

Rossmere Park Care Centre Limited

Rossmere Park Care Centre

Inspection report

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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

This inspection was unannounced and took place from 7 to 16 August 2018. The staff and provider did not know that we would be visiting.

This was the first inspection since the new provider registered to operate this service.

Rossmere Park Care Centre is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rossmere Parck Care Centre provides care and accommodation for up to 50 people who may need nursing care. It offers care and support to older people and people who are living with dementia. On the day of our inspection there were 41 people using the service.

The registered manager had been in post since the service was registered in April 2018. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy and told us they felt safe. The staff had a clear understanding of safeguarding and ensured that action was taken if concerns arose about the way people were supported. Staff ensured any risks were closely managed. Following the purchase of the service we found that the provider had consistently worked to drive improvements within the service.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The management team closely considered people's needs and ensured sufficient staff were on duty each day and night.

Effective recruitment and selection procedures were in place and we saw that appropriate vetting checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely. The registered manager ensured action was taken to ensure staff adhered to the medication policy.

The service had been totally refurbished and action was taken to ensure the building and equipment was maintained to a satisfactory standard. When issues were raised with the maintenance person these were dealt with straight away. Consideration was being given to installing air conditioning as some areas such as the lounges and treatment rooms could become excessively hot.

People's care needs were assessed and plans were tailored for them as individuals but at times not all of the relevant information had been put into care plans. The registered manager had identified this gap and was already in the process of improving the plans. People were cared for by staff who knew them really well and understood how to support them.

Where people had difficulty making decisions we saw that staff gently supported them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations. DoLS authorisations are used for people who need to be deprived of their liberty lawfully in their best interests to maintain their health and safety. Work was being completed to ensure all of the required MCA documentation was in place.

We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful and we saw that they were aware of how to respect people's privacy and dignity. Staff sensitively supported people to deal with their personal care needs. People felt they would receive support from staff when needed. We found that a range of stimulating and engaging activities were provided at the service.

A training programme was in place that enabled staff to provide the care and support people needed. Staff also received regular supervision sessions, which assisted the registered manager to identify areas for development.

The management team investigated even the smallest concern. We saw that they thoroughly looked at the concern and took prompt action to resolve them. They freely admitted where they had made mistakes and were very open and honest with people who raised issues.

People told us they were offered plenty to eat and we observed staff assisted individuals to have sufficient healthy food and drinks to ensure their nutritional needs were met. The cook also provided a range of fortified meals for people who needed extra calories to maintain their weight. The registered manager and area manager were in the process of reviewing the meal time experience in order to determine improvements that would enhance the experience.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

The registered manager had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

The registered manager actively sought feedback from people who used the service, relatives, staff and external agencies to measure the effectiveness of the service delivered and satisfaction levels.

The provider actively oversaw the service and regularly visited. Staff reported that the provider completed supervision sessions with them and regularly asked their opinion. They felt valued by the provider and registered manager.

Notifications of significant events were submitted to us in a timely manner by the registered manager.

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.

Staff recognised signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well maintained service with environmental risks managed appropriately.

People's medicines were managed safely and audited regularly.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards appropriately.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored.

Is the service caring?

Good ●

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. Concerns that had been raised with the registered manager had been thoroughly investigated and resolved.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service which had a strong management team.

People's and relatives' views were sought and acted upon.

Robust and frequent quality assurance processes ensured the safety, effectiveness and standards at the service were maintained.

Rossmere Park Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Two adult social care inspectors completed the inspection from 7 to 16 August 2018.

Before we visited the service we checked the information we held about this location. The registered manager submitted a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this other information for the provider, for example, statutory notifications and complaints. A notification is record about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with nine people who used the service, three family members and a volunteer. We also spoke with the registered manager, area manager, two nurses, two care practitioners, a senior carers, five care assistants, the cook, the activities coordinator, a domestic staff member and a laundry assistant. We observed staff practices, looked at the care records of seven people who used the service, medicine management records and three staff files plus records associated with the management of the service.

Is the service safe?

Our findings

We asked people who used the service and relatives what they thought about the service and staff. People told us they were very pleased to be living at the service and found the staff were kind. Relatives told us they thought the staff provided safe care that met people's needs.

People's comments included; "I can't praise them enough. They are all wonderful" and, "I feel very safe here and take comfort in knowing staff are at hand."

Relatives said, "We find the staff are very helpful and make sure my relative has everything they need." Another told us, "The staff let us know if [person's name] is unwell or needs anything."

