

Rosecroft Care Limited

Rosecroft

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

Rosecroft is a small residential care home providing personal care to up to 5 people. The service provides support to people with learning disabilities. The care home can accommodate 5 people in 1 adapted building. At the time of our inspection there were 4 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: 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. Staff told us individual people's preferences and how they supported them to maintain their independence. We observed staff supporting them gently and appropriately when required.

Right Care: People received person-centred care that promoted people's dignity, privacy and human rights. Staff recognised and responded to changes to individual's needs. We saw staff treated people with kindness and patience and responded to requests appropriately using their preferred communication methods such as communication cards and/or Makaton. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.

Right Culture: The management and staff valued the people who use the service and supported them to make it their home. The provider actively sought feedback from people, staff and professionals to maintain a safe and welcoming home. We saw people were calm, confident and happy to approach staff.

Rating at last inspection and update:

The last rating for this service was requires improvement (published 16 December 2022). There were breaches of regulations relating to safe care and treatment and good governance. These related to an absence of established and effective systems to identify, manage and mitigate risks to people. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We undertook this focused inspection to confirm they met legal requirements and reflected improvements in care. This report only covers our findings in relation to the key questions safe and well-led.

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 requires improvement 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 Rosecroft on our website at www.cqc.org.uk.

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

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.

Rosecroft

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 conducted by one inspector.

Service and service type

Rosecroft is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Rosecroft 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 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

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. However, we were able to review information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We spoke to all 4 people who use the service, 3 staff members (support workers and the team leader) and the registered manager. We observed the support provided to people to understand their experiences of their care. We looked at a range of documents, including; 2 peoples care plans, additional care planning documents for persons with specific dietary needs or support, documents detailing activities undertaken by people, medicine records, staff recruitment files and training records. We reviewed staff meeting minutes and governance documents.

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.

Preventing and controlling infection

At the last inspection the provider had failed to ensure infection, prevention and control measures were in place and operating effectively to keep people safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made and the provider was no longer in breach of regulation 12

- Effective systems were now consistently in place to minimise the spread of infection for all people living at the service. We found all areas of the home appeared clean and well maintained. Broken tiles which previously presented an infection risk had been replaced. Facilities were available and maintained for people to wash and dry their hands throughout the property.
- Designated staff areas were clean including the staff rest room and their outside smoking area. Staff told us they were required to leave the areas clean and tidy and wash their hands after smoking.
- The provider had effective food safety management systems in place. We found foods had been labelled and stored appropriately after use.
- We were assured that the provider was admitting people safely to the service and effective arrangements were in place to minimise the risk of visitors catching and spreading infections.
- We were assured that the provider was using Personal protective equipment effectively and safely.
- 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.

Visiting in care homes

People were encouraged and supported to have visitors attend the home. They could see them in their rooms or in communal facilities such as the lounge, kitchen or gardens. Staff supported people to regularly visit their families and friends.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Risk assessments had been conducted for all people to enable them to enjoy use of their garden safely.
- There were effective systems in place to ensure the timely and appropriate identification and management of people's individual needs. Staff told us of the physical, emotional and psychological health needs of people. We checked their care plans and found these were well documented and managed. Where appropriate specialist services had been engaged with the improve the outcomes of people.

- Staff knew and managed risks appropriately relating to the care of people. We reviewed care plans for people with specific mobility needs. We found appropriate risk assessments were in place, staff had received relevant training and consideration was given to when, where and how they supported the person to ensure they were safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. Staff had received training and were aware of different types of potential abuse. They knew how to recognise and report concerns. All staff were required to complete safeguarding training as part of their induction prior to working with people. Staff told us if they had concerns, they would report them to their supervisor or a member of the management team.
- People and those who mattered to them had safeguarding information in a form they could use. Staff could report concerns in person or via the telephone to a person outside the organisation. The registered manager told us they had stability within their staff team with many staff having worked with the people for over ten years. They were familiar with their needs and vulnerabilities.
- The registered manager worked well with other agencies to identify, manage and remove risks. They had alerted external parties to concerns and worked with them during investigations and to share learning. Staff told us they were supported and updated on the outcome of investigations.

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)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The staff were knowledgeable about people and took time to explain to them how they would support them, ensuring the least restrictive options were always considered. We observed people were supported and encouraged to make decisions.

Staffing and recruitment

- Safe recruitment process was followed for staff. Before staff worked with people their identities were confirmed, references and Disclosure and Barring Service (DBS) checks had been conducted. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The numbers and skills of staff matched the needs of people using the service. The registered manager maintained staffing levels that were required to meet people's needs. Minimum staffing levels were maintained whilst ensuring staff received break periods.

Using medicines safely

- Medicines were managed safely and effectively. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- We found medicines had been stored and recorded appropriately. We checked the medicine

administration records for people and found they were accurate.

