

HC-One No.2 Limited

# Roseberry Court

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

Roseberry Court is a residential care home providing accommodation for persons who require nursing or personal care to up to 63 people. The service provides support to older people, including people living with dementia. At the time of our inspection, there were 52 people using the service.

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

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 told us they felt safe with the staff who supported them. Staff had received training in safeguarding and felt confident in the processes in place to report any concerns. Risks to people's health, safety and wellbeing had been assessed and staff understood how to help keep people safe.

Medicines were managed and administered safely, with regular checks completed. We were assured by the measures in place to help ensure the prevention and control of infection.

Staff were attentive to people's needs. The registered manager monitored staff deployment and ensured enough staff were on duty. Processes in place ensured staff recruitment was safe with a range pre-employment checks completed.

People were supported by caring, friendly staff who knew their needs well. People told us staff were skilled in their roles. Staff received required training and checks to ensure they followed best practice guidance.

People received an initial assessment of their needs. Care records included up to date information which evidenced people's involvement with their care, support and regular reviews. Care provided was personalised and supported people's preferences and wishes.

People's health needs were being met. The service worked closely with other health professionals and external agencies to support them with their health and wellbeing. A health professional told us the service worked well with them to ensure people's needs were met and responded positively to any guidance provided. We saw improvements in managing people's nutritional needs and the service has worked with partner agencies to build staff knowledge in this area.

People and staff spoke positively about the management of the service and their openness to feedback. The management team was approachable, maintained regular communication, and listened to the views of others.

A range of audits and checks were completed to maintain and where required, implement any required improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 January 2023). 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 inspection was prompted by a review of the information we held about this 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, 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?**

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 well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Roseberry Court

## 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

The inspection was carried out by one inspector.

#### Service and service type

Roseberry Court 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. Roseberry Court is a care home without nursing care. 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

This inspection was unannounced.

### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the registered manager, deputy manager, admin assistant, head housekeeper, senior support workers and care workers. We also met with the area director and regional director for the provider.

We reviewed a range of records. This included four people's care records and multiple medication, food and fluid records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 our last 3 inspections the provider had failed to robustly assess and manage the risks relating to the health, safety and welfare of people. 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.

- People received safe support to meet their needs. Improvements had been made to risk assessments and these provided guidance for staff on how to safely support people.
- Care records were regularly reviewed to ensure staff had up to date information and people were actively involved in their assessments and care plans.
- Staff were knowledgeable about risks associated with people's care. We saw guidance in place to enable people to take positive risks which was empowering. One person who was visually impaired told us, "I can go out anytime I want. I could walk out if I chose to and that's really important to me."

### Using medicines safely

At our last inspection the provider had failed to put systems in place to ensure medicines were managed safely. This was a breach of regulation 17 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.

- Medicines were received, stored, administered and disposed of safely.
- Robust medicine checks and audits ensured required record keeping remained up to date. Management oversight ensured associated processes remained effective and followed up to date 'best practice' guidance.
- Staff involved in handling medicines were trained and assessed as competent to support people with their medicines.
- Where safe to do so, people were supported to take their own medicines. One person said, "I used to do my own meds but now the staff support me, I'm pleased they have taken it over, it is much safer, I could miss it so it is sorted now."

## Learning lessons when things go wrong

At our last inspection the provider had failed to have in place effective systems to ensure lessons were learnt when things went wrong. This was a breach of regulation 17 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 registered manager was transparent in reporting any issues or concerns to the local authority's safeguarding team. This helped to safeguard people from the risk of abuse or neglect.
- The provider analysed accidents and incidents to identify any patterns or trends and to support improvement of care.

## Preventing and controlling infection

At our last inspection, the provider failed to have effective oversight of the management of infection control. This was a breach of regulation 12 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.

- 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 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.

## Staffing and recruitment

- Appropriate staffing levels were in place to meet the needs of people in the service. The provider used a staffing and dependency tool for guidance on the number of staff required.
- The registered manager had robust oversight of staff rotas, which showed there were enough staff on each shift.
- Staff told us there were enough staff to meet people's needs.
- Safe recruitment practices ensured staff were suitable to work with people who may be vulnerable.

