager, in meetings and with senior staff during quality assurance checks. Comments from staff included, "It's really busy on the dementia unit. We need another carer" and, "The residents see more of the housekeepers than the carers. They don't have time to get to know people" and, "There isn't enough staff. There are a lot more residents who need two staff; it can vary depending on their mood. It's all about numbers rather than need."

There were insufficient staff on duty. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Good recruitment procedures were in place. One person said, "The staff are well chosen."
- People and relatives said staff were caring. Relatives said their loved ones were 'well looked after,' and staff were responsive to any concerns they raised."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Continued improvements were needed to manage the risks of abuse to people. The provider had identified this and put additional measures of support in place for staff.
- Staff understood the procedures they needed to follow to raise a safeguarding concern. Staff had completed training in safeguarding. Accidents and incidents were monitored to identify any patterns and trends.
- Lessons learned had been added to an agenda item for staff meetings to lead improvement in this area.
- People said they felt safe living at the home. Comments included, "The staff are superb" and, "The staff are very nice and friendly." Relatives said staff kept in touch with them and rang them straight away if people were unwell or had a fall.

Using medicines safely

- Medicines were safely managed. Medicine records had been completed accurately. Regular checks of medicine stocks took place.
- Detailed records were in place for staff to support people who received medicines for behaviour or agitation as a last resort.
- Staff had received training to give out medicines and their competency was regularly checked.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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; Continuous learning and improving care

At our last inspection the provider had failed to have effective systems in place to assess, monitor risks, quality and safety of the service and maintain accurate, complete and up to date records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems were inconsistent in identifying and actioning improvements. A system of auditing, observations and reviews, had supported improvements in the management of medicines. However, the same measures had not always identified or actioned concerns in relation to how risk was managed, staffing levels and record keeping.
- An action plan was in place to support improvement in the home. Reviews of incidents took place to identify where lessons could be learned. Staff were encouraged to provide feedback about improved practices in the service.
- A small number of notifications about events taking place at the service were not submitted in a timely manner. The system for submitting notifications has since been reviewed.

Further improvements were needed to oversee quality assurance at the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A positive culture was in place. Leaders were skilled in running the service. The staff team worked well together. There was evidence staff had been making improvements to how the service was run. People were positive about their care. They felt involved in their care and enjoying living at the service.
- Staff were positive about the support they received from the manager. One staff comment included, "[Manager] is brilliant. We can talk to them whenever we need to." People, relatives and staff felt able to speak up and said they were listened to. One relative comment included, "I can always discuss things with

staff and they sort it out for me."

- Investigations were carried out when things went wrong, and actions put in place to minimise reoccurrence. Staff at all levels were open and transparent.

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

- People and relatives were involved in the service and were kept up to date with changes. They were asked for feedback about their care and how the service was run. Staff were very supportive of each other and worked well as a team. They were committed to their roles in the service.
- The service worked well with professionals. Feedback and recommendations were addressed.

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 17 HSCA RA Regulations 2014 Good governance  (1) (2) (a)(b)(c) The provider had failed to have effective systems in place to assess, monitor and mitigate risk and assess, monitor and improve the quality and safety of the service. They had also failed to maintain accurate, complete and up to date records.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  (1) There were insufficient staff on duty to provide safe care.