- Staff made sure people received information about medicines in a way they could understand. Staff had access to information on each of the medicines and their potential side effects. Care plans included how to identify changes in a person's presentation and what actions staff should take.

Learning lessons when things go wrong

- There was a culture of learning and making improvements. Staff told us they have confidence in raising concerns with management. They provided examples of occasions when they had reported concerns and the registered manager had addressed the issues in a timely and professional manner.

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 requires improvement. 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

At our last inspection we found the provider had failed to ensure systems and processes were established and operating effectively to assess, monitor and mitigate risks to people. Accurate, complete and contemporaneous records were also not maintained in respect of each service user. 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.

- The registered manager had effective systems in place to identify and mitigate risks to people and staff. For example, Window restrictors had been applied to all window including those on the ground floor to mitigate the risk of people being injured by falling. The registered manager and team leader had introduced regular visual inspections of the service to identify potential risks to people. Staff had also been reminded of their responsibilities to report concerns to the management team for actioning.
- Environmental risks had been fully assessed and mitigated. For example, all the copper heating pipes for the recently installed heating system had been clad to prevent people burning themselves. Additional risks assessments had been conducted for people accessing the communal gardens and landscaping had been scheduled to promote outside activities such as gardening and poultry care.
- Staff were clear about their responsibilities and conscientiously fulfilled their duties. They were able to explain their role in respect of supporting individual people without having to refer to documentation. Staff told us they knew people, from what their favourite drinks were, how they liked their food, to their individual habits and mannerisms. They were able to tell us what changes in the person's demeanour meant and how they adjusted their behaviour accordingly.
- Records of people's care were reflective of the full extent of care provided. Staff told us they had improved the level of detail recorded in people's care notes since their last inspection. They had made a conscious effort to ensure people were provided and supported with opportunities and choices to be independent and these were documented.
- There were effective systems in place to ensure staff had undertaken appropriate training to meet people's needs. Staff training was regularly reviewed to ensure it was up to date. Where emerging health needs were identified with people, staff undertook additional training to support the person.

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

- Management and staff put people's needs and wishes at the heart of everything they did. The staff knew

people's likes and dislikes and provided them with appropriate choices of activities and foods. We saw people appeared happy, humming to themselves and singing as they coloured in books. Staff told us this was the person's preferred activity.

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. We saw staff showed warmth, kindness and affection to people. They were consistently patient and responsive to them, taking time to answer questions and repeat their answers as many times as required until the person was sufficiently reassured.
- The registered manager worked directly with people and led by example. Staff told us the registered manager took an active and daily interest in the people. They were always available in person or could be contacted on the telephone. We observed the registered manager speaking with staff and people in a gentle and familiar manner. The people responded with warmth and affection.
- People were comforted when distressed. Staff told us that routine was important for people to feel safe. They spoke confidently about how people liked to be supported and issues that may upset them and the mitigation measures they employed to reduce such occurrences. We saw staff were confident and proficient at communicating with people in their preferred method, such as Makaton.

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 registered manager gave honest information and suitable support, and applied duty of candour where appropriate. Where complaints had been raised these had been actioned. Appropriate parties notified and findings shared including identifying learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought regular feedback from people individually, during their one to one supervision, during team meetings and anonymously through requesting the completion of questionnaires by staff and visiting professionals. The registered manager told us staff felt confident in raising issues directly and provided examples. Staff told us they felt supported by management when they had sought advice and had seen them taken positive action to mitigate risks to people and staff.
- Staff encouraged and supported people to develop their independence. We saw people took responsibility for washing and dressing themselves and wore accessories that were important to them such as bracelets and necklaces.
- Staff worked in partnership with people to understand their needs, wants and experiences. People were supported and invited to provide feedback on if they were happy at the home, if they are cared for and if staff treat them well. We saw staff showed patience and compassion to people when supporting them to communicate issues. They ensured people were heard and addressed their concerns conducting regular individual and joint reviews with partner service such as social care where required.

Continuous learning and improving care

- The registered manager told us of their vision for the direction of the service and a desire for people to achieve the best outcomes possible. Staff were acknowledged and thanked for their work.
- The registered manager was committed to learning and improving the service. Where staff had raised complaints, the management team had investigated them including looking at the culture of the service.
- The registered manager had showed tenacity in pursuing a safeguarding concern with the police to ensure appropriate actions taken were taken in a timely manner to safeguard risks to the wider community. They told us they had learnt a lot during the process and had revised their processes and shared learning with their team of carers to improve their responsiveness.

Working in partnership with others

- The service worked well in partnership with health and social care services. The staff told us how they escalated concerns to the relevant party, clearly recording actions taken. They followed up on enquiries made and recorded and shared resolutions with interested parties. For example; the outcome of safeguarding investigations and the support they provided to the person and their family
- The staff worked with people's families and advocacy organisations when required to help explain and support people with decisions and safeguard their interests. Staff provided examples such as where they were making applications under the Mental Capacity Act 2005.