

Roseacre Care Limited

Roseacre

Inspection report

St Winnolls
Polbathic
Torpoint
Cornwall
PL11 3DX
Tel: 01503 230256
Website: www.roseacre333@aol.com

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 01 December 2014 and was unannounced.

When we inspected the service in April 2014 we found breaches of legal requirements relating to respect and dignity, care and welfare, suitability of premises, supporting workers and assessing and monitoring the quality of the service. This was because we observed practices which did not respect people's dignity. Care and treatment was not planned and delivered in a way that ensured people's safety and welfare. The provider had

not taken steps to provide care in an environment that was adequately maintained. People were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Summary of findings

The provider responded by sending the Care Quality Commission (CQC) an action plan of how they had addressed the breaches identified. We found the improvements the provider told us they had made were continuing to be developed.

Roseacre is registered to provide care without nursing for up to 22 people. The service provides residential care for people with age related needs including dementia conditions. The service has 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 and associated Regulations about how the service is run.

Recruitment processes were in place but not always followed. Suitable fitness checks had not been completed. This meant people were not protected from the risks associated with being supported and cared for by unsuitable staff.

The dining experience was not seen to be positive due to the positioning of tables and absence of table linen. People were grouped together which did not make it a personal experience. People were not supported to choose where they ate and who with. One person had difficulty holding and using their cutlery. The one carer on duty came to provide assistance but was not able to provide one to one attention due to others also requiring support.

There was evidence to show where families had been informed of people's changes in need and what action was being taken to meet their needs. The registered manager acknowledged more work was required to demonstrate peoples' involvement in the quality monitoring processes for service development.

Records we looked at showed all quality monitoring and policies and procedures had been audited and updated where necessary to include legislative requirements and current good practice. For example, the medication policy included relevant pharmaceutical guidance for staff. The complaints procedure had been reviewed. It guided people through the process of making a complaint and how it would be investigated as well as including relevant external addresses including the Care Quality Commission.

There was a programme in place to provide a range of daily activities including therapeutic hand massage and pampering, board games and memory games for people with dementia. External entertainers visited the service on occasions.

Suitable arrangements were in place to protect people from abuse and unsafe care. Staff understood their responsibilities to report unsafe care or abusive practices.

Steps had been taken to carry out mental capacity assessments and best interest decisions were being recorded where necessary. The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DOLS). Staff understood what was meant by restrictive practice in respect of depriving somebody of their liberty.

We observed interactions between staff and people who lived at the home. We saw that staff were kind and respectful to the people they were supporting.

We found a Breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the end of the full version of the report.

Summary of findings

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 not always safe because appropriate checks were not always completed prior to staff commencing work at the service.

Procedures were in place to protect people from abuse and unsafe care.

People had their health and welfare needs met by sufficient numbers of appropriate staff.

People were protected against the risks associated with unsafe use and management of medicines.

Requires Improvement



Is the service effective?

The service was effective.

Staff had access to ongoing training to meet the individual and diverse needs of people they supported.

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. Where risks had been identified, management plans were in place.

We saw people's needs were monitored and advice had been sought from other health professionals where appropriate.

Good



Is the service caring?

The service was not always caring.

The distribution of staff at lunchtime restricted one to one attention due to others requiring support.

People were supported by responsive and attentive staff who showed patience and compassion to the people they were supporting.

Staff knew the people they were caring for well and communicated with them sensitively.

Requires Improvement



Is the service responsive?

The service was responsive:

We observed that staff were kind and respectful to people when they were supporting them.

Some care records contained life histories.

People believed their comments and complaints would be listened to and acted on effectively.

Good



Summary of findings

Is the service well-led?

The service was well led

The provider was continuing to develop systems to demonstrate how the views of people using the service were listened to and acted upon.

The provider had clear lines of responsibility and accountability. Staff were clear about their role and were committed to providing a high standard of support to people in their care.

Staff told us meetings were taking place and they could speak with the manager whenever they felt it was necessary.

Good



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 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.

The inspection took place on the 01 December 2014 and was unannounced.

