

Eastgate Manor Limited

# Rose Tree House

## Inspection report

Rose Tree Care Home, Eastgate Bank  
Mickley  
Stocksfield  
NE43 7LY

Tel: 01661230151

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22 June 2021  
23 June 2021

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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

### About the service

Rose Tree House is a care home providing nursing and personal care for up to 44 people, including older people and people who are living with dementia. At the time of our inspection 29 people were living at the service in adapted accommodation over three floors.

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

People said they felt safe with the service provided. Staff understood safeguarding procedures and how to keep people safe. Recruitment procedures were robust to ensure suitable staff were employed. People received person-centred care from the staff team. Records provided detailed guidance to staff.

Medicines management procedures were robust, and people received their medicines in a timely manner. Suitable food and refreshments were provided.

The home was clean and tidy. We were overall assured by Infection control procedures, including related to COVID-19 and have signposted the provider to further develop their responses.

People and their relatives or friends said staff were kind and caring and named many staff for going the extra mile to support both the person and the visitor.

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.

A new manager had come into post and people and visitors spoke positively about them. There was a range of quality assurance checks in place to monitor the home and the care provided. There had been a delay in a small number of notifications sent to CQC. We have made one recommendation regarding this.

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

This service was registered with us on 15 May 2019 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 5 July 2016.

### Why we inspected

The inspection was a planned inspection to rate the service for the first time.

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.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Rose Tree House

## 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

This inspection was carried out by one inspector.

#### Service and service type

Rose Tree House 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.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The new manager had applied to register with us.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the local fire authority, local infection control teams and Healthwatch to request feedback. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and nine of their relatives or friends about the experience of the care provided. We communicated with 17 members of staff including the manager, deputy manager, hospitality manager, operations manager, administrator, nursing and care staff and the providers nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with two members of the district nursing team and two social workers. We contacted a local GP practice for feedback. Any information received was used to support the inspection findings.

We reviewed a range of records. This included care records for eight people and multiple medicines records. We looked at recruitment records and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We communicated with the nominated individual and the manager. We also spoke with the local authority to share details of our inspection findings.

# 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.

### 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 somewhat assured that the provider was using PPE effectively and safely. Some minor issues were addressed by the provider immediately, including two staff travelling to work together in uniforms and no PPE which was against the providers policy.
- 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.

We signposted the provider to resources to develop their approach.

### Using medicines safely

- Medicines were safely managed. People's care plans and risk assessments were up to date and reflective of people's current needs regarding medicines. Medicines records had no gaps.
- People received their medicines in a timely manner as prescribed.
- Storage, ordering and administration of people's medicines were in line with good practice.

### Staffing and recruitment

- There were enough staff on duty. All staff we communicated with confirmed this to be the case.
- People, their visitors and healthcare professionals said enough staff were on duty to meet people's needs at all times. Staffing levels were monitored by the manager.
- Safe recruitment processes were in place, including satisfactory references and other employment checks being made to ensure staff were suitable to be employed. We received some concerns about recruitment during the inspection, but were able to confirm that these were not founded.

### Assessing risk, safety monitoring and management

- Risk had been thoroughly assessed and regularly reviewed. This included risks to people as they went

about their daily lives, for example in connection with choking or falls. Risks identified through tasks which staff undertook, for example domestic duties had also been assessed.

- Fire safety measures were in place, including people's personal emergency evacuation plans.
- Building and equipment checks were completed, including regular servicing by qualified external trades people. A five-year electrical check was due to take place.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person had issues with their call bell. We raised this with the manager and new equipment was ordered immediately.
- Staff had received training to help protect people from abuse. Policies and procedures regarding safeguarding people were in place.
- The manager investigated any concerns or issues raised appropriately.

Learning lessons when things go wrong

- Lessons learnt were shared within the staff team. Accidents and incidents were recorded, and any shared learning was discussed through staff handovers between shifts.
- Reflective practice sessions took place with staff to help incidents from reoccurring.



# 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.

Staff support: induction, training, skills and experience

- Staff felt supported and had attended supervision sessions with their line managers. Staff said they could contact any of the management team for advice or support if needed.
- Staff training and induction had been completed. This was monitored for any additional training needs or out of date training which needed to be updated. The provider also used supervisions sessions and staff meetings to appraise staff on best practice.

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.

- The service worked within the principles of the MCA.
- The manager had made DoLS applications to the local authority to deprive people of their liberty and keep them safe. Information was stored to confirm when authorisations were due to be reviewed.
- People's consent was gained before support was offered. Including for example, at mealtimes or during the administration of medicines.

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

- People were supported to eat and drink to maintain a healthy diet. The majority of people we spoke with were happy with the food choices provided and refreshments available. One person said, "There's a good variety and it's mostly fine...very happy." One relative said about fluids, "Staff are always pushing him to have more." Another relative commented on the professional looking cakes made for people when it was their birthday. One person told us they were not always happy with the food served. We spoke to the

provider who confirmed they were working with the person to rectify this.

- Care records detailed people's specific dietary needs. Any associated risk had been assessed, including for example people at risk of weight loss or choking. Staff had a good understanding of people's specific dietary needs.
- Suitable referrals had been made to specialist teams when this was required, for example dieticians.

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

- Detailed assessments of people's needs and preferences were carried out to ensure appropriate care and support was in place prior to moving into the home.

