

Roscarrack House limited

# Roscarrack House

## Inspection report

Roscarrack House  
Bickland Water Road  
Falmouth  
Cornwall  
TR11 4SB

Tel: 01326312498

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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

This unannounced comprehensive inspection took place on 5 June 2018. The service was rated Good in all areas following a focused inspection in March 2017. At this inspection we found improvements identified in the previous inspection had been sustained and the service remains good in all areas.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Roscarrack House is a detached historic house in its own grounds situated on the outskirts of Falmouth. The service provides single room accommodation for up to nineteen predominantly elderly people who need assistance with personal care. At the time of the inspection there were nineteen people using the service.

The service is situated over two floors which are served by a stair lift. Five rooms have en-suite bathrooms with twelve with en-suite toilets. Two rooms have no en-suite facilities. There are additional toilets and two assistive bathrooms to support people with personal care.

There is a large lounge on the ground floor with a separate dining room. There are garden areas around the service with an accessible decking area leading from the dining room. There are a range of aids and adaptations to support people with limited mobility.

A registered manager was in place. 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.

The atmosphere in the service on the day of the inspection was relaxing, friendly and calm. Staff responded promptly when people asked for help and support was provided at a relaxed pace. Throughout our inspection we observed staff providing support with respect and kindness. People told us they felt safe and comfortable living at Roscarrack House. Comments included, "I used to worry about being safe in my flat but I don't worry any more, I haven't a care in the world now," "The staff are amazing, I couldn't be happier" and "I can talk to anyone about anything."

People's risks were being managed effectively to ensure they were safe. Records showed where changes in people's level of risk were identified. Care plans had been updated so staff knew how to manage those risks.

People received their medicines as prescribed. Systems and processes relating to the administration and storage of medicines helped ensure medicines were managed safely.

Care plans contained information about the person and what their individual needs were and how they

would be met. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff responsible for people's care.

Staff were sufficiently skilled to meet people's needs. Necessary pre-employment checks had been completed and there were systems in place to provide new staff with appropriate induction training. Existing staff received regular training, supervision and annual performance appraisals.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

The manager used effective systems to record and report on, accidents and incidents and take action when required.

The service was suitably maintained. It was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

Staff wore protective clothing such as gloves and aprons when needed and there were appropriate procedures in place to manage infection control risks.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. Capacity assessments were in place to justify restrictions in order to keep people safe. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits and continuous communication with people which could include families to seek their views about the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Roscarrack House

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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 team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has experience of, or has cared for a person who uses similar services.

We reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the service; this included eleven people who lived at Roscarrack House, seven staff members and the registered manager. During the inspection we spoke with one health professional.

We looked at care records of three people who lived at the service and training and recruitment records of three staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

## Is the service safe?

### Our findings

We asked people who lived at Roscarrack House if they felt safe living and receiving care there. Comments included, "Staff here make me feel safe," "I feel safe because I know if I press my button (call bell pendant) then someone will be there straight away" and "My family live up country and they are happy knowing I am safe here. They used to worry when I was in my flat." Observations made throughout the inspection confirmed people's requests for support were answered quickly and efficiently.

People had assessments in place which identified risks in relation to their health, independence and wellbeing. There were assessments in place which considered the individual risks to people such as mobility, nutrition and hydration, and personal care. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise hazards and keep people safe whilst maintaining as much independence as possible. For example, a person's mobility had deteriorated with more falls occurring. Staff had responded to the changes by making the necessary referrals to ensure suitable equipment was in place to safely support the person.

Accidents and incidents and near misses were recorded, tracked and monitored by the management team to summarise what had occurred, outcomes and actions. The reviews included regular audits of all events to identify possible trends or patterns to help minimise the risk of repeat occurrences. It had been identified that more falls were occurring during a night time period for one person. To address this, a new bed had been ordered which included a mattress base which could be lowered to ensure the person's risks of hurting themselves were minimised.

Medicines were being administered as prescribed. Medicines storage cupboards were secure, clean and well organised. The service was holding medicines that required stricter controls by law. The records for these medicines were accurately maintained. Records showed the administration of controlled medicines was always checked by two appropriately trained staff. Staff received medicines training which included discussion at supervision and observations by senior staff to ensure the system was being used safely. Creams prescribed for people were being dated on opening which meant the expiration of the creams effectiveness could be determined by staff.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. On the day of the inspection there were five care staff and the registered manager on duty to meet the needs of 19 people. In addition, a housekeeper, chef and activities coordinator were working at the service. There were two night staff. People told us they felt safe at night because when they needed support it was there very quickly. One person told us, "I definitely feel safe. I fell out of bed the other night and I was on the floor and the staff only took a moment to come and help me."

