

Roseacre Care Limited

Roseacre

Inspection report

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17 August 2017

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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

The inspection took place on the 14 and 17 August 2017 and was unannounced on both days. Roseacre provides care and accommodation for up to 22 older people some of whom are living with dementia. At the time of the inspection there were 18 people living in the service.

We received information about concerns in relation to the service. The concerns were in respect of how the home was run down. These included dangerous ripped carpets, no running hot water in some bathrooms, no cleaning products, continence equipment shared and not being cleaned. Information included that people were bored with no activities and not given proper personal care, concerns about staff conduct on the night shift and concerns that often only two members of staff were on duty at weekends for 20 residents.

We also received concerns that the service had poor hygiene. Staff didn't use gloves and aprons and people's rooms were filthy and bells were unplugged. MAR (medicines administration record) were tampered with and filled in later. During this inspection we found all of these concerns to be unsubstantiated.

We visited at 7am and met and observed the night staff and spoke to people who used the service, staff, visitors and a healthcare professional.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

At the last inspection, the service was rated Good overall.

At this inspection we found the service remained Good in all areas.

Why the service is rated good.

One person said; "I'm happy with all of them (staff)." Another person said; "I'm very happy here." A visitor said; "People we visit always have their needs met." A relative said; "I find this a well presented, clean and tidy home." Another said; "We are so glad mum came here. She seems so happy and that makes us happy."

People remained safe at Roseacre because they received their medicines safely and from staff that had received medicines training. People, relatives, visitors and staff told us there were sufficient staff to meet people's needs. Risk assessments had been completed to help people to retain as much independence as possible and receive care with minimum risk to themselves or others.

People continued to receive care from a staff team that had the skills and knowledge required to effectively

support them. Staff received regular training and updates and were competent. People were supported to have as much choice and control of their lives as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to healthcare professionals according to their individual needs.

People said the staff were kind and very caring. One relative said; "She always looks well cared for and settled." A visitor said; "Everyone seems very comfortable." There was mainly a calm atmosphere in the service with staff supporting people with their care needs discreetly. When people started to become anxious staff intervened and people soon settled. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs. Care and support was personalised to each individual which helped ensure people were able to make choices about their day to day lives. Complaints were fully investigated and responded to. One person said; "I've never had any complaints to make here. But [...] (naming the registered manager, provider and other senior staff) would help me sort it."

People were assisted to take part in activities according to their individual interests. The registered manager confirmed entertainers visited the service and one person said he went into the local town.

The service continued to be well led. People, relatives and staff told us the registered manager and provider were approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below.

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 remained Good	Good ●
Is the service effective? The service remained Good	Good ●
Is the service caring? The service remained Good	Good ●
Is the service responsive? The service remained Good	Good ●
Is the service well-led? The service remained Good	Good ●

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, it took place on the 14 and 17 August 2017 and was unannounced. The inspection was completed by an inspector from the adult social care directorate.

Prior to the inspection we reviewed information we held about the service, and notifications we had received and previous inspection report A notification is information about specific events, which the service is required to send us by law.

During the inspection we met with 12 people who lived at the service. The registered manager and registered provider were available throughout the inspection. Some people were unable to tell us about their time at the service therefore we observed them and how staff and people interacted. We also spoke with five visitors, eight members of staff and two health care professionals.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, four staff personnel files, records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. People who lived in the service seemed happy, relaxed and comfortable with the staff who supported them. People said they felt safe. Visitors and relatives said they felt people were safe living at the service. One person said; "Yes I do as I call and ask staff to help me." Another person said; "Safe yes, and I love it here!" Visitors said; "Safe, yes, because the staff ratio seems very good" and "Mums had less accidents here and that keeps her safe." Another said; "Mum is safe and well looked after." A thank you card returned to the service recorded; "Thank you for looking after dad, it has been reassuring to know that he is safe and so well cared for!"

People were protected by staff who understood what to do if they suspected people were at risk of any harm or abuse. All staff completed training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager or providers and were confident that action would be taken to protect people.

People's risks of abuse were reduced because there were suitable recruitment processes for new staff. This included checks being completed to make sure new staff were safe to work with vulnerable people. Staff were unable to commence work until satisfactory checks and employment references had been obtained.

People, relatives, visitors and staff all agreed that there were sufficient numbers of staff employed to help keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time interacting and enjoying each other's company. Some people liked to stay in their room and this was respected. The registered manager confirmed that additional staff were made available to cover any absences including sickness.

People had risk assessments completed to make sure they received safe care and to promote their independence. Where people had been assessed as being at high risk of falls. Assessments documented the equipment provided to keep people safe, for example special mattress to protect people's skin integrity. People who required it had turning charts in place to protect their skin. A health care professional commented how well the service had cared for one person's skin breakdown and their skin was now much improved that this person had been discharged for future visits. Systems were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken.

People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and emergency services in the event of a fire. The service had an emergency box kept by the main entrance that contained evacuation plans and other emergency information in the event of an evacuation.

People were protected from the spread of infections. Staff had completed infection control training and understood what action to take in order to minimise the risk of cross infection. For example to use gloves and aprons and have good hand hygiene to protect people. One person said; "The cleaners are spot on. The home is always warm and clean." Relatives, visitors and healthcare professionals all agreed that the service

had no malodours.

People received their medicines safely from staff who had completed medicine training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There was clear information to show when these medicines should be offered to people and how many had been administered to people.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff had a good knowledge of people's care needs and were competent in their roles which meant they could effectively meet people's needs. A quality assurance survey return to the home from a visiting professional said; "Staff know their residents in depth" and "Staff are prepared to help meet people's needs."

People were supported by staff who were well trained. All the staff agreed the training provided was relevant to their role and regularly updated. Comments included; "I have done so much training since I have been here." New staff confirmed they undertook a thorough induction, which included shadowing experienced staff and time to read important information about the service and how people needed to be supported. Staff without formal care qualifications were being supported to gain the Care Certificate (A nationally recognised set of skills training). Areas covered during this training included dementia training.

People's health needs were monitored and prompt action taken to address any concerns or changes. For example, some people were currently receiving care from the district nurse team for change of dressings. GP's visited when needed and were contacted to provide support and advice to people and staff when required. A visiting healthcare professional confirmed the service contacted them early to report issues which enabled them to treat people quickly and effectively.

People told us, and observations showed, they were able to make choices on the food offered. Menus were clearly displayed, including in picture format, to show people what choices were on offer that day. Meals were well presented. Where there were concerns about a person's hydration or nutrition needs, staff completed food and fluid charts to monitor this. Meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. One person said; "Food has got better, good choice and plenty of it." Other people commented that the food is; "Brilliant", "Great" and "Lovely."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had completed training about the MCA, with further training booked, and knew how to support people who lacked the capacity to make decisions for themselves. Staff said they encouraged people to make day to day decisions where possible. Records showed relatives had been involved in decisions about their relative's care, when needed. This showed the provider was following the legislation to make sure people's legal rights were protected.

People continued to have their capacity to consent to their care and treatment assessed, in line with the MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals

and made DoLS applications for people who required this level of support to keep them safe. The provider confirmed applications had been made and they were currently waiting for assessment's to be completed.

People lived in a service that continued to be maintained and updated. New carpet and flooring was due to be fitted and redecoration work was currently being undertaken. The conservatory was due to have a new roof and an air conditioning unit had been fitted to enable this area to remain cooler during the summer months. One fire door was found to not close properly. The provider took immediate action to rectify this.

Is the service caring?

Our findings

People living in Roseacre continue to receive a caring service from staff who knew them well and understood their needs. People said they felt well cared for. We observed the staff taking time to assist people with their all their care needs. Staff were seen to be attentive and prompt to respond to people when required. For example when people became anxious or upset the staff offered additional one to one support. People then became calm and seemed to enjoy the extra support and company of the staff member.

People, visitors and relatives said they had observed the staff being kind, caring and respectful. Some people who could talk to us said they felt well cared for. One person told us; "They do hourly checks overnight to make sure I'm ok." A healthcare care professional said they had always found the staff at Roseacre "particularly good." A relative said; "They have cared for mum brilliantly from day one."

People and visitors told us people's privacy and dignity were respected. Staff knocked on people's doors and respected people's need for privacy and quiet time. One person said; "Staff always knock before coming in." Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. One relative said they always encouraged their mum to help out rather than just sit around. A thank you card sent to the service said; "Such kind and special caring staff to look after our dearly loved parents" and another "Thank you for looking after mum, she was well cared for and very happy."

