

Rosedale Care Services Ltd

Rastrick Hall and Grange

Inspection report

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10 May 2023
15 May 2023

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Rastrick Hall and Grange is a residential care home providing personal care to up to 79 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 59 people using the service.

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

Some improvements were needed to make sure medicines were managed safely. The registered manager took action during the inspection to address issues found. People told us they felt safe at the service and staff were recruited safely. Issues with the way the electronic care record system in relation to risk management had been identified by the registered manager and they introduced new record keeping systems to address this. Some inconsistencies with care plans were being addressed through review. Although staffing levels were sufficient to meet people's needs, the registered manager introduced some changes, as a result of our feedback, to improve staff availability and increase social time with people.

People living at the home, their relatives and staff were complimentary of the registered manager. Systems and training had been put in place to train and empower staff to be successful in their roles. The registered manager focused on developing a culture of enhancing people's quality of life and for people to experience person-centred care. They had systems in place to gain feedback from people, their relatives and staff. As part of this they had introduced the role of 'Resident Ambassador' which a person living at the home had accepted. Systems were in place to monitor and audit quality and safety within the service and results were used to drive improvements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement 25 June 2021 and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

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. For those key questions not

inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rastrick Hall and Grange on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rastrick Hall and Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by 2 inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rastrick Hall and Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 3 May 2023 and ended on 22 May 2023. We

visited the service on 10 and 15 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people using the service and 6 of their relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We spoke with 6 members of staff including the registered manager, deputy manager and care staff. We reviewed a range of records. This included 5 people's care plans, risk assessments and associated information. We also reviewed multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

Using medicines safely

- People's medicines were not always managed safely
- One person's medicine care plan (containing information about an emergency medicine) did not meet their needs and put the person at risk of harm.
- Medicines were not always 'booked in' when received into the home. This had resulted in one person's medicated cream not being applied. Another medicated cream had not been applied correctly. A new system for carers to record when they applied people's emollient creams had just been introduced.
- People's protocols for administering 'when required' medicines explained why and when the medicine was needed. A new system for recording whether the medicine was effective had just been started. The registered manager had introduced a 'Calm Card' to support effective management of PRN medication such as Lorazepam. The idea of the Calm Card was that before administration of the medication three attempts at distraction were made, such as a drink and a snack, a walk outside or other preferred activity. Where the distraction succeeded, this reduced the need for management of behaviours by medication.
- Medicines were stored safely and administered in a safe and caring way.
- The registered manager took immediate action to address the issues we found. They completed a 'Lessons learned' document and shared it with all appropriate staff.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were in place, but we found inconsistencies in the information and staff did not always deliver the care detailed in the care plan.
- One person's mobility care plan said they needed regular repositioning but there was no guidance on how often and the person's skin integrity care plan did not mention the need for regular repositioning.
- One person's nutritional care plan said the person was at high risk and losing weight and nutritious snacks should be offered between meals. It also said to monitor the person's intake. We did not see any evidence of the person's intake being monitored and we observed the person was not offered a mid-morning snack.
- The registered manager had recognised issues with the electronic record keeping system in that when care staff entered, for example, assisting a person with movement, or with food and fluid intake into their hand-held device, by default a reposition or nutritional intake chart was created. This resulted in monitoring charts being in place for people who did not need this.
- During the inspection, the registered manager introduced a change in the way staff made care records. Hand-held devices were not used as frequently and paper-based care charts were put in place.
- A 'Resident of the day' scheme was being introduced which, the registered manager said, would mean all care plans and risk assessments would be reviewed in line with the changes to the electronic care planning system, within a month.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to make sure people were safe. One person told us, "I feel safe living here. The staff know how to care for me. I did fall once and screamed, and they came rushing in. I know there is always someone around".
- Staff had received training and knew what to do if they thought someone was at risk.
- During the inspection a person told us about an incident they had not told staff about. We reported this to the manager who took immediate and appropriate action to manage the situation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager maintained an overview of DoLS authorisations.
- Any conditions related to DoLS authorisations were being met. Care plans had been introduced to inform staff what recordings they needed to make to demonstrate how conditions were being met.

