

Gradestone Limited

Roseworth Lodge Care Home

Inspection report

Redhill Road
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13 April 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Roseworth Lodge Care Home accommodates 48 people across three separate units, each of which have separate adapted facilities. One unit specialises in providing nursing care, one provides care to people living with a dementia related condition and one provides residential care. At the time of our inspection 46 people were living at the service.

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

We found some medicine stock counts were incorrect. The providers audits had picked up on this, however these were found to still be continuing. Other aspects of medicines management were safe. We have made a recommendation about medicine stock records.

Care records reflected and assessed potential risks to people's health so staff could support them safely. Staff understood safeguarding procedures and how to report concerns. Accident and incident analysis were in place and appropriate action taken to avoid re-occurrence.

The providers recruitment process was robust and followed safe practices. Enough staff were employed to meet people's needs.

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

There was good oversight and management of the service. The provider had a good quality assurance system in place. The registered manager had started to put an action plan in place to correct the concerns with the counts of medicines.

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 21 November 2017)

Why we inspected

We carried out a focused inspection of this service on 13 April 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.

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 well-led.

Details are in our well-Led findings below.

Good ●

Roseworth Lodge Care Home

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 two inspectors 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

Roseworth Lodge 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

We gave a short period notice of the inspection. This was to help the service and us manage the risks associated with COVID-19.

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 who commission the service for some people who use the service and the Clinical

Commissioning Group (CCG). 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 whilst on inspection and a further three people via the telephone. We also spoke with nine relatives, over the phone about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, nurses, senior care workers, care workers and the handyman.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits the service.

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.

Using medicines safely

- Stock counts for 'when required' (PRN) medicines were incorrect. Staff were not accurately completing the carried forward totals correctly. Handwritten medication administration records (MARs) had two signatures but no quantities. Medicine audits had highlighted this, but actions had not been taken to correct this practice.
- All other medicines were recorded and stored correctly.
- Protocols were in place for staff to follow for people prescribed PRN medicines.

We recommend a full audit takes place to ensure the correct quantities of medicines are recorded to show what stock the home has in place at any given time. Followed by an action plan for staff to adhere to.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and would report any concerns to staff. Comments included, "I am safe, I have a buzzer to call for help and they [staff] come very quickly to see me. Everywhere is secure. I am looked after well, the staff are nice, the home is clean and tidy and I get food and medicine given to me" and "I am very safe in the home, the security is very good. I am happy and relaxed here, because I am safe."
- Staff were knowledgeable around safeguarding procedures and where to report and escalate any concerns.

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

- Care plans and risk assessments contained very detailed information to inform staff of people's needs.
- Where people were at risk of choking, care records were detailed, providing staff with full guidance on how to support people. People, at risk, were referred to the Speech and Language Therapist's (SALT).
- Incidents and accidents were recorded and reviewed, with follow up actions documented.

Staffing and recruitment

- There were enough staff who had the right skills and experience to keep people safe and meet their needs. People we spoke with said, "There are always plenty of staff on the unit, even at weekends there doesn't appear to be a problem with staffing. Staff are friendly, calm and treat me well" and "There are plenty of staff, they see to me immediately if I call for help."
- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

- Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).

Preventing and controlling infection

- People and their relatives were very complimentary about the cleanliness of the home. Comments included, "My room is clean and tidy, in fact it is cleaned twice a day and my bed sheets are changed every day too. When the carers are supporting me or enter the room, they have to wear full PPE due to the COVID-19 situation" and "The home is clean and tidy at all times and staff have to wear full PPE against infection."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor the service. Concerns found at the inspection with medicine records required more robust actions plans to ensure staff did not continue to make the same mistakes.
- People and their relatives were very happy with the way the home was managed. Comments included, "The management are very innovative, staff are helpful and appear honest, the home has a friendly atmosphere and the best thing about this home is the quality of the staff, I am happy with everything", "I feel the home is well managed, especially during COVID-19. [Person] likes the home and they are happy, so I am happy too. They [person] is cared for, the home is clean, they [staff] do a fantastic job" and "The care managers on the unit and all staff are very approachable and helpful, they all manage their areas of work well. The atmosphere in the home is very relaxed and friendly, the staff are happy and appear to enjoy the work they do. I would rate this service as excellent and I am very happy here."
- Staff were knowledgeable and enthusiastic about their working roles. Comments included, "I love the management, they are absolutely brilliant, [Registered Managers name] is a work horse, she is the heart of the home, her and [Deputy Managers name]" and "[Registered Manager] always thinks of the staff, if we work over, she orders a takeaway, so we don't go hungry, she always says thank you, which is really nice."

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

- The culture of the service helped ensure good outcomes for people. One staff member said, "The example the management set is excellent, there is a happy aura."
- People living at the home had opportunity to provide their feedback regarding the service during regular meetings, mainly, pre COVID-19 and questionnaires. One person said "The home is managed and run very well. If you are worried about anything, they are straight there to put your mind at rest. The atmosphere is brilliant, just one big family feeling, everyone staff and residents are kind to each other and everyone knows everybody else. I have filled in a questionnaire regarding the home and I did get feedback and changes were made when possible. I am more than happy in this home; I must have been sent here for a reason as now I've got a second family."

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

- 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.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

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.
- Regular staff meetings occurred; staff said they felt listened to and able to contribute.