## Visiting in care homes

- Visiting was carried out in line with current government guidance.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to have effective oversight of people's nutrition and hydration needs. This was a breach of regulation 17 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.

- People received support to remain healthy. Where people's weight was in question, supportive measures were implemented. For example, weekly weights were recorded and support was available from dietitians.
- A choice of meals was provided, and people enjoyed the food on offer. Enough suitably trained staff were available to provide individualised support where needed.
- Snack and drinks were available throughout the day. One person said, "I chose to have a snack at lunchtime as the meal is too big for me and I enjoy my evening meal more as its lighter but they will do you whatever."

Staff support: induction, training, skills and experience

- Staff received appropriate ongoing support, supervision and training to carry out their roles. One staff said, "We are very well supported; we have regular supervisions and managers are very approachable."
- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have had.

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

- Prior to moving into the service, the provider completed individual assessments with people to determine and meet their individual level of need.
- People were involved in planning and reviewing their care and support. Care plans included up to date information to ensure staff had access to good information about people's individual needs and preferences.

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

- People told us, and records confirmed, they had good support to access other health professionals when required. A visiting professional told us, "I observe how happy patients are, and people do seem happy in my observations. They are brilliant at following our instructions."
- Staff clearly understood the required processes to ensure people received timely access to health professionals. Records evidenced this..
- The provider ensured that any external health advice was recorded as guidance for staff to follow.

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

- The home environment was modern and welcoming with good access to communal areas and outside garden areas.
- The provider employed a dementia lead who was responsible for reviewing this area of the home to ensure the environment remained easy to navigate for people who may become confused. For example, the home was easy to navigate, had good signage and included designated areas to stimulate people's interest.

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

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were aware of their responsibilities under the MCA.
- Where assessments recorded people did not have capacity under the MCA, required assessments, decision making, authorisations and reviews were in place.
- People told us staff discussed their needs all the time and always asked if they were happy to proceed prior to providing care and support.
- Staff understood the importance of offering people choice, promoting their independence and enabling people to explore relationships safely.

# 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 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; Continuous learning and improving care

At our last inspection the provider failed to have effective systems in place to assess, monitor risks, quality and safety of the service and maintain accurate, complete and up to date records. This placed people at 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 registered manager maintained clear oversight of the service. They constantly reviewed the service to determine how further improvements could be made.
- The provider had a robust system of audits and checks to monitor the quality and safety of the service. There had been regular support from the provider which had driven the improvement made by the service.
- The registered manager analysed accidents, incidents, complaints and concerns to drive improvements within the service.
- We received feedback from a commissioner of the service who told us the home had responded quickly and in full to their action plan from the last inspection visit.

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

At our last inspection the provider had failed to create a positive and person-centred culture. This was a breach of regulation 17(1) 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 culture at the service had significantly improved since our last inspection. Teamwork had improved and staff were highly motivated and told us they felt valued.
- People and relatives told us the service was well run. One person said, "It is spot on here now, I am

listened to and have my freedom and [Name] manager is always about and making sure everything is ok with me."

- The registered manager was open and honest with people and informed relatives when accidents and incidents had occurred.

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

- People and relatives told us they were happy with the service, communication, staff and management. One relative said, "I made a complaint about cold food and it was rectified immediately, it is always piping hot now and I am visiting 3 or 4 times a week so I know it is right."
- Regular staff meetings were held to allow staff to voice their concerns or views within the service. Staff told us they felt supported by the manager both personally and professionally and felt able to voice any concerns they had about the service if needed.
- The service worked with key organisations such as the local district nurses, local dietician service and local authority. One visiting professional told us, "They are onto any deterioration quickly. I have always seen staff be very caring in here."

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 was open and honest throughout the inspection process.
- The provider was receptive and responsive to feedback and were transparent with their investigations and findings when things had gone wrong.
- The registered manager and senior staff team were aware of their legal responsibility to be open and honest when things go wrong. One senior carer said, "If the district nurses need to raise a safeguarding against us, then that's right, we need to address what has gone wrong as a team." This showed an open and positive approach to learning from mistakes.