Staffing and recruitment

- Staff were recruited safely with references and Disclosure and Barring Service (DBS) checks obtained prior to staff starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing was provided in line with a dependency tool, although we observed times when staff were busy with making notes rather than interacting with people. The registered manager recognised this and introduced new systems to make sure staff were available to people. This included staff no longer using hand-held care recording devices and the introduction of 'Butterfly time', when staff from all departments of the home dedicated time to spend with people living at the service.
- People generally felt there were enough staff, although some felt there were times when staff were slow to respond to buzzers. One relative told us, "There does seem to be enough staff. We have used a few places over the last (few) years and this is the best we have seen. I can't think of anything they could do better".

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- Visitors were welcomed to the service when they chose to visit. Areas were being developed to provide people with quiet and pleasant spaces to receive their visitors.

Learning lessons when things go wrong

- The registered manager used their own observations, feedback from people who lived at the service and their relatives, staff and visiting professionals as learning experiences and shared the learning with staff.
- Shortly after appointment the registered manager had recognised that staff in some positions had not had the training they needed to fulfil their role. In response to this, a development programme for staff was introduced which has proved successful in 2 staff already 'graduating' from the scheme.
- The registered manager used feedback during the inspection to learn lessons. This was documented and shared with staff before the inspection was concluded.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection a new registered manager had been appointed. They had been in post for approximately 5 months. A new deputy manager had also been appointed. People and their relatives spoke positively about the new manager. One person said, "(Name of manager) is lovely, she comes and gets a chair and sits and chats sometimes; the other day it was over an hour it was lovely." A relative told us, "I think the new manager has changed the place a lot for the better, she is 'superb' she listens to any concerns and tries her best to address them."
- Staff of all levels were trusted to fulfil their roles with senior care staff being empowered, through training and support, to have autonomy over their roles which, the registered manager said, had increased confidence and morale. Feedback from staff was overwhelmingly positive for the registered manager. They described them as approachable and caring but someone who will act when needed to improve quality in the service.
- The provider had a well set out governance model which the registered manager had added to in order to make it entirely relevant to the service. The registered manager's audit of safety within the service had resulted in identification of key causes and times of falls which had been addressed and had resulted in a reduction in falls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had a clear focus on developing a culture of enhancing people's quality of life and for people to experience person-centred care.
- The registered manager had introduced the role of 'Resident Ambassador' which a person living at the home had accepted. This meant they were involved in several aspects of the service including interviewing new staff, liaising with people living at the service to put forward ideas for menu planning, activity planning and décor. They would also connect with community groups and be part of the 'Friends of our home' meetings.
- The registered manager had met with many people's families individually to introduce themselves and discuss any issues. They had recently had written to people's relatives to invite them to the first 'Resident & Families Get Together.' They had also informed relatives they would be holding monthly manager's surgeries on a weekend to enable people unable to visit during the week, to speak with them.
- Satisfaction questionnaires had been sent to people and their relatives.

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 provider had followed procedure in making apology to people when things had gone wrong.
- The registered manager had met with some people and their families to address a situation which had occurred prior to their appointment in relation to the refurbishment of the home. They had given people open and honest explanations which were accepted and supported by people and their families.

Continuous learning and improving care; Working in partnership with others

- The registered manager used events in the service as learning experiences and shared learning with the staff team.
- Staff engaged in learning from health and social care professionals to improve care. For example, following training with the CCG (Clinical Care Group) on the 'Is My Resident Well' document, which resulted in much improved communication between the service and health care professionals.
- In response to recognising and addressing difficulties in organising GP visits to the service, the registered manager attended regular online multi-disciplinary meetings with the GP's and Pharmacists of four surgeries covering the service.