

Gradestone Limited

Roseworth Lodge Care Home

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

Roseworth Lodge Care Home is a care home providing personal and nursing care for up to 48 people. The home provides support to older people, some of whom are living with a dementia. At the time of our inspection there were 32 people living at the home.

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

The environment was safe. The provider had made extensive improvements to the environment. Equipment and furniture had been replaced and repairs had been completed. Effective infection prevention and control (IPC) measures were in place. Environmental and individual risks had been recognised and managed. The environment had been improved to support people living with a dementia safely navigate and enjoy the home. Brighter lighting, reminiscing images on walls and dementia friendly signage were throughout the home.

The provider had plans to keep people safe in the event of a fire. Personal Emergency Evacuation Plans (PEEPs) were accurate. A new fire alarm system had been installed and fire drills exceeded the required number needed.

People told us they were treated with respect. Staff supported people in line with their care plans.

Improvements had been made to the recording of people's care and support information. A new electronic system had been introduced, which enabled the management team to access 'live' information and make quick decisions about people's care.

The provider had introduced new quality assurance systems, improved documentation and employed additional staff to monitor the quality and safety of all the provider's services.

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.

People, relatives and staff were regularly asked for feedback. The culture of the home promoted positive outcomes for people.

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

Rating at last inspection and update

The last rating for this home was inadequate (published 5 December 2022) and there were multiple breaches of regulation. 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.

This service has been in Special Measures since 5 December 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

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 carried out an unannounced focused inspection of this service on 2 and 4 November 2022. 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, risk monitoring and management, dignity and respect and the governance of the home.

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.

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 inadequate 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 Roseworth Lodge 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.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

An inspector and an Expert by Experience carried out this inspection. 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

Roseworth Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Roseworth Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 this information to plan our inspection.

During the inspection

We spoke with 3 people and 4 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the nominated individual, clinical lead, 2 seniors, 4 care staff and 2 support staff. We also spoke with a visiting healthcare professional. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of documents relating to the safety and management of the home.

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 inadequate. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection the provider failed to ensure care and treatment was provided in a safe way. 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 were managed safely and the assessment of risk had improved. Risks linked to health conditions had been identified and managed. The management team had reviewed people's care and support needs to identify risks. Identified risks were mitigated with a plan in place to guide staff on the actions to take to help people remain safe.
- People lived in a safe environment. Daily walkarounds were conducted by the registered manager. Health and safety checks were regularly conducted.
- Fire safety procedures had been improved. A new alarm system was in place, PEEPs were accurate and regularly monitored. The maintenance person was focussed on fire safety and had exceeded the required number of fire drills and supported staff with additional training.
- Effective action had been taken to monitor important clinical information. The monitoring of important clinical information had evolved. The provider had invested in a new electronic recording system. This enabled staff to record accurate information including fluid intake and output, this enabled the management team to view current information and take quicker action.
- Systems to support people to remain safe with their dietary needs were in place. Thickener was stored safely. People received support as detailed in their care plans.

Preventing and controlling infection

At our last inspection we found systems were either not in place or robust enough to ensure infection control procedures were effective. 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.

- The provider had made extensive improvements to the environment. Repairs had been conducted,

handrails painted and worn furniture and equipment had been replaced, this supported effective cleaning.

- Infection prevention and control (IPC) were safely managed. Donning and doffing stations were clearly defined, and PPE was readily available. Hand hygiene reviews were regularly conducted.
- Visiting was in line with government guidelines. No visiting restrictions were in place and people enjoyed visits during the inspection process.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to reduce the risk of abuse and harm. Staff had completed safeguarding training.
- Information from accidents and incidents were analysed to identify any lessons learnt. Manager meetings were held across all the provider's services and shared learning was promoted.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- Staff were working within the principles of the MCA.
- DoLS were monitored, and applications were made to the local authority for review/authorisation in line with legal requirements.

Staffing and recruitment

- Enough staff were deployed to safely meet people's needs. The registered manager regularly reviewed staffing levels.
- A robust recruitment process was in place. Pre-employment checks had been completed to ensure new staff employed were suitable to work at the home.

Using medicines safely

- Medicines were managed safely. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff responsible for administering medicines had completed the appropriate training and competency checks were regularly carried out.

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 inadequate. The rating for this key question 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 our last inspection the provider did not have effective systems in place to monitor and improve the quality and safety of the service. 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 had made improvements in the monitoring of the home. New quality assurance systems had been developed and were fully established. Additional quality improvement roles had been created to support the management team.
- An effective management structure was in place. The registered manager was supported by a clinical lead who had extensive knowledge of people's care and support needs.
- The provider had invested in the environment and technology. People had been consulted in the development of the plans. Extensive improvements had been made to support people living with a dementia related condition to navigate and enjoy the home. Brighter lighting, reminiscing images on walls and dementia friendly signage were throughout the home.
- People's clinical records were monitored and held securely. The provider had good oversight of clinical information and reacted quickly to changes in people's needs.
- The registered manager understood the legal requirement to notify the CQC of certain accidents, incidents and events. The home had submitted the required statutory notifications to CQC in line with legal requirements.

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

At our last inspection the provider failed to ensure people were treated with dignity and respect. This is a breach of regulation 10 (Dignity and respect) 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 10.

- Staff were kind and caring. Staff had completed dignity and respect training. We observed staff spoke warmly to people and supported them to take part in activities.
- Staff were attentive to people's needs. Staff sought permission from people before supporting them and offered reassurance and kindness when people were distressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- People and relatives were encouraged to give feedback about the home. A noticeboard displayed the current results from a recent survey, these were positive. The provider developed an action plan to address short falls identified in the survey. One person said, "We had a Residents' Meeting to find out what we wanted to change. That meeting was useful."
- Staff had opportunities to express their opinions in team meetings and supervisions. One staff member said, "I don't wait for a meeting, I am comfortable to raise anything."
- The provider used information from all its services to drive improvement. Monthly manager meetings were held to promote learning and development.

Working in partnership with others

- Staff worked closely with health and social care professionals. One health care professional told us they were impressed with staff and how successfully they were in supporting a person to reduce their anxieties.
- The home was part of a pilot scheme in conjunction with the Local Authority and the community matrons in evaluating the Emergency Health Care Plan (EHCP) and identifying how they can be improved.

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 provider and registered manager understood their responsibilities under duty of candour. They acknowledged when things went wrong and explained to relatives and people what happened and how things were corrected.