The inspection team consisted of two inspectors 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. The expert by experience for the inspection of Roseacre had experience of services supporting people who required care, due to age related needs and dementia conditions.

During this inspection we looked at care plans for four people, two staff files and documents in respect of the homes quality assurance systems and medication processes. We used a number of different methods to help us understand people's experiences of the care and support they received. This was because some people had conditions associated with dementia as well as high dependency care needs and were not able to tell us about their views and experiences of living at Roseacre.

We used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager/provider and the deputy manager for Roseacre. We also spoke with five staff on duty and one relative. Prior to and following the inspection we spoke with a number of professionals including social workers and health professionals who provide services at Roseacre.

Is the service safe?

Our findings

We looked at recruitment records. One record did not provide a full employment history. The reference in place had been received after the date the person had commenced work in the home. This showed not all information had been in place to ensure the 'fitness' of the staff member prior to commencing work in the service.

The staff files we looked at showed us that Disclosure and Barring Service (DBS) checks had taken place. However there were no dates to show when the checks had been returned or if they had been returned prior to staff commencing work in the home. This showed it was not possible to confirm staff had commenced work in the service before a suitable disclosure being in place.

This showed inadequate checks had been completed. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The previous inspection identified concerns relating to people getting up early and not being supervised thereby putting them at risk of harm. When we commenced the inspection at 7am there were two people in the lounge with a member of staff. Other people were in bed or in the process of getting up. A member of staff was offering drinks and pastries to the two people in the lounge. Both people had chosen to get up. One person told us they had been concerned they would be late for a hospital appointment and therefore wanted to get up. Another had a disturbed night and had made a choice to get up.

Discussions with staff demonstrated they understood how to safeguard people against abuse. They said they had received safeguarding training during their induction programme and would have no hesitation in reporting abuse. They were able to describe the action they would take if they became aware of abuse. This showed us they had the necessary knowledge and information to safeguard people. One staff member explained, "I take residents protection seriously because people here are

vulnerable. If I found a bruise, for example, I would log it on a body map form and report it to the manager". Training records we reviewed showed staff had received training. However none of these records had been dated so it was unclear if people's knowledge about safeguarding people had been updated to reflect the homes current safeguarding policies and procedures.

Most people we spoke with felt there were enough staff on duty to meet their needs. When asked if people felt safe they told us, "Yes I feel safe with most of them. It is mostly well staffed". Another person told us, "I absolutely feel safe I have never heard or seen verbal or physical abuse. Yes I think there are enough staff". To support these statements we observed staff were available in lounge areas at all times engaging with people and assisting people to move with aids to assist them.

We observed medication being dispensed and administered to people. This was done in a safe, discrete and appropriate way which people responded to. The staff member undertook this task without being interrupted. They concentrated on one person at a time and acted in an unhurried, supportive manner.

There were instances where GP's had reported that some people required 'covert' administration of their medicine. This is a method of administering medicines in a way which meant the person would not necessarily know they were taking it. One record confirmed a best interest meeting had taken place and agreement made for a mental health advocate to be involved. This showed there were arrangements in place in accordance with the Mental Capacity Act 2005.

People who were able to communicate with us told us they felt comfortable and safe. We also spent time making observations throughout the day. Staff had a good awareness of the needs of individuals and kept people safe. One staff member said, "We work really well as a team with lots of experience, so we know the people well and what support they need".

Is the service effective?

Our findings

People had a choice of main meal on a daily basis. One person was on a dairy free diet and we heard staff reassuring them that their food was dairy free and that they could eat it without becoming unwell. Another person decided not to eat but when they were offered an alternative option they accepted it.

We spoke with the chef and looked at the menu options including diabetic and low fat choices. The chef understood the nutritional needs of people using the service. For example one person had required liquidised meals and attention had been paid to separate the foods so it was more appetising. There was a great emphasis on home cooking and baking. There was always a cake made for afternoon tea. One person said, "I love the food and the cakes are delicious".

The previous inspection identified some people were getting up very early and not receiving anything to eat or drink until breakfast was served. We saw people coming into the lounge from 7am were being offered drinks and pastries. A staff member told us this was the usual morning routine. This demonstrated action had been taken to ensure people had access to regular nutrition and hydration.

