

Stockton-on-Tees Borough Council

Rosedale Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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. Currently 3 of the 4 units were being used. 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 31 people living at Rosedale Centre.

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

People and relatives told us they felt the service was safe. The home was clean and safety checks were carried out. There were enough staff to meet people's needs quickly. Any incident or accidents in the home were responded to and learning shared.

Risks to people's health, safety and well-being were effectively managed. Medicines were administered safely. The provider had effective infection prevention and control systems in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home had a registered manager who had good knowledge of people's needs and clear oversight of processes in the home. There were systems to assess the quality of the service, which were closely monitored. People, relatives and staff gave us positive feedback and told us they had opportunity to comment on the service. Staff sought us out to tell us how the culture of the service had improved under the management team and staff felt valued and listened to.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 July 2021).

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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 7 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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, 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

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.

Service and service type

Rosedale Centre is a reablement 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Rosedale Centre provides short term rehabilitation care and support for people coming from hospital or the local community. 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

The inspection was unannounced.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority,

professionals who work with the service 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 the information the provider sent us in the provider information return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people, the registered manager, deputy manager, 2 duty coordinators, 4 support workers, kitchen and domestic staff. An expert by experience spoke with 1 person who had used the service and 6 relatives.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included 2 people's care records and medication records. We looked at 2 staff files electronically. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed all evidence sent to us electronically by the provider.

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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed, and safety was monitored and well managed within the service. Risk assessments were regularly reviewed and developed as people's needs changed.
- Staff told us that communication between the multi-disciplinary team working in the service was much improved. The cook showed us how upon admission, she was clearly informed of people's dietary needs.
- People and relatives told us they felt safe, that risks were considered, and agreements made about how staff responded to these. A person who used the service told us "I feel safe because there is always someone about. You only have to ring your bell and they came quickly." A relative we spoke with told us they attended a risk assessment meeting to discuss potential restrictions on their relation.

Using medicines safely

- Systems now supported safe medicines storage and management. Everyone had a protocol in place if they needed 'as and when' required medicines.
- Medicines were safely managed by competent and appropriately trained staff. One person told us, "They were always on time with tablets."
- People were supported to manage their own medicines with a robust assessment and risk management process.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staff met people's needs promptly and were unhurried when assisting them. One person told us, "They [staff] come straight away, I press the button and they come."
- New staff had been appointed and staff told us this meant there were dedicated staff for the different roles in the service, such as for care, activities and domestic duties.
- Staff were recruited safely. Appropriate recruitment checks were carried out and recorded as standard practice.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding system in place to ensure people were protected from harm or abuse.
- People felt safe with the staff who supported them.
- Staff had undertaken safeguarding training and raised no concerns about practices at the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider ensured relatives were able to visit loved ones, in line with current guidance.

Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents to look for any patterns or trends.
- Lessons learnt and actions for improvement were shared with staff. One staff member told us, "We are listened to if something is wrong and together, we put it right."

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 good. 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

At the last inspection we could not be assured that the governance and quality monitoring of the service was robust enough to ensure people were being protected from the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and the registered manager had clear and effective oversight of the service.
- Management made regular checks on the quality of the service using a range of audits they had developed. Where improvements were identified these were acted on. Specific audits had been completed to learn and improve from the findings of the last inspection and to check regulatory requirements were met.
- The registered manager told us they felt well supported by the wider organisation and the deputy manager. Significant improvements had been made to make records person centred and the culture within the service felt open and responsive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture in the service.
- Staff felt supported by the registered manager and worked together as a team. One staff member said, "All the staff are much happier, the managers are approachable and uphold confidentiality. It's a pleasure now to come to work."
- People and relatives told us staff and management were caring and encouraging.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt valued by colleagues and the registered manager. One staff member said, "We have total confidence in the management now, we are more relaxed and so the clients get a good feel from us. Things get put in place when you suggest them."

- People and relatives gave feedback in several ways such as daily communication with staff, meetings and surveys. A relative told us, "There are several assistant managers who are always there, I knew that if there was something I needed to know, they would tell me. They are approachable."

Continuous learning and improving care; 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 service was committed to continuous learning and improvement.
- The registered manager was aware of their responsibilities in relation to the duty of candour. They were open when mistakes were made and shared learning from incidents with staff.
- Relatives told us they had been informed promptly when there had been an incident or accident and that staff made improvements if possible.
- Ongoing improvements were planned which included improvements to the environment, incident recording systems and reviews of policies.

Working in partnership with others

- The registered manager worked in a collaborative way with the multi-agency therapy team within the service including a community matron and physiotherapists.
- The service had links with the local community but due to the short stay nature of the service, the staff tried to ensure that people's current networks with GP's and families were maintained.