

HC-One No.2 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 effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Roseberry court is a residential care home providing personal care for up to 63 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 60 people using the service.

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

Records and documentation were disorganised, not always up to date, insufficiently detailed or missing. Quality assurance checks were undertaken regularly and identified issues within the service however, the issues found continued to occur.

Records regarding risks to people were not always robust. The provider did not always have effective systems in place to ensure that accurate and up to date records were kept for people who used the service. Some care plans held conflicting or had missing information recorded. Medicines were not always managed safely and in line with best practice guidelines. Infection control guidance was not always followed.

Staff had relevant training to support the needs of people in the home. Deprivation of Liberty Safeguards (DoLS) were in place for people, however, people were not always supported in their best interests because conditions of their restrictions were not complied with. We have made a recommendation about this.

The home had been recently decorated and had a homely feel.

People were supported by kind and patient staff. People were encouraged to follow the routines of their choice. Their dignity and privacy were respected.

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 (published 21 July 2021) and there were breaches 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 the provider remained in breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to good governance and safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 effective?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

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 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

The inspection was carried out by 3 inspectors. An Expert by Experience made telephone calls to relatives of people who lived at the home to gain their views about the service. 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

Roseberry Court 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. Roseberry Court is a care home without nursing care. 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.

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 and 11 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, the area director, the regional director, the support manager, care assistants, cooks and a kitchen assistant. We also gathered feedback from 6 professionals who worked with the provider.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were 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. 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 two inspections 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 always consistently managed. Care plans and risk assessments did not always adequately detail people's needs. Risks were not always identified. Where risks were identified, plans were not always in place to manage those risks. For example, one person had a catheter but there was no care plan or risk assessment around it. Staff were knowledgeable however, around who had catheters.
- Effective procedures were not in place to safely manage people's weight. Care plans stated in one person's care plan 'weekly weights' were required however; they had not been weighed weekly.

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.

- Health and safety certifications were up to date including water checks, electrical, gas and fire safety procedures.

Using medicines safely

- Medicines were not always managed safely. Records reviewed for medicines to be administered externally, such as patches, did not demonstrate people received them as prescribed. One person required a patch on alternative areas each time it was given, however, it was not recorded where it was being placed each time.
- Medicines were not always stored in line with best practice. We checked three bottles of prescribed creams. None of these prescribed medicines had a date on them to state when they were opened.
- Medication administration records did not always record allergies to known medications.
- Temperatures checks of the treatment rooms had not been consistently recorded.

The provider had failed to put systems in place to ensure medicines were managed safely. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff did not always adhere to infection control guidance. Care workers were not always bare below the elbow. This meant staff were not able to practice good hand hygiene.
- Staff did not always use PPE effectively. We observed one care worker cleaning the floor with their hands then proceeding to serve lunch without changing their gloves.

The provider failed to have effective oversight of the management of infection control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- An up to date infection control policy was in place and staff had received training on infection control.
- Visiting was in line with government guidance and health professionals' advice. Visitors were not restricted in any way and safety was promoted while on site.

Learning lessons when things go wrong

- Lessons were not always learnt when things went wrong. The service has been rated requires improvement for three consecutive occasions. The provider has failed to make sufficient improvements.
- Lessons learnt were not always relayed to staff and put into practice. For example, one of the lessons learnt we looked at stated 'positional change charts should be clear and relevant' however on reviewing the positional change charts these were still not clear.

The provider had failed to have in place effective systems to ensure lessons were learnt when things went wrong. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider had failed to make sure there were sufficient staff on duty. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had been taken to address this and the provider was no longer in breach of regulation 18.

- There were enough staff at the service to safely care for people. However, we received mixed feedback from staff and relatives. One staff member told us, "I don't think there is enough staff, I feel like we use agency quite a lot, if we had more staff, I feel it would take the pressure of us." One relative told us, "Yes, there are enough staff, they are always about."
- The provider followed safe recruitment procedures. A range of pre-employment checks were carried out to ensure only suitable staff were employed. These included obtaining references and checking employment histories.
- The provider told us they had recently recruited, and all vacancies had now been filled, therefore they expected their use of agency staff to reduce.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse. There were systems in place to reduce the risks of abuse, including a policy and procedure and staff training.
- Staff understood how to report safeguarding concerns to the appropriate organisations.
- Relatives told us they felt their loved ones were safe at Roseberry Court. One relative told us, "Oh yes they are very safe and well cared for."