People who were identified to be at risk had appropriate risk assessments and plans of care in place in areas such as managing pressure area care. Charts used to document change of position and food and hydration intake were clearly and accurately maintained to monitor risks and any changes in their conditions. The records reflected the care we observed being given. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. We found that the risk of people sustaining harm was reduced because the provider had suitable arrangements in place to minimise these risks as much as possible.

Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and knew how to take it further if need be. Safeguarding incidents that had been raised since the new provider had purchased the service were dealt with appropriately.

We found information about people's needs had been used to determine the number of staff needed to support people safely. Through our observations, review of the rotas and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service.

We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the service. We saw evidence to show they had attended interview and obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical

emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. The management team discussed how they analysed incidents to determine trends. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken to reduce these reoccurring.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use it. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

Following the purchase of the service the provider had completed a full and comprehensive refurbishment programme prior to re-opening the home. We found this had created very useable and welcoming spaces. We did note that the service would benefit from air conditioning as some areas could become excessively hot. The area manager explained this issue had already been identified and the provider was looking to install air conditioning units.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. The water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the lift, moving and handling equipment, the gas boiler, fire extinguishers and the portable appliance testing (PAT). Appropriate steps had been taken to protect people who used the service against the risks of unsafe or unsuitable premises.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the service and storing them. We looked through the medication administration records (MAR's) and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle medicines.

Is the service effective?

Our findings

The people and relatives we spoke with told us they thought the staff were good and had the ability to provide a service which met their needs and goals. All of the people we spoke with told us they had confidence in the staff's abilities to provide a good service.

People's comments included; "The staff are always at hand if I need them", "They do a good job" and "Staff know what they are doing."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We found that the staff understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. However the care records we reviewed did not contain assessments of the person's capacity to make decisions or 'best interests' decisions. We discussed this with the area manager and registered manager who produced assessments that had been completed. The area manager had recently completed a comprehensive audit and noted that the appropriate templates were not available so had created new ones, which were being implemented at the time of the inspection.

At the time of the inspection, we found that where appropriate people were subject to Deprivation of Liberty Safeguards (DoLS) orders. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

All the staff we spoke with told us that they were supported to access a variety of training and learning opportunities. They were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident this would be arranged. We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts.

New staff completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with during the inspection told us they had regularly received supervision sessions. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff told us that plans were already in place to make sure they had an annual appraisal. We saw records to confirm that supervisions were taking place. Staff told us that the provider as well as registered manager completed supervision with them and they found these sessions were very supportive and positive experiences.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. We did note that if the meal time was more organised, such as by ensuring people who were liable to leave the room quickly were giving meal first, the dining experience would be enhanced. The registered manager and area manager had also found this in their reviews of practice and were taking steps to improve people's experience of meal times. The cook told us that the provider gave them a very ample budget. They explained that the provider expected food to be of a high quality. We found that the cook was very enthusiastic and dedicated to providing well presented food for all. They experimented with food to make adapted diets and pureed food to replicate the item and showed us the adapted Victoria sponge and scones they made which were suitable for people who experienced difficulties swallowing. These looked exactly like the cakes they were replicating.

The staff completed a full assessment following a person being admitted to the service and this was supported by the very detailed pre-assessment that the registered manager completed. We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges, were being accurately completed. Where people had lost weight the staff ensured referrals were made to their GPs and dietitians for further external input into their care.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. Staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. People were regularly seen by their treating teams and when concerns arose, staff made contact with relevant healthcare professionals.

Is the service caring?

Our findings

The people we spoke with said they were happy with the care provided at the service. They told us that staff respected them and were considerate. A couple of people told us about care staff who they found had been less considerate. They discussed how they had raised this with the registered manager and informed us that prompt action had been taken to ensure these staff's behaviours improved. People found that all of the staff were kind. The majority of relatives told us they thought the care being received was very good.

People's comments included; "The staff are lovely. Even the handyman takes an interest in how you are", "They do everything so well that I can't think of anything they could do better", and "They really look after us and care."

We saw that staff were caring and compassionate when working with the people who used the service. Staff we spoke with described with great passion their desire to deliver high quality support for people. We found the staff were warm and friendly. All of the staff talked about the ethos of Rossmere Park Care Centre being to place the people who used the service, at the centre of the service. Staff told us, "I always treat people how I would expect my family to be looked after", and "I take pride in making sure people are treated well."