Staff told us they had access to training most of which was "in house". This was supplemented by "on-line" training. One member of staff told us that they had recently been enrolled at the Cornwall College to study for a diploma qualification in care. Training identified as crucial to the service included moving and handling and health and safety. This training was being carried out and updated as required. This demonstrated that staff practice development was being supported.

Staff told us they felt the way they were introduced to their role helped them to understand the way care should be delivered. One person said, "I had not done this work before but I have really taken to it. It's hard but very rewarding and the staff team are really supportive".

Staff told us they were supported by the registered manager through supervision on a regular basis. They told us that in addition to identifying training needs they had the opportunity to discuss development in their individual roles and discuss working practices. This showed staff had the support they required to undertake their roles.

We spent time in various areas of the home including the lounge, dining room and in some people's own rooms. The observations we made demonstrated people's movement around the home was not being restricted. We saw staff supporting people to make their own decisions. For example one person was anxious about getting ready for a hospital appointment. Staff took time to sit with them and allay their concerns. They assisted the person to get ready at their request. This demonstrated staff responded to people's concerns and respected their choices. One staff member said, "We all try and encourage people to make their own choices it is important."

During the previous inspection the home had not taken action required by the Mental Capacity Act 2005 and there were no Deprivation of Liberty Safeguard applications in place where people lacked the mental capacity to make specific decisions. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Records we looked at showed the home had taken action to carry out mental capacity assessments and best interest decisions were being recorded where necessary. Most people living at Roseacre had dementia conditions which affected their capacity to give consent. At the time of the inspection one record showed a best interest meeting had been held between the service and family, relevant professionals and others to determine the best course of action.

People's healthcare needs were being monitored and as part of the care planning process. People's care plans provided evidence of effective joint working with community professionals. Healthcare professionals we spoke with during the planning of this inspection told us the staff worked closely with them. We noted people's care plans contained clear information and guidance for staff on how best to monitor people's health. For example we noted there was a plan of care for a person's medical condition. This demonstrated they were aware of the person's healthcare needs and knew how to recognise any early warning signs of deterioration in health.

During the previous inspection breaches of regulation were found relating to the services environment and how it was being maintained. Action had been taken to improve these

Is the service effective?

areas including making sure people had access to call bells so they could summon assistance if required. The previous inspection identified a person room without curtains. This room was not in use at the time of inspection due to refurbishment. Curtains would be put in place on completion. All other rooms had curtaining in place for privacy and dignity. General decoration had taken place in a number of rooms and communal areas of the home. The maintenance plan identified a programme for

redcoration. Rooms where there was damaged or unsafe flooring had been replaced to ensure they were safe. Where there had been damage to an internal wall, this had been repaired. Water temperatures in the home were tested at various points to ensure they were safe. The service had current certificates in place for fire safety, electrical and gas supply. This demonstrated the service had taken steps to ensure the environment was safe for people to live in.

Is the service caring?

Our findings

We observed meals were served in the conservatory which was used as the dining room. The dining room had a lovely outlook over fields and sea in the distance. However, the furnishings were sparse and not inviting. For example no table linen was being used. Three tables were connected which meant most people sat as a group. This was a table where people required more support, most of whom did not have capacity to choose where they sat. One person had difficulty holding and using their cutlery. They then began eating with their fingers but much of the food was falling onto the floor. A carer on duty came to provide assistance but was not able to provide one to one attention due to others also requiring support. More staff in the dining room would have ensured people were receiving the support they needed.

People and their representatives told us they felt the staff were very caring and respectful when they received support. A person using the service told us, “When I was sick one carer helped me through it, she was very caring. I am treated with respect very much so”.

Most of the people who lived at Roseacre were unable to provide verbal feedback because of diagnosis of dementia. We observed the staff displaying a warm and caring attitude. They were at ease engaging in physical contact, for example, holding hands and engaging with people face to face.

Communication was a two-way process and we noted staff using quiet, non-patronising tones. It was clear staff cared about the people they supported and understood their needs. One staff member told us, “It’s about providing health care with dignity and respect”. Another staff member said, “I miss the residents when I’m off work. They are like my family”.