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.

At our last comprehensive inspection, we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported in a timely manner at mealtimes. People had to wait for long periods of time being assisted with their meals.
- Risks in relation to nutrition, hydration and weight loss had not been assessed correctly. For example, one person required their fluid intake to be monitored. It was not monitored appropriately and there was no evidence of actions taken when this person did not have enough to drink.
- Records were not in place for who required a high calorie drink and snack. For example, there were no lists for staff with the tea trolleys to guide them as to who was on a high calorie diet.
- Systems were not in place or up to date to effectively manage who required a high calorie diet. The dietary notification forms were not up to date.

The provider had failed to have effective oversight of people's nutrition and hydration needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had a choice of food and drink, and some best practice was followed at mealtimes. Two options were plated and shown to people to help them choose themselves what they would like.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS referrals had been made appropriately, however conditions were not always complied with. In one person's care plan, we found they were subject to DoLS with a condition that had to be complied with within a week of the DoLS authorisation. This condition wasn't complied to within the time frame given and at the time of our inspection there was still no paperwork within the care plan to evidence it had been complied with.

We recommend the provider seeks advice and guidance from a reputable source to ensure there is clear information about DoLS applications and any associated conditions.

- Mental capacity assessments were in place however best interest decisions were not always in place for people who needed them.
- Staff did not always understand the relevant requirements of the MCA.
- Staff confirmed they asked for people's consent before providing care and support.

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

- The home had been recently decorated and had a homely feel. It was generally well maintained.

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

- People's needs were regularly reviewed. However, staff did not always have access to the most up-to-date and accurate information.
- People's needs were assessed prior to admission. This covered a range of areas including mobility which helped staff to know if they could meet people's needs.

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

- People were not always referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff were kept well informed. Staff had handovers at the start of their shifts and used handover records to record changes in people's needs. There was a daily flash meeting to discuss events, accidents and new admissions.

Staff support: induction, training, skills and experience

- There were effective systems in place to support and supervise staff. Staff received regular supervisions, this included one to one sessions and spot checks of their competencies. The registered manager also undertook group competencies.
- The provider had a training plan in place to ensure staff regularly received the training they needed to be effective in their roles. One staff member told us, "I feel I have the right amount of training to do my job, we have an online system where we can do this."

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.

At our last comprehensive inspection, we rated this key question good. At this inspection the rating for this key question has remained 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

- Staff treated people well. Staff had received training in equality and diversity to support them with this.
- Staff spent time chatting with people and the conversations showed staff knew people well. Staff provided comfort and reassurance to people when this was needed, and people responded positively to this support.
- During the inspection we observed kind and caring interactions between staff and people using the service. Relatives also confirmed this. One relative told us, "The care staff are lovely, kind, gentle and friendly with [person]."
- People appeared well presented and cared for. People fed back how happy they were and felt well looked after. One person told us, "Yes, I like living here, I am well looked after."

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

- People and relatives were supported to express their views. Monthly residents' meetings were held where residents could give their feedback.
- Residents told us they felt they were involved in making decisions. One person told us "I can have a bath or shower whenever I want, I just tell staff and they'll support me."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. We observed staff supporting people to maintain their independence, by offering encouragement to do things and ensuring they had equipment available to them, such as walking frames.
- Staff knocked on doors before entering bedrooms and made sure doors were closed when providing people with personal care.

