

Constantia Healthcare (Middlesbrough) Limited

Roseleigh Care Home

Inspection report

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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

Roseleigh Care Home is a care home which provides care for up to 50 people. The service does not provide nursing care. Care is primarily provided to older people, some of whom have mental health conditions or are living with a dementia. At the time of the inspection there were 35 people using the service.

The service accommodates people across two floors. There are communal lounges, dining rooms and bathing facilities. There is an enclosed garden for people to use.

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

People were supported by staff who knew them and their needs well. Staff treated people with respect and maintained their dignity when supporting them.

Risks to people's health, safety and wellbeing were assessed and plans were put in place to ensure these were reduced as much as possible. Medicines were safely managed.

There was enough staff available to support people. Staff were safely recruited. The home was clean and well maintained.

Accidents and incidents were recorded and analysed. The registered manager and staff understood their safeguarding responsibilities.

The service had benefitted from redecoration and the purchase of new furniture. People and relatives told us they were pleased with the home's refurbishment.

Staff had the skills and knowledge to deliver care and support in a person-centred way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice.

People told us their privacy and dignity were respected and their independence encouraged. People were able to participate in a range of activities if they chose to do so.

The management team were open and approachable, which enabled people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the registered manager.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

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 service was requires improvement (published 2 October 2018) and there were four breaches in 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.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Roseleigh 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 team consisted of an inspector, an assistant 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

Roseleigh Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 CQC. The registered manager 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 12 people who used the service and three relatives. We also spoke with the registered manager, deputy manager, regional manager, activities co-ordinator, four care staff, the cook, the handy person, a domestic and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 a selection of records. This included three people's care records and medicine records, two staff recruitment records and other records related to the building, and the management of the service.

After the inspection

We continued to seek clarification from the management team to validate evidence found. We looked at training data, supervision and appraisal records and quality assurance records. We contacted visiting professionals by email to seek their views on the service provided.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 12.

- There were arrangements in place to ensure people received medicines in a safe way.
- Medicine administration records and medicine care plans provided accurate information to help ensure people received their medicines as prescribed.
- Staff responsible for administering medicines were trained to manage medicines safely.

Preventing and controlling infection

At our last inspection the provider had failed to ensure the service was clean. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 15.

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.
- We found some of the light switches and nurse calls did not have a plastic covering so they could be easily washed. Some calls bells were too long. We pointed this out to the registered manager at the time of the inspection who took immediate steps to rectify this.
- All areas of the home were clean, tidy and odour free.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- Good recruitment procedures were in place to ensure suitable staff were employed and people were safe.
- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns of abuse.
- There were enough staff on duty to support people. People told us they felt safe. One person said, "I do feel very safe here and the staff are ever so friendly. I was very unwell when I came here, but now I am much

better."

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

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- The premises and equipment were well maintained, and any issues were promptly reported by staff and dealt with to ensure the environment remained safe. Plans were in place to ensure people were supported to leave the building in an emergency.
- Management monitored and analysed accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure the premises were suitable for the purpose for which they were being used or adapted for the comfort and convenience of people living at the service. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 15.

- The home environment met the needs of the people it supported.
- Since our last inspection the service had benefitted from refurbishment. Many communal areas had been redecorated and new furniture had been purchased. Many windows and blinds had been replaced. People had brought items of furniture, photographs and ornaments from home to personalise their room.
- Careful thought had been given to the re-decoration of the first floor where people living with a dementia were accommodated.

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

At our last inspection the provider had failed to ensure mental capacity assessments and best interest decisions were recorded. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

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 when this is in their best interests

and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care and treatment was provided in line with law and guidance.
- People using the service, or those appointed, were involved in decisions about people's care.
- People's care records showed documentation in relation to people's mental capacity and best interest decisions.

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

- People's needs were assessed before they moved into the service to make sure staff could provide the care and support they needed. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- Care and support was reviewed on a regular basis.
- Good communication between staff meant people's needs were well known and understood. A visiting professional told us, 'The communication between the staff is very good and any documentation that we ask to be completed is always done.'

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively.
- Staff had completed an induction and training programme. They had opportunities for supervision and appraisal. Staff told us they felt well supported by the management team. One staff member told us, "I'm all up to date with my training. I feel really supported by [registered manager] and [deputy manager]."

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

- People were supported to eat and drink enough food to maintain a balanced diet.
- We received positive feedback from people and relatives about the quality of food and choices on offer. One person told us, "The food is good. The only thing I don't like is fish, so they give me something else." A relative said, "The food is very good and very good portions."
- Timely and proactive referrals to dieticians were made for those at risk of malnutrition. People at risk of not eating and drinking enough had their intake monitored and their weight regularly checked. Our inspection coincided with malnutrition awareness week. Staff had held a coffee morning with people and relatives to raise awareness of malnutrition.

