

Roseacre Care Limited

Roseacre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 17 November 2015. After that inspection we received information of concern in relation to the service.

As a result we undertook a focused inspection at 7am on 22 July 2016, to look into the concerns. The concerns related to staff training and induction, unsafe moving and handling practices and equipment, staffing levels and length of staff shifts; not meeting people's dietary needs safely and staff not respecting people's right to choose when they wanted to get up and restricting their ability to move about freely. There were also concerns raised about the safety of two people living at Roseacre.

This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseacre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Roseacre is a residential care home which predominately supports older people with dementia. The home can accommodate up to 22 people. On the day of the inspection 19 people were living at the service and two people were staying on short term respite.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Roseacre. One person commented, "It's quite the nicest place I've ever been." People told us they felt safe telling staff when they wanted to get up and go to bed and were not told when to do this. People told us they felt safe whilst staff supported them to mobilise and staff confirmed they had received training on how to move people safely and felt confident asking for advice if they were unsure. Lifting equipment had been assessed and provided by healthcare professionals. People's mobility equipment was within close reach to them and staff told us this was always the case.

People's dietary needs were recorded and staff were aware of how to meet these needs. They told us they had recently attended training on diabetes.

Staff told us they had received an induction and training relevant to their job role and records confirmed this.

Staffing levels had been increased recently and people, staff and professionals felt there were enough staff to meet people's needs. Some staff only had an eight hour break between shifts. This does not comply with The Working Time Regulations (1998). The registered manager told us they would review the rota and shift times to improve this.

A concern had been raised that one person was not able to get downstairs safely. This person had moved to

a room downstairs. Another concern had been raised about someone sustaining an injury due to staff not checking on them regularly enough. A healthcare professional told us they saw this person regularly and had no concerns about the level of care they received.

## 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.

People felt safe living at the service.

People told us they felt safe telling staff when they wanted to get up and go to bed.

Staff received training to help ensure they met people's health, moving and handling, medicines and dietary needs so they could keep people safe.

Staff were knowledgeable about how to meet people's individual needs and keep them safe.

People had their mobility equipment nearby to help ensure they could move about safely. Equipment used by staff to help people move was provided by healthcare professionals.

People told us there were enough staff to meet their needs. However, the registered manager intended to review the shift times used presently.

The two individuals about whom concerns were raised were safe and had their needs met.

# Roseacre

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to look at concerns raised about the service.

We undertook a focused inspection of Roseacre on 21 July 2016 at 7am. This inspection was carried out after concerns were raised. We inspected the service against one of the five questions we ask about services: is the service safe?

The inspection was undertaken by two inspectors and was unannounced.

Before our inspection we reviewed the information we held about the service, including notifications received and concerns raised.

We spoke with five staff members, the registered manager and the provider. We also spoke with six people who lived at Roseacre, two relatives of people who lived there, a district nurse and a training professional. We looked at five people's care records, the staffing rota, medicines records and training and induction records. We also spent time observing how staff interacted with people.

# Is the service safe?

## Our findings

The concerns raised were about staff training and induction, unsafe moving and handling practices, staffing levels and length of staff shifts; not meeting people's dietary needs safely and staff not respecting people's right to choose when they wanted to get up or their right to move around freely. There were also concerns raised about the safety of two people living at Roseacre. During this inspection we focused on these concerns only and did not look at all the key lines of enquiry we would look at during a comprehensive inspection.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseacre Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found staffing levels were sufficient for the needs of the people living at Roseacre. The registered manager told us they would review the length of certain shifts staff worked. Staff had received induction training and training to meet people's specific needs and keep them safe such as, manual handling, diabetes and medicines administration. Staff were knowledgeable about people's needs. People told us they were free to choose when they got up and went to bed and had their mobility equipment nearby. People had been assessed by healthcare professionals to help ensure equipment was suitable for their needs. The two people about whom concerns had been raised, were safe and their needs were being met.

People told us they were safe and staff looked after them well. One person told us, "Staff make sure I'm safe. They support me well. Very good excellent staff. They will always come when I need them. If I use the call bell they come fairly quickly, don't really need to wait." Relatives confirmed they felt their loved ones were safe living at Roseacre. One relative told us, "[...] had a couple of falls and they asked if he would like to move downstairs to help keep him safe. He has and is being watched more".

Concerns were raised that people were not safe as they were looked after by staff who had not all received an induction and training. We were also told staff did not receive training such as moving and handling, medicines administration and diabetes, to meet people's needs safely. Staff told us, and records confirmed, staff had received induction training as well as training in moving and handling, medicines administration and diabetes. A new staff member explained, "I have done an induction and am completing the Care Certificate. I've done safeguarding and manual handling training and I've shadowed staff. I've just started my medicines training so I'm not able to do this yet." The care certificate is a nationally recognised training course for staff who are new to care.

People who staff supported to move, using lifting equipment, told us they felt safe with staff doing this. Staff told us there were always two staff members present when they carried out moving and handling tasks and they asked advice if they were unsure about anything. The registered manager told us people's equipment was assessed and provided by the district nurse to ensure they were suitable for the individual. A healthcare professional confirmed this was the case.

People were kept safe by staff who were knowledgeable about their health and dietary needs and allergies. Staff gave examples of alternatives people were offered if they were unable to eat the options on the menu and how they prepared food in different areas of the kitchen to avoid cross contamination with food people were allergic to. People's records detailed their dietary needs and this information was also held in the kitchen for staff to refer to when preparing food. One person's care plan also gave detailed information to staff about how to help them manage their diabetes. A healthcare professional told us the registered manager and staff monitored people with diabetes well and they always followed any guidance given.

We observed staff administering people's medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicine was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. People told us, "I always get them when I need them and see the doctor when I want" and "All my tablets I get on time, no problems."

Concerns were raised that people were unable to choose when they got up and had mobility equipment removed from them to stop them moving around when they wanted to. People told us they were asked when they wanted to get up. Staff were knowledgeable about people's routines but told us they always asked before supporting someone to get up. Comments included, "Staff look after me well" and "Staff care and attention is very good. Any problem they will always help me"; and a professional confirmed, "Absolutely they know people's needs well." When we arrived at 7am, some people were up but others had chosen to stay in bed. A staff member explained, "There are two or three people still in bed as they like to get up later." People's mobility equipment was near to them and staff told us, "They like to have them near them and we would only ever move them if they were a trip hazard."

Concerns were raised that there were not enough staff on duty at the weekends. Staffing levels at the weekend had recently been increased and staff felt this allowed them to better meet people's needs. People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. One person confirmed, "Yes, I'm safe." A professional who often visited the service told us, "Staff don't seem rushed. It's always very calm and I've come at lots of different times during the day."

Some staff only had an eight hour break between shifts. The registered manager told us this was often because staff often chose to pick up extra hours. However, The Working Time Regulations (1998) state that an adult worker is entitled to a rest period of not less than eleven consecutive hours in each 24-hour period. The registered manager told us they would review the rota to ensure staff had sufficient time off between shifts.

Concerns were raised that one person was unable to get downstairs and therefore spent all their time in their room. The person had recently moved to a room downstairs but continued to choose to spend most of their time in their room. Concerns were also raised about another person sustaining an injury as they had not been checked regularly. Staff told us the person did not move about enough to sustain this type of injury and a health care professional who saw the person regularly reported they had no concerns about the person's care or safety.