By observing routines in the service during the inspection we saw staff were respectful and communicated effectively with people they were supporting. For example, one person had limited communication. Staff took time to listen carefully to what was being said and engaged with the person until they determined what was being requested. The engagement was relaxed and jovial and the person responded positively to this approach. One staff member told us, “I support a resident with what they want to wear each day because the way they look is important to them”.

We observed people were able to move about the home freely. Care records showed people were restricted in the least possible way. Records we reviewed contained a clear process from identified needs to assessments of risk. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered hazards related to, for example, nutrition, use of bedrails, behaviour management and falls. This showed the service had appropriate measures to minimise potential risks of receiving care to people it supported.

We observed people received care and support in a safe way. For example, we noted staff clearly explained processes, and reassured, people when equipment was used to support them to mobilise. Staff consistently engaged with people in a respectful and calm manner, using eye contact and talking in quiet tones. A staff member told us, “People can get quite agitated when we use the hoist so we always make sure they know what we are going to do and why”. This demonstrated people were supported properly because staff used appropriate methods to protect them from unsafe care.

People told us staff treated them with dignity and their privacy was respected. One person said, “Staff always knock on my door and I tell them to come in. They are very good.” People said when staff were providing personal care, doors were closed and staff asked if it was alright for the curtains to be drawn. We observed that this was routine on the day of the inspection. As we were shown around the home staff knocked on people’s doors and introduced us. They told people why we were visiting the home and asked if they would like to speak with us.

We used the Short Observational Framework for Inspection (SOFI) tool for two thirty minute periods in the morning and afternoon in the lounge where most people gathered. We found interactions between staff and people were positive with no negative interactions. We found people were spoken with in a caring and respectful way. People responded positively to this approach from staff. Staff sat down with people and engaged with them, taking time to listen to what the person was saying. Background music was playing throughout the observation periods. People were humming to music, others were sat in a relaxed way actively listening to the music. A staff member sat with a person holding their hand, smiling and using gestures which the person responded to positively by smiling and laughing. Staff told us they liked to talk with people about

Is the service caring?

their lives before they came to live at Rosacre. One member of staff told us “There are so many interesting stories they have up their sleeve, it makes us laugh”. Another staff member told us, “The person can’t always tell us about their lives so we get to know most things from their relatives”.

During the previous inspection it was identified that not all care planning records demonstrated evidence of people’s

involvement in care planning and review. Records we looked at showed there had been a review of all care planning and review documentation. There was evidence of people’s involvement in some instances where they had capacity to participate and make decisions about their care and support. In other instances there was evidence families had been consulted about their relatives care and support

Is the service responsive?

Our findings

Staff were responsible for organising activities for people living at Roseacre. Staff said a Christmas entertainment plan was being organised but had not yet been completed. An activity record showed a diary of activities taking place including film club, memory club and jig saws. On the notice board by the kitchen we saw a calendar of events including a planned visit by the local school. Staff recorded who had taken part in the activities that took place.

During the previous inspection it was reported the television had been removed from the main lounge meaning people had no media choices other than listening to music. At this inspection we found there was a television available for people but it was used only when staff brought it into the lounge. Staff said the television had been in the lounge the previous evening and it was used a lot to show films which people enjoyed. Not all people had television in their rooms therefore their choice may be restricted. People we spoke with told us they enjoyed watching films and not having a television on at all times was not a problem. One person said, "It makes a change not having telly blasting away and nobody watching it". The way the media systems were being used showed that when the television was on or films were being shown it was at times when people engaged with staff and it was a positive experience.

Where people were unable to communicate, staff used other methods to ensure they continued to be involved in their care. Another staff member explained, "I check people's body language, facial expressions and behaviour changes to identify if, for example, someone was in pain". Staff took time to respond to people's needs where there was little or no communication due to diminished mental capacity. For example a staff member recognised the anxiety of a person by observing their body language. They were able to respond and allay the person's anxiety in a discreet and respectful manner.