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door. Staff also discussed how they supported people's diversity, for instance by enabling individual's continue to practice their religious beliefs and to be independent.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they used this information and took the time to read the care plans of new people.

We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

The environment was designed to support people's privacy and dignity and people's bedrooms had personal items within them. The service was being reconfigured so that the nursing care would be provided upstairs and the residential unit for people living with dementia would be downstairs. We were told that once this process was completed all of the dementia friendly resources would be put downstairs.

Is the service responsive?

Our findings

People told us they were provided with care and support that was tailored to meet their specific needs. People's comments included; "They know me well", "I have never had a problem", and "I really appreciated staff linking me in with the local Jehovah witness group."

Staff were knowledgeable about the care and support people needed and received. We found that the staff made sure the service worked to meet the individual needs and goals of each person. Care records were well-written and personalised. At times information was not fully detailed from assessments into care plans but from discussion with staff we found that the registered manager had identified this gap and had asked staff to ensure it was addressed.

We saw that people were engaged in a variety of activities. From our discussion with the staff and people we found that the activities were tailored to each person. People told us the range of activities they enjoyed. We saw photographs from recent events and could see that everyone was laughing and smiling. One person said, "The activities are such good fun."

The activities coordinator was constantly researching activities that people could join in within the service or go out to in the community. Lots of bus trips were organised, which people told us were 'excellent', 'we go to really interesting places' and 'we go all sorts of places.' When we visited a group from a local Jehovah's witness church were visiting and engaging people in activities. They told us that the registered manager had contacted them and asked that they visit as one of the people who used the service was a Jehovah's witness. Thus, they now visited weekly and had open sessions that anyone who wanted to could join. The people who joined the group sessions told us they enjoyed these and "got a lot out of the visits."

Staff were able to explain what to do if they received a complaint and how they encouraged people to discuss any concerns or issues with them. We saw the complaints policy was on display on both floors. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. The people we spoke with told us that if they were unhappy they would not hesitate in speaking with the registered manager. We found that the registered manager completed very thorough reviews of all incidents and any concerns that were raised. These were fully documented and action was taken to ensure lessons were learnt.

The service specialises in supporting people who are receiving end of life care and are in the process of completing the Gold Standard Framework. Staff understood the actions they needed to take to ensure pain relief medicines were available and used in line with expected practice. Care records contained evidence of discussions with people about end of life care, so that they could be supported to stay at the service if they wished. The provider had developed dedicated rooms for people nearing their end of their life, which were large enough to allow family to stay with the person throughout this period. Relatives we spoke with were extremely complimentary about how staff supported them at this difficult time.

Is the service well-led?

Our findings

The people and the relatives we spoke with were very complimentary about the service and how it was run.

People's comments included; "It is a great home and the staff are lovely", "I find the provider and manager always check that we are happy", and "To me it is very well run."

The registered manager had been in post since spring 2018. We found they provided focused leadership and demonstrated a great desire to provide an excellent service. They adopted an approach that supported staff to look at how improvements to the service could be made. The staff said that they had a good relationship with the registered manager and they were comfortable about being able to challenge each other's practice as needed. They told us the registered manager truly valued them as well as the people using the service. A member of staff said "We work as a team to make sure the home constantly looks at ways to improve."

The registered manager said they were well supported by the registered provider. They told us that the provider gave them autonomy to operate the service. They told us the provider had been receptive to their suggestions and had agreed the reconfiguration of the service. We found the whole staff team expressed the view that they were there to provide care and support for the people living at the home. People told us that they found that the maintenance, domestic staff, catering staff and care staff would go the extra mile to make sure people were content.

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were regularly sent out to people and their relatives, and resident and relative meetings were held. Records confirmed that a wide range of topics were discussed at these, for example food and activities. The registered manager analysed the feedback from questionnaires to identify areas highlighted where improvements could be made.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service that meets appropriate quality standards and legal obligations. The staff regularly audited all the processes and records relating to the care and support of people using the service. These included audits of health and safety, infection control, medicine management and people's care plans. When gaps in practice and recording were identified, action plans were developed and these had been used to drive improvements. For example, an audit of the care records had led to creation of new MCA templates.

The staff we spoke with displayed pride about the service that they worked in. One member of staff said, "I love working here." All the staff members we spoke with described that they felt part of a big team and found the registered manager supported them to deliver the best level of care possible.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure and were maintained and used in accordance with the Data Protection Act 2018.