Call bells were responded to quickly. One person told us, "I've never had to wait long before they [staff] come and help me if I need them." The level of support that each person required was assessed and used to determine staffing levels. Some people chose to stay in their own rooms. Staff were observed to be frequently checking on their welfare. A staff member told us, "We are a great team and work really well

together." This helped ensure consistency of care.□

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to meet people's care needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Staff understood what abuse meant and what action they should take if they suspected it. They told us, "I have never seen anything which concerns me but if I did, I would report it and I know something would be done about it," "I have worked here for eight years and never had any concerns. If I did, I would speak up and I know that [Team Leader] would deal with it" and "I'm confident that if I reported something, then something would be done about it straight away."

There was a system in place to ensure staff received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns. Contact details were visible on the services notice board so people could refer to the safeguarding team independently.

All staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. Any soiled laundry was washed at the required temperature to ensure it was clean and hygienic. Clinical waste was being disposed of in accordance with current legislation and staff were fully aware of good practices in order to reduce the possibility of cross infection.

The service was implementing an emergency evacuation plan which identified the action to be taken to support people in the event of an emergency evacuation of the premises. They had worked in conjunction with the fire service to ensure the information was in a suitable format. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Equipment had been serviced and maintained as required. Records were available confirming fire systems were being maintained. A current electrical certificate was not available, but confirmation that electrical maintenance had taken place was received following the inspection. Equipment including moving and handling equipment (hoist and slings) were safe for use and were being regularly serviced. We observed they were clean and stored appropriately.

The environment was clean, tidy and maintained. There were designated staff for the cleaning of the premises. Infection control procedures were in place and regular checks were made to ensure cleaning schedules were completed. During the day of inspection we observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

## Is the service effective?

### Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet their individual needs. People using the service told us they were confident that staff knew them well and understood how to meet their needs. Comments included, "I have every confidence in the staff here. They are being so supportive" and "They [staff] really do understand what I need. I never have to remind them of anything."

Many people chose to use their rooms during the day; others spent time in the lounge during the afternoon. We observed staff continuously engaged with people. For example, some people chose to sit alone or did not engage with those around them. Staff always took time to stop and speak with the person to ask if they were comfortable or wanted something. In all instances we found staff interacted with people effectively and those who lived at the home looked comfortable in the presence of staff members.

People's needs and choices were assessed prior to moving to Roscarrack House. Where possible people were able to visit or stay for a short period before moving in to the service. This helped ensure their needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

People's healthcare needs were being monitored and discussed with the person or relatives as part of the care planning process. Staff were concerned about the welfare of two people and had requested health professionals to visit and assess them. Staff were frequently asking about their wellbeing. Care records showed visits from health professionals including GP's and district nurses were taking place as required. Other professionals were involved with people when necessary, including physiotherapists and occupational therapists. A visiting health professional told us, "This is a very good service where staff engage with us and act on our advice."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Training records showed staff were provided with mandatory training and regular updates in subjects such as moving and handling, infection control, equality and diversity, medicines management and first aid. Additional training was put in place if required to support people's individual needs. For example, one person had a specific medical condition. The registered manager had liaised with a support organisation in order for a training session to be put in place. Staff told us it had helped them understand the condition and how best to support the person.

Newly employed staff were required to complete an induction before providing support independently. This included training identified as necessary for the service and familiarisation with policies and procedures. The induction programme covered orientation to the premises and included fire procedures, staff



handbook, safeguarding, infection prevention and control, moving and handling, practical skills, medicines and record keeping. The service had recently provided all staff with training around equality and diversity issues and ensured staff understood what discrimination meant and how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. Nobody said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. There was a strong focus on protecting people's human rights.

The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

There was a system in place to support staff working at Roscarrack House. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they felt very supported by the senior care staff and the registered manager. One staff member told us, "We all get the support we need. It makes such a difference knowing it's there if you need it."

There was some use of assistive technology to support people. This included pressure mats to alert staff when people were moving around. These were used only as necessary and identified as part of the risk assessment and mental capacity assessment.

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 Act 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no restrictions in place at the service and people were able to come and go as they pleased. There were no current DoLS authorisations in place at the time of the inspection.

People told us they enjoyed the meals at Roscarrack House. Comments included, "The food is beautiful, [the chef] is lovely," "You can have anything you like, within reason, but I like everything on the menu, it's all lovely," "It's beautiful, really tasty" and "There is always plenty of choice every day and I get just the right amount." On the day of the inspection the main dining room was being decorated. People were using their own rooms or the main lounge to eat their meals.

