

Hexon Limited

Rosegarth Residential

Inspection report

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Tel: 01262677972

Date of inspection visit:
30 April 2019

Date of publication:
20 May 2019

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: Rosegarth Residential provides support for up to 26 older people and people who may be living with dementia. Sixteen people were receiving a service at the time of this inspection.

People's experience of using this service: The quality of care provided to people had improved since the last inspection. People told us they were happy, and relatives had noticed the improvements.

The provider had worked hard since the last inspection to make changes that impacted positively on people's experience of using the service. The registered manager led by example to ensure people received a good service. People and staff told us the registered manager was approachable. Management oversight had been improved.

People received their medicines safely and on time and their health was well managed. We have made a recommendation on medication protocols. Care and support were tailored to each person's needs and preferences. People were cared for in a clean environment free from the risk of infection.

Recruitment checks were carried out to ensure staff were suitable to work in the service. Staff had attended training specific to people's needs. Further training was being planned to ensure all staff were skilled to meet the needs of people. We have made a recommendation on staff training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The systems and records in the service now supported this practice.

People were involved in more activities and their diverse needs had been considered. People felt staff were kind and caring.

At the last inspection there were five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection these breaches had been met.

Rating at last inspection: Requires Improvement (published 26 February 2019)

Why we inspected: We inspected the service shortly after our previous inspection as we needed to check on progress and confirm that no further action was necessary.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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.

Rosegarth Residential

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: This service is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The 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 CQC. 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: This inspection was unannounced.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us of, such as abuse; and we sought feedback from the local authority. The provider sent us a provider information return before the 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.

During the inspection we spoke with the registered manager, one senior care worker, two care workers and the general manager. We spoke with two people and relatives of two people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two people's care records in full and three people's care records in part. Documentation reviewed included medication administration records and a selection of documentation about the

management and running of the service. This included recruitment information for one newly recruited member of staff, staff training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

At the last inspection in January 2019, we asked the provider to make improvements to medicines procedures. At this inspection, not all the action had been completed.

- Information regarding 'as and when required' medicines still needed further details to ensure it was being administered and monitored effectively.

We recommend the service consider current guidance on 'as and when required' medication protocols and act to update their practice accordingly.

- All other medicines arrangements were safe and managed appropriately. Information regarding people's medicines, how they were administered and whether they were effective had improved.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At the last inspection in January 2019, we asked the provider to make improvements to risk assessments. At this inspection, the action had been completed.

- People felt safe, confident and happy when being supported by staff. One person said, "I feel safe, I am very happy here."
- Systems in place identified and reduced the risks to people. Risk assessments provided staff with clear descriptions and guidance on the support people needed. Where further personalisation could be made, the registered manager addressed this during the inspection.
- People's accidents and incidents were responded to appropriately; trends and patterns were monitored and used for learning purposes.

Preventing and controlling infection.

At the last inspection in January 2019, we asked the provider to make improvements to infection control procedures. At this inspection, the action had been completed.

- Areas of the home had been improved to prevent the risk of infection. This included new flooring and decoration.
- Staff followed good infection prevention and control practices; they used personal protective equipment to help prevent the spread of healthcare related infections.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from the risk of abuse because staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been

managed well.

Staffing and recruitment.

- People received care in a timely way; there were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

At the last inspection in January 2019, we asked the provider to make improvements in staff training. At this inspection, some action had been completed.

- A staff induction and ongoing training programme was in place. Staff had accessed additional training since the last inspection. This included training to meet some, but not all people's specific needs.

We recommend the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living at the service.

- Staff felt supported; they received more meaningful supervision and appraisal of their performance.

Ensuring consent to care and treatment in line with law and guidance.

At the last inspection in January 2019, we asked the provider to ensure they were working in line with the Mental Capacity Act (MCA). At this inspection, this action had been completed.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were now being supported in line with the MCA. Best interest decisions had been completed and recorded and all outstanding DoLS applications had been submitted. There was a new system in place to monitor these.

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

- People's needs were assessed comprehensively before moving into the service.
- People's care needs were being regularly reviewed and kept up to date.

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

- The environment met people's needs. Areas of the service had been improved and people were consulted about the changes. Dementia friendly signage was used to support people.

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

- People were involved in meal choices and supported to maintain a balanced diet.
- People were supported to maintain their independence with eating and drinking.
- People were protected from risks of poor nutrition and dehydration.

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

- People's health was improved through links with healthcare professionals. Guidance from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.
- A compliment received from a healthcare professional congratulated the service on the level of care provided to a person.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were comfortable and well looked after; staff were friendly and considered people's individual needs. One person said, "They [staff member] look after me well."
- Staff communicated in a caring and compassionate way. They gave people time to respond.
- People were treated fairly and equally; information about their diverse needs was available to staff.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support.
- Staff directed people and their relatives to sources of advice and support or advocacy.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with compassion, dignity and respect. Relatives told us, "All the staff seem kind and caring."
- Dignity was promoted within the service.
- People were comfortable and their personal care needs were met. They told us staff were friendly and nice.
- People were supported to remain as independent as possible. Care plans reflected what people could do for themselves.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.
- There were enough activities to meet people's needs. More activities had been arranged both within the service and the local community.

Improving care quality in response to complaints or concerns.

- People knew how to complain; the complaints procedure was displayed in an accessible format. A relative told us, "If I needed to complain I would see the manager, you can approach them, no problem."
- Where complaints had been made, they were responded to in line with company policy.
- The service listened to people's feedback and told them what action they would take. This was shared on communal notice boards.
- Information shared met the information and communication needs of people with a disability or sensory loss. The service made adjustments to ensure one person with sensory loss had their needs met.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- Staff knew to respect people's religious beliefs and preferences.

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.

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.

At the last inspection in January 2019, we asked the provider to make improvements to their oversight and monitoring of the service. At this inspection, this action had been completed.

- The registered manager understood their legal responsibilities. They understood what action needed to be taken following our last inspection. A relative told us, "There was a period of the service going downhill in my opinion. It picked up when they got this manager and the two seniors in place."
- The registered manager had developed a culture that was open, honest and caring. A staff member told us, "There has been lots of improvements since the last inspection, we are really working together as a team."
- Regular checks ensured people were safe.
- The registered manager understood when to notify us of significant events.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The service benefited from having a registered manager who was committed to providing good quality care to people. The registered manager demonstrated an ethos of 'people come first'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others.

- The service involved people and their relatives in day to day discussions about their care.
- Links with outside services and key organisations in the local community were being developed and maintained.

Continuous learning and improving care.

- New systems were in place to monitor the service and ensure quality was maintained.
- The registered manager had taken action following our previous inspections and learning was considered.