Care plans were structured individualised and took into account information regarding the person's interests and

preferences as well as their health needs. Some plans had evidence of life histories in place although not all had been completed. The manager told us this was due to some families living some distance away and having limited contact with the service. However, staff we spoke with were familiar with the needs and preferences of people they were supporting. For example, a staff member on duty was able to describe the individual needs of three people they had responsibility for.

A number of people displayed various forms of behaviour which challenged staff. During the previous inspection there had been concerns that staff had no direction as to how to support people who displayed behaviour which challenged them. Training records showed six staff had updated dementia training in November 2014 and the rest of the care staff were booked to attend this training in January 2015. Staff said they felt more confident about managing people's behaviour. For example we saw staff diffuse a possible conflict during the inspection. Two staff members were able to use distraction techniques effectively and safely to avert an incident. This demonstrated staff were able to respond to situations which posed challenges.

People were provided with information about the home including how to raise concerns and complaints. Information was included in the homes written literature. The home had a complaints policy which was last reviewed in July 2014. The registered manager told us that they had not received any complaints since the previous inspection and this was confirmed by looking at records reporting on complaints and concerns.

The procedure explained how a complaint should be made and reassured people these would be responded to appropriately. People we engaged with verbally said they were aware of who to speak with and what to do should they wish to raise a concern. Comments included, "I would go straight to the manager if I wasn't happy with something". Also, "My family would sort things out if I was unhappy about something".

Is the service well-led?

Our findings

During the previous inspection there was no evidence of how the service sought the views of people using the service. The registered manager told us it remained difficult to seek the views of people with a level of dementia and communication with families was difficult. However, there was evidence in individual care records of discussions with families about issues relating to their relatives care and welfare. For example a recent record showed a relative had been informed of hospital appointments, the reasons for the appointments and possible treatment options. This was especially relevant in care plans where people lacked mental capacity. The registered manager acknowledged more work was required to demonstrate peoples' involvement in the quality monitoring processes for service development.

Staff told us there was a good working atmosphere in the home and they felt they worked well as a team. One staff member said, "The managers are there to support us. We generally get all the support we need". The registered manager and senior staff team worked closely together on a daily basis. This helped to monitor the quality of care and respond to changes where necessary. Any performance issues could be addressed as they arose. Regular team meetings and staff supervision supplemented this process.

There was a clear management structure at the home. The staff we spoke with were aware of the roles of the management team and they told us that the managers were approachable and had a regular presence in the home. During the inspection we spoke with the registered manager/owner and senior staff. They demonstrated to us that they were aware of the care and support provided to the people who lived at the home which showed to us they had regular contact and a clear insight with the staff and the people who lived at the home.

The previous inspection identified systems to manage the safety and welfare of people using the service were not

effective. The provider responded by providing an action plan telling us what they would do to comply with the breach in regulation. Records we looked at showed all quality monitoring and policies and procedures had been audited and updated where necessary to include legislative requirements and current good practice. For example, the medication policy included relevant pharmaceutical guidance for staff. The complaints procedure had been reviewed and guided people through the process of making a complaint and how it would be investigated as well as including relevant external addresses including the Care Quality Commission.

The provider's action plan from the previous inspection included their intention to gain the views of professionals who work with the service. This included external agencies including GP's and district nurses. Records we looked at showed a good percentage had returned a recent survey questionnaire. There were no negative comments.

Staff told us meetings were taking place and they could speak with the manager whenever they felt it was necessary. One person told us, "Things have changed and we are encouraged to say what we feel. I think I feel confident I could raise issues in meetings". When we looked at the minutes of staff meetings taking place they were mostly operational issues being discussed. They included instructions for staff and reminding them of various tasks they must complete on various shifts. The most recent agendas did not include topics for the provision of care, training, record-keeping, menus and activities. Staff said they had the opportunity in a recent survey to make comments on the way the service was run. Staff told us they were satisfied the way the home was running and had seen many changes for the better.

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. Staff confirmed they were supported by the manager and enjoyed their role. One staff member said, "We all have our jobs to do but I think we get the support we need".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered person was not ensuring staff recruitment procedures confirmed the fitness of the person prior to commencing work. Regulation 21(a) and (b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.