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

- The service made timely referrals and followed advice from relevant healthcare professionals. A visiting professional wrote and told us, 'As my client shows deterioration of health, the care home have continued to adapt to [their] changing needs involving any relevant outside agencies such as occupational therapy, dietician, GP.'
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people. A professional wrote and told us, 'We find the home to be of a very high standard with regard to the care they provide.'

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider had failed to ensure those people living with a dementia received enough support, were communicated with enough and received choice. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 9.

- People were given choices about their care. We observed the meal time of people who were living with a dementia. People were shown the food available to enable them to make a choice. Staff took time to ensure the meal time experience was pleasurable. Staff interacted with people in a kind and caring way.
- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. People were given choices about their care. Staff had time to talk with and listen to people. We observed staff offering choices, enabling people to make their own decisions and responding to their preferences.
- Where needed staff sought external professional help to support decision making for people, such as advocacy.

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

- People were treated with kindness and the good relationships they had with staff impacted positively on their feelings of wellbeing. The hairdresser was present during the inspection and we heard staff complimenting people on their hair.
- One person told us, "They look after you, they don't hesitate to help you. The staff are very nice I can't grumble about any of them."
- Staff were kind and caring. For example, one person was crying, and a staff member quickly intervened to provide the reassurance they needed. A professional wrote and told us, 'The carers are always very caring and empathetic towards the residents and whenever we ask for certain tasks or aspects of care to be delivered this is always done so with immediate effect.'

Respecting and promoting people's privacy, dignity and independence

- Staff maintained the privacy and dignity of the people they cared for. One person told us, "They [staff] always knock first before coming into my room."

- People were encouraged to remain as independent as possible. During the inspection we saw staff supported people to improve or maintain their mobility and independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure care records were sufficiently detailed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- People's needs were recognised, acted upon and recorded appropriately. Care plans showed people and their relatives were involved in planning their care and changes were made when needs changed.
- People's assessments and care plans were person-centred and contained details of people's choices and preferences. People's cultural and spiritual needs were considered as part of their initial assessment.
- Staff had a good understanding of people's lifestyle, preferences and needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in ways which people could understand, including large print, a different language and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves; they recognised if people were in pain or how they indicated their choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to take part in activities and outings of their choice. Family and friends made regular visits to the service.
- The service employed two activity co-ordinators who covered six days of the week. People told us they enjoyed the activities provided. On the day of the inspection people enjoyed a fun exercise session to music. One person told us, "I like living here the staff are very nice. If you want something they will help you if they can. I play bingo. I like the fact that you can go out. Staff will take you to the shops."

- Staff took advantage of the dementia friendly activities provided by the local community. Staff supported people to attend planned activities at the community centre, attend art and craft sessions and visit the cinema for dementia friendly screenings of films. A professional wrote and told us, 'I help facilitate a number of external events, namely supporting Cineworld Middlesbrough screen Dementia Friendly screenings which Roseleigh always attend with a number of their residents to enrich their experiences.'

Improving care quality in response to complaints or concerns

- People could share any concerns with staff who supported them. People knew how to make a complaint and told us they would be listened to by the management team. The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- The service had not received any complaints since our last inspection.

End of life care and support

- Compassionate care was provided at the end of people's lives.
- Care records documented people's religious beliefs and their end of life care wishes. This helped to ensure the person's needs and preferences would be met.
- The service had received many thank you cards from relatives praising staff for their kind and compassionate care at this important time.

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 requires improvement. At this inspection this key question has now improved 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; 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; Continuous learning and improving care

At our last inspection the provider had failed to ensure effective quality monitoring took place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

- After the last inspection the provider used external consultancy to improve the quality of the service provided. They now had an effective quality assurance system to review areas of the service and to drive improvement.
- The provider had acted upon feedback from our last inspection and made improvements to the service and the care people received.
- The management team were visible around the home and were responsive to the needs of people, relatives and staff. A professional wrote and told us, 'The home appears to be well led in regard to the manager and deputy manager.'
- Staff spoke positively about their roles and responsibilities. They were enthusiastic about ensuring people received good care and support. They told us the management team were supportive and approachable. One staff member told us, "It's more relaxed here for both staff and residents than my last place. It was the best decision I ever made, coming here. It isn't cliquy here at all, staff are very accepting."
- The management team submitted notifications of significant events such as incidents and accidents that had occurred in a timely manner.
- The principles of the duty of candour were embedded within the registered manager's practice. The management team were open and honest in response to any complaints and worked in partnership to make improvements.

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

- The registered manager and the culture they created effectively supported the delivery of person-centred

care.

- People and their relatives were invited to meetings to discuss the quality of the service and care delivered, the registered manager acted upon feedback from meetings.
- The service had a positive atmosphere. Staff worked well together and were passionate about ensuring people received good care and support.

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

- The management team involved people and their families through regular reviews, meetings, feedback surveys and conversations to allow them to put forward their views about the service.
- The service had good links with the local community. Children from the local primary school visited to spend time with people. People went out shopping and attended many events in the town centre and surrounding area.
- The service worked in partnership with other agencies. The positive feedback we received from professionals confirmed this.