

## Roseacres Care Home Limited

# Roseacres

### 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 focused inspection of this service on 5 November 2015. A breach of legal requirements was found. This was because some people's care plans were not kept consistently up-to-date so as to address risks of receiving unsafe care. This was important because staff, including occasional agency staff, used care plans to inform them of people's care needs and how they should be providing safe support. The provider subsequently wrote to us to say what they would do to meet legal requirements in relation to this breach.

We undertook this unannounced focused inspection on 23 February 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to these matters. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseacres on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Roseacres is a care home for up to 35 older people. At this inspection, the registered manager informed us there were 32 people using the service and there was a maximum practical occupancy of 34. The service's stated specialisms include dementia, physical disability and sensory impairment. The premises is an adapted home with passenger lift access to the first floor.

The registered manager was present throughout the inspection. 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.

We found that the provider had followed their plan to address our previous concerns, and so they were now meeting legal requirements of ensuring appropriate care of people using the service. This was because individual assessments of risk and care plans were now kept up-to-date. This helped to ensure that where people's care needs had changed, staff could read about their changed needs in their care plan and provide the right care.

We saw evidence that people received safe medicines support in respect of short-term medicines such as antibiotics, and that staffing levels were kept under review and increased when needed. Some new equipment had been bought to help with upholding infection control standards.

We also noted a range of positive feedback about the service, from people using it, their relatives, and community healthcare professionals.

## 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. Assessments of risk and care plans for people using the service were now kept consistently up-to-date. This helped to ensure that where people's care needs had changed, the service addressed risks of the person receiving unsafe care.

There was also evidence to show that people received safe medicines support, and that staffing levels were kept under review and increased when needed.

# Roseacres

## **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. The inspection took place to check that improvements to meet legal requirements had been made. We inspected the service against one of the five questions we ask about services: Is the service safe? This is because the service was not meeting one legal requirement when we inspected in November 2015.

Before the inspection we looked at the information we held about the service including notifications they had sent us and information from the local authority. We also checked on recent reviews by visitors to the service on public websites.

This unannounced focused inspection took place on 23 February 2016. The inspection was carried out by one inspector.

During our inspection we spoke with three people using the service, two staff members, the registered manager, and a member of the senior management team. We observed care delivery in communal areas, and we looked at selected areas of the premises. We looked at care records of four people using the service, along with quality auditing records and staffing rosters.

# Is the service safe?

## Our findings

At our previous inspection of 5 November 2015, we found that some people's care plans were not kept consistently up-to-date so as to address risks of receiving unsafe care. This was important because staff, including occasional agency staff, used care plans to inform them of people's care needs and how they should be providing safe support. This meant the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed the breach of regulations. People's care files had been updated where their needs had changed, which helped reduce the risk of unsafe care delivery. For example, where anyone's continence needs had been assessed, their continence support plans reflected the latest review of the assessment. This included, where applicable, a clear statement of the size of incontinence pad they were assessed as needing during the day and at night. These statements matched the specific orders for these people on the most recent continence pad order sent to the supplier. The service had a sufficient supply of these pads. Staff knew people's continence support needs, and told us that staff responsibilities had been reviewed to help make sure people received timely support. This all helped to ensure that people received safe and appropriate continence support.

Care plans had been set up where people had been prescribed short-term medicines such as antibiotics, to record the person's need for the medicine, the circumstances of its use, and to consider its side-effects. We checked back through two people's records of what led to these short-term medicines being prescribed. We found that the medicine was acquired for use on the same day as it was prescribed, which helped to treat the person without delay. Records and feedback from staff and a community healthcare professional indicated that the service continued to liaise well with community healthcare professionals in support of addressing people's healthcare needs.

One person had recently returned from a stay in hospital. A specific audit form checked that the person's changed care needs had been reviewed and their care plan was updated. The person's changed care needs were therefore kept under review, and guidance to staff about how the person was to be supported had been updated to reflect their current needs. Care delivery records showed that with this support, and liaison with relevant healthcare professionals, the person's health had started improving, having initially returned from hospital with greater needs than when admitted. We saw that these audit forms had also been used to check that new people had care plans promptly written.

We saw that numerous care-plan audits had taken place in the previous month. These considered various aspects of making sure people's care plans were accessible and up-to-date. When we checked the relevant care plan, we saw that action had been taken to address some of the audit's findings. The registered manager showed us staff competency assessments that had been undertaken in support of enabling staff to have a greater understanding of how the care planning system worked and their responsibilities within it. This all helped to ensure safe care planning and care delivery.

We noted that people's care files continued to include, where applicable, risk assessments in respect of falls,

nutrition, fire evacuation, bed-rail use and pressure care. These were kept under review so that action was taken where the assessments indicated increased risk. The assessments reflected people's individual needs, for example, that staff needed to be aware of one person having dry skin and pain in their legs when supporting them to move. The person also had an appropriate pain management plan in place. We saw that care was provided in line with the risk assessments, for example, that people had pressure-relieving equipment in place on the beds where needed.

People told us they felt the service was safe. Comments included, "It's 100% safe and the staff are very friendly" and "The staff are very attentive." This matched information we received before the inspection, including what we saw online at an independent reviews website. A number of relatives of people using the service had made positive comments on that site about the service in the previous month.

We noted some other recent matters that indicated a safe service. The local fire authority had visited the service since our last inspection and had found fire safety standards to be satisfactory. Some new armchairs and sofas had been bought that were more easily cleaned and hence upheld infection control standards better. A new carpet-shampooing device had just been purchased. The registered manager told us that it had been successfully trialled in another of the provider's care services. Along with cleaning the carpet effectively, the trial established that it left the carpet much drier after cleaning thereby reducing the risk of people slipping.

Staffing rosters and feedback from the registered manager showed that staffing levels were being kept under review. For example, additional night staff had been recently allocated in support of increased care needs at night. A decision had also been made to appoint a second deputy manager at the service, in support of maintaining and improving the quality of services that people received.