Breakfasts were being served throughout the morning to suit the choices of the person. The chef visited everybody during the morning to identify what choice people wanted. One person said they liked the range of options available every day. They also told us, "If I don't like any of the choices I know there will be something else I like." A number of people chose to eat their meals in their own room and this was respected. Staff were observed serving meals and supporting people sensitively. For example, one member of staff was observed with a person who was struggling to lift a beaker of warm milk: "Let's go and get you a lighter one so it's easier for you." The staff member returned swiftly with the drink in a different beaker; "There, is that better for you?" The service user gave a big smile and nodded in agreement.

People told us drinks and snacks were always available and staff were observed offering a range of hot and cold drinks throughout the day. The chef and staff understood where people had specific dietary needs for example. One person required a gluten free diet. The chef was familiar with this and made their meal with gluten free ingredients.

The service had been awarded a sequence of five-star ratings following previous inspections by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

## Is the service caring?

### Our findings

People described their staff as dedicated, caring and compassionate and told us they looked forward to seeing them each day. People's comments included, "Staff are lovely, they will do anything for you," "You couldn't ask for better staff" and "They are lovely, each and every one of them." A relative told us, "I have visited relatives in a number of homes and this is by far the best. The staff are lovely, professional and courteous. I wouldn't mind if I ended up here"

People told us their privacy and dignity was always respected and this was observed throughout the inspection. We observed staff members knocking on bedroom doors and waiting to be invited in before they entered, even when people chose to have their doors open. People were supported by staff who maintained their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame.

Staff had time to sit and chat with people. We observed many positive interactions between staff and people living at Roscarrack House. For example, one person was particularly worried about a forthcoming family wedding. They said they didn't want to go and it was causing them a great deal of anxiety. The registered manager talked about the concerns with the person and offered to call a family member on their behalf. The person was concerned about upsetting anyone. The registered manager was reassuring throughout. Following this the person told us, "I feel much better, [registered manager] has had a little chat and I know it will be alright now."

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them, respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them.

People said they were involved in their care and decisions about how they wanted to receive support. They told us staff always asked them if it was alright with them before providing any care and support. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Some people liked to wear jewellery and staff made sure they talked about which piece they wanted to wear each day. Where possible staff involved people in their own care plans and reviews.

People were able to make choices about their daily lives such as what time they got up in the morning and went to bed at night. Staff were visible throughout the service at all times and constantly checking on people's welfare. For example, "[Person's name] are you OK? Would you like a drink now? You were sleepy before" and "Would you like the TV on now. I think it's the news. You like watching that don't you?" People could be seen to be responding to this type of caring approach in a positive way. This ensured people were not at risk of social isolation. A staff member told us, "We acknowledge where residents want to stay in their rooms, but they like us to be calling in and have a chat."

Care files and other information about people who used the service were stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

## Is the service responsive?

### Our findings

People using the service told us they were pleased with the care and support they or their relative experienced. People told us, "There is always someone (a staff member) nearby if you call out," "I have my own routines and the staff respect that" and "I feel I can make choices about what I want to do and when I want to do it."

Care plans provided staff with information which reflected the person needs. They were person centred meaning the person was at the centre of everything staff do with and for them. Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people. They also told us the use of individual daily records provided to staff on each handover to record the individual care and support to people were extremely useful. One staff member told us, "They are very good because it makes sure we don't forget anything and we can make additional notes if something changes during the shift." Senior carers told us the information meant they could respond immediately to any changes in a person's health and welfare.

Care planning was reviewed regularly and whenever people's needs changed. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and managers would regularly talk to them about their care.

There were two part time activity co-coordinators whose role was to engage with people either individually or in groups to take part in activities. They included: singing, games, bingo, skittles, Holy Communion, churches together (multi-faith), an accordion player and hand-bell ringers. Therapeutic activities also took place including a visiting beauty therapist and hairdresser.

The activity co-ordinator told us that when people did not want to attend activities, they had one to one time in their rooms to chat, read or play a game. The activities were recorded so there was a clear audit trail of what interests people had been involved in. Staff told us they were aware of people's choices and acknowledged that not everybody wanted to take part and this was respected. One person told us, "It's not my thing. I like to stay in my room. Yes staff respect that they don't pester me to go down."

There were occasions when staff volunteered to support people in the community. For example taking people for trips to local places of their choice and shopping trips to the local town of Falmouth. Some people liked to go and sit in the garden area and were supported by staff to do this.

Where a person with sensory needs struