

Stockton-on-Tees Borough Council

Rosedale Centre

Inspection report

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Date of inspection visit:
07 June 2021

Date of publication:
14 July 2021

Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

About the service

Rosedale Centre accommodates up to 44 people across four separate units, each of which have separate adapted facilities. Two of the units, Willows and Poplars, are assessment units where people's ongoing care needs are established. The other two units, Oaks and Laurels provide tailored rehabilitation support to people in order to prepare them for a return to their own home. People do not generally stay at Rosedale for more than six weeks although there are, on occasion, exceptions to this. People are admitted following discharge from hospital or from the community in an attempt to prevent hospital admission. At the time of our inspection there were 34 people living at Rosedale Centre.

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

Risks to people's health and wellbeing were not all in place. Staff were not following the providers policy in relation to administering people's medicines. Fire drills had not taken place since 2019. Records to evidence the service's safety such as gas boiler servicing were unable to be located.

We were not fully assured the service was following safe infection control guidelines in relation to COVID-19.

Records were not always fully completed or in place. Audits that took place did not highlight the concerns found on the day of the inspection.

Accidents and incidents were reviewed monthly for any learning outcomes. Staff felt more staff were needed, especially on a night. The service manager said there was funding in place to set up another team to support this.

The providers recruitment process was robust and followed safe practices.

Staff understood safeguarding procedures and how to report concerns.

Staff felt supported by the management team. People and their relatives were very complimentary about how the service was run.

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

The last rating for this service was Good (published 22 December 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We carried out a focused inspection of this service on 7 June 2021. This report only covers our findings in relation to the key questions safe and well-led as we were mindful of the impact and added pressures of

COVID-19 pandemic on the 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 reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence the provider needs to make improvement. Please see the safe 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.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rosedale Centre

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.

Inspection team

The inspection was carried out by one 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. The Expert by Experience contacted people by phone to request feedback.

Service and service type

Rosedale Centre 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The 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 Healthwatch. 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 all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

During the inspection

We spoke with four people who used the service via the telephone. We also spoke with seven relatives, over the phone about their experience of the care provided. We spoke with seven members of staff including the service manager, deputy manager, senior care worker and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested further information and continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Not all risks to people's health and welfare had been identified.
- One person was on a soft diet, a risk assessment was in place, however they were still provided with high risk foods, such as sausages and pies.
- Where people had a particular risk there was no care plan or risk assessment in place to support staff to lessen the risk.
- There were no records to evidence fire drills had taken place since 2019.

We found no evidence that people had been harmed however, records were either not in place or robust enough to demonstrate people were kept free from harm due to the lack of risk assessments, records and fire practices. These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Using medicines safely

- Records to support medicines were administered safely were not always in place. For example, there were no protocols for staff to follow when administering medicines when required and topical cream administration records were not always completed.
- Staff were not following the providers policy when administering medicines.
- All other medicines were recorded and stored correctly.

We found no evidence that people had been harmed however, records were either not in place or robust enough to demonstrate medicines were safely managed. These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were confident they would report any concerns to staff. Comments included, "I feel safe all the time" and "Oh it's very important to feel safe, like when you are at home. That's why you lock the doors. It important so you can relax. I'm very well looked after."
- Staff were knowledgeable around safeguarding procedures and where to report and escalate any concerns.

Staffing and recruitment

- Staff felt there were not enough staff on duty at night. One staff member said, "We often have to leave one unit with no staff whilst we support another unit where two staff are needed." We fed this back to the service

manager, who said they have funding to set up another staff team at night. We were assured that additional night staff would be recruited to enhance staffing levels.

- People and relatives provided a mixed response about staffing levels. Comments included, "There are enough to look after you but I think they could do with more staff" and "They [staff] are calm most of the time, but there are times when they are rushed off their feet, but they do come in calm."
- There were safe recruitment practices in place.

Preventing and controlling infection

- The provider had systems in place to ensure infection outbreaks were effectively managed. However staff were not following these systems, not all staff were wearing masks, either correctly or at all, and there were no full checks on people arriving at the service.

Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed, with follow up actions documented.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audit systems were not robust enough to identify the shortfalls we found.
- Care plans did not always fully reflect people's current needs.
- Records were not always fully completed, not available to see or hard to find.
- There was a registered manager, deputy manager and four duty managers. However, no one took responsibility for making sure records were completed correctly and up to date.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate risks to people's physical health were effectively monitored. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said the registered manager listens to them and is supportive. Comments included, "[Registered manager] welcomes any concerns and ideas, she listens to us" and "[Registered manager] is very nice, approachable and very fair, she comes onto the units and speaks to staff."
- People and their relatives were very happy with the way the home was managed. Comments included, "The manager is lovely, they inform me of everything" and "I haven't met the manager, we have the nurses in here, they work on the computers but we know they are keeping an eye on us, they can't fool us."

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

- People were supported to be as independent as they could be by the same continuous staff team where possible. This enabled staff to identify improvement outcomes for people. One person said, "Rehabilitation, it's going good. Well I'm on my feet now and I couldn't even walk with a Zimmer frame when I first came here. I go to the gym now. Yes it's going good."
- We were told that people who stayed at Rosedale had the opportunity to provide feedback on their stay. However, due to technical issues, the feedback forms could not be found
- Staff meetings were now starting to take place again after COVID-19 restrictions. Prior to this meeting, staff were kept up to date by email and an information file in the staff room.

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 registered manager understood their role in terms of regulatory requirements. For example, notifying CQC of events, such as safeguarding concerns and serious incidents, as required by law
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- The management team knew how to share information with relevant parties, when appropriate.

Continuous learning and improving care; Working in partnership with others

- The management team were committed to continuously improve the service.
- The management team were open and responsive to our inspection feedback.
- The service worked in partnership with health and social care professionals who were involved in people's care.

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 assess the risks to the health and safety of people using the service or take action to mitigate risks. Regulation 12 (2) (a) (b) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Good governance systems or processes did not effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of people. Regulation 17 (2) (a) (b) (c)