People were supported to express their views whenever possible and involved in decisions and discussions about the care and support they received. One person said; "Staff always ask me what I want and talk things through with me." Staff were able to communicate effectively with everyone and we observed them interacting well with people. This ensured they were involved in any discussions and decisions.

People had their needs reviewed on an annual basis or more often if their care needs changed. Relatives said they were involved with reviewing / planning their relatives care.

People's end of life wishes were known by staff. People living with dementia were not always able to state their wishes. However staff and management informed us they worked closely with family when people's health deteriorated. Staff showed concern for people's wellbeing. Staff explained how they had noticed changes and signs when people's health deteriorated. They had liaised with doctors, district nurses and families over the care each person needed. The care people received was clearly documented and detailed. For example, people had information in place on how to care for their skin to prevent their skin becoming sore. Staff undertook training to ensure they had the skills required to provide appropriate and dignified end of life care.

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. People were assessed and had a pre-admission assessment completed before they were considered for admission to the service. Information received from people's previous placements, including hospital or from relatives was included in pre-admission assessments. This helped people, their relatives and the provider make an informed decision about the appropriateness of the admission and that they could meet people's needs. Each person had a care plan that explained clearly all aspects of their support needs. The plans had been drawn up with each person as far as they were able. One healthcare professional said how they had observed that the staff had a good relationship with people and managed difficult situations quickly.

People's care plans were personalised to each individual, contained information to assist staff to provide care and were written in a manner that respected people's wishes. Each care plan included a summary giving an easy to read overview for any new staff to help them get to know people quickly and understand their needs. Care plans included photographs and clear instructions for staff on specific tasks to ensure they provided support that met each person's individual needs. Staff had a good knowledge about each person including people's likes and dislikes. We observed staff responded to people and supported them throughout our visit.

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished or sit in either the conservatory or lounge area with others for company. We observed staff responding to people quickly when needed and supported them according to their needs. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard. People told us their individual needs were met. One person said; "They always give me the choice to have my meals later."

People took part in a range of activities. Outside entertainers, for example singers and a visiting donkey were also brought into the service. The staff arranged daily afternoon activities in the service for example skittles. The management confirmed plans to start a morning "Movie Club" to enable people to sit and watch different movies while staff were assisting other people with care tasks. Some people said they chose not to partake in any activities while others were seen enjoying them. One relative commented: "I am impressed with the home. They do things here. Arrange parties and ask families to join in."

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with the registered manager or staff if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One person said; "Never needed to complain, but I know [...] (naming the registered manager and provider) would help me." Another said; "Yes they listen to me."

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The service's recorded values included; "To provide a secure, stable and comfortable environment whilst providing a standard of individual mental and physical care which ensures that each resident is as happy and contented as possible." It also included among others, ensuring that the dignity of each resident was maintained at all times, to enhance the quality of life by providing a safe, secure, comfortable and supportive environment and to ensure each resident's right to personal choice is maintained. These values were supported by the provider and registered manager and communicated to staff. Staff we spoke with were very positive and enthusiastic about their roles.

The quality of the service continued to be monitored. There were sufficient quality assurance systems in place. Regular audits of the property and care practices were completed to enable the provider to plan improvements. People's views were sought by the registered manager and provider to make sure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these and practice changed accordingly.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment, hot water and servicing of equipment.

Staff were committed to providing a good quality service to people who lived in Roseacre that met people's needs and enhanced their well-being and independence. Staff understood their roles and responsibilities. Staff told us they were listened to and felt valued members of a team. Tasks were delegated amongst the staff team and some senior staff members had additional duties and further training in particular areas. For example, senior staff had completed a higher level of a care qualification and were therefore able to provide additional advice and guidance to staff when required.

People confirmed the registered manager and provider were available and approachable. One person said; "I can chat with them at any time." One staff member said; "They (the registered manager) are here to help at a drop of a hat" and another said; "Approachable management. All lovely and can go to see them at any time." A relative said; "We were made to feel very welcome." One healthcare professional said if they raised any issues to the provider, action was taken to rectify these.

When the registered manager was not at the service there was an on call system available between the senior staff and providers. This meant someone was always available to staff to offer advice or guidance if

required. Staff told us they felt well supported by the registered manager and the providers.