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

- Staff worked with others to ensure care was effective and provided good outcomes. People, relatives and healthcare professionals were involved in care assessments and reviews.
- People received support from a range of healthcare professionals. There were multi-disciplinary meetings each week which included participation of the local GP. Participants discussed people's health needs.
- Communication was good with external agencies. A healthcare professional said, "The home and the staff within it are very good at communicating. They are often in touch with the GP surgery and have regular MDT (multi-disciplinary team) meetings to discuss my client."

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

- The home was adapted to meet people's needs. This included the addition of a visiting pod to aid relative visiting to the home.
- Appropriate signage was in place to help people find their way around the home.
- People's bedrooms were decorated to meet their individual needs. Most people told us they liked living at the service as it was comfortable, and staff were friendly. Some people would have preferred to still be living in their own homes but accepted this was not possible due to their health needs.

# 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.

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

- People and their relatives told us staff were kind and caring and were very complimentary about the whole staff team. One person said, "The girls (staff) are lovely, so kind and caring." Relative comments included, "One of the (staff members) is marvellous. She is the most caring person. She is divine. Some of the staff have a warmth about them," and "One, (staff) came on their day off to bring my mam to have afternoon tea at my home." One healthcare professional said, "Staff are very, very involved with the residents who live here and know them very well. They are very caring."
- Staff reassured people if they were upset and took time to support people to ensure they did not feel rushed.
- People's equality and diversity was recognised and respected. Care records contained information about people's specific needs, including if they had any religious requirements.

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

- People were included in decisions about their care. One person said, "I am always asked if everything is alright and if there's anything needs to be changed, but there isn't, and I am very happy."
- People made their own decisions or were supported by advocates, including family members when needed. The service had information on advocacy services. An advocate helps people to access information and to be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were respected. Staff called people by the name they preferred.
- People's privacy was maintained. Doors were closed when personal care took place. Quiet conversations took place between staff and people when dealing with any delicate personal matters to avoid others overhearing.
- Independence was promoted. We observed people being supported to walk themselves with the aid of mobility equipment. One person said, "I have to say they do try to keep me going, they make sure I have my Zimmer and encourage me to use it and keep active."

# 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 reviewed on a regular basis to ensure staff continued to meet people's individual needs. One relative had shared information about their loved one to help staff provide better person-centred care. They said, "I wrote a full life history plus care history." One healthcare professional said about care records, "It's easy to find the information you need, and they seem to be in very good order."
- People had choice. For example, staff asked people what they preferred to eat at mealtimes. People were asked the day before, what they wanted to choose from the menu, including people living with dementia. We spoke with the manager and hospitality manager about this and they were going to review procedures in line with best practices for people with memory issues.

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.

- People's communication needs were met by staff who knew people well.
- Care plans set out people's communication needs and preferences and information was available in alternative formats where this was needed.

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 supported to communicate with their families during the current COVID-19 pandemic. This took place via window, pod and garden visits and visits within the home in line with current guidance. Staff also supported people with phone and video calls.
- A new activity coordinator had recently been employed to support people with various activities after a gap in this role for a few months. COVID-19 had impacted on activities which would normally take place due to social distancing and restrictions placed on people going out into the community by the government. A plan was in place to improve activities.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed to.
- Complaints had been dealt with effectively by the provider. A relative confirmed they had been happy with the actions taken after they had made a complaint and said, "I was impressed with how it was dealt with. It's

never happened again."

#### End of life care and support

- People were fully supported at the end of their lives. Healthcare professionals confirmed this. A district nurse said, "There is no end of life care at the moment, but when there has been it's been very good."

# 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 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

- Quality assurance processes were in place to monitor the service provided to people. This included audits and checks on staff competencies.
- During the COVID-19 pandemic the provider had updated policies and procedures in line with best practice.
- Staff were supported to learn and improve their skills and knowledge, and further updates were provided regularly. This included, for example, infection control.
- The staff and management team were clear on their roles.
- A new manager was in place who had applied to register with the CQC in line with regulatory requirements. They were open and responsive to feedback and supported the inspection throughout, as did the whole management team.

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

- Staff morale was good and there was a positive and calm atmosphere in the home. Staff felt listened to and supported by the management team. One staff member said, "I have worked in care for many years and in lots of different types of services. Here is really good. The staff are a great team; working together and the manager is good. We feel well supported."
- Staff helped people to receive person centred care by involving them, their relatives and various healthcare professionals when needed. One healthcare professional said, "The manager has been amazing and very good, very responsive and I have never had any problems. I'm always involved appropriately."

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 understood their role regarding regulatory requirements and the need to be open and honest. For example, they notified CQC of events, such as safeguarding concerns and serious incidents as required by law, although there had been a delay in sending a small number of these to the CQC.

We recommend the provider reviews reporting procedures to ensure they are done in a timely fashion as required.

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

#### characteristics

- Surveys were completed to gather people's views. For example, in connection with food. An analysis had been completed and shared with people and their relatives and actions taken from comments made. The provider continued to work with people to help them achieve their goals.
- Communication at the home was good. Bulletins were published to keep people and their relatives up to date. Emails were sent by the management team to update people, relatives and staff of any changes occurring.

#### Working in partnership with others; Continuous learning and improving care

- The staff team worked with healthcare professionals to ensure good outcomes for people. A student nurse working with the district nurse teams told us they had been able to undertake part of their mental health training assessment at the home. They commented that the experience was positive and said, "Staff are very engaging with the residents at all times during the day."
- Links in the local community had been established. This included with schools and local choirs.