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always person centred and did not always meet people needs. Care plans took into account their history and background, their goals and aims, however there was conflicting information around people's care in their care plans. For example, one person's care plan stated there was no 'do not attempt cardiopulmonary resuscitation' status in place however also stated there was one 'in situ'.
- Relatives gave mixed feedback on their involvement with their relative's care planning. One relative told us, "I am not involved in the discussion of [person's] care plan." Another relative told us, "The home has been through the care plan with me."
- Staff provided support that was flexible according to people's needs and wishes. One person did not always like to have their meals in the dining room and their family member told us, "Staff will take [person] to the dining room if they wish, however [person] likes to have it in their room, they listen to their wishes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available in different formats. At time of our inspection no one in the home required information in different formats however this was available upon request.
- People's care plans included information about how people communicated and what specific needs and methods were used. This meant staff had sufficient guidance to communicate effectively with people.

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 provided with activities and entertainment. There were two activities co-ordinators in post and an activities schedule, however there was no activities board up for people to see.
- People were supported to undertake activities outside the home. We observed one person being taken to the shops.
- People were supported to maintain and develop their relationships with relatives, friends and the community. One relative told us, "I can visit any time of the day, there are no restrictions."
- There was mixed feedback from relatives about activities. One relative told us, "There are not any activities [person] can take part in, I have had to ask them to put the radio on for [person]." Another relative said

"There are activities, [person] likes the bingo and karaoke."

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to appropriately. The provider had a complaints policy and procedure in place. This detailed timeframes within which complaints would be acknowledged and investigated.
- People and their relatives felt able to raise any concerns. One relative told us, "If I had any concerns, I would raise it with the management team." Another relative told us, "They're very approachable, so feel I could raise my concerns, if I had any."

End of life care and support

- Policies and systems were in place to provide end of life care. At the time of our inspection nobody at the service was receiving end of life care.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 performance checks were not effective. Management audits had identified issues; however, actions were not always taken to ensure the issues were resolved therefore these issues continued to occur. Despite knowing the area's for improvement and despite external signposting and support, the provider had failed to make these improvements.
- An action plan was in place to support improvement in the home from the local authority which was issued in July 2022. On our inspection we found improvements had still not been made.
- There was mixed feedback from staff about the registered manager. One staff member told us "I feel supported by my manager, they are there if I needed to speak to them." Another staff member said, "I would rather go to my senior then speak to the registered manager, I just feel more comfortable."

Further improvements were needed to oversee quality assurance at the service. This was a continued 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

- There was not a person centred culture. There were shortfalls in the day to day running of the service, which led to some continued breaches. The provider failed to make improvements, following their action plans submitted after previous inspection reports.
- Care records were not always person-centred, up to date or accurate. We found best interest decisions were not always in place and some care plans contained inconsistent or conflicting information about people's needs.
- Staff told us morale in the home was not good. One staff member told us, "The morale at the home at the moment is really bad." Another staff member told us, "The morale is low; I feel like we are all walking on

eggshells at the minute."

There was a failure to create a positive and person-centred culture. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had offered support to the service and action plans were in place and on-going.

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

- Referrals to healthcare professionals were not always made in a timely manner. For example, one person had suffered multiple falls in the service and there was a delay in identifying and seeking appropriate support for this person.
- There was mixed feedback from relatives about whether they were kept up to date. One relative told us, "I get emails and texts and I am told what is going on. "The home keeps me informed". Another relative said "The doctor rang me up last week to review [person's] medication and the home had not informed me they were upping [person's] medication, they didn't update me after either."

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 was open and honest throughout the inspection process.
- The provider was receptive and responsive to feedback and were transparent with their investigations and findings when things had gone wrong.
- The registered manager was aware of their legal responsibility to be open and honest when things go wrong.

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 The provider had failed to have effective oversight of the management of infection control. Regulation 12 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to robustly assess and manage the risks relating to the health, safety and welfare of people.</p> <p>The provider had failed to put systems in place to ensure medicines were managed safely.</p> <p>The provider had failed to have in place effective systems to ensure lessons were learnt when things went wrong.</p> <p>The provider had failed to have effective oversight of people's nutrition and hydration needs.</p> <p>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.</p> <p>There was a failure to create a positive and person-centred culture.</p> <p>Regulation 17 (1)</p>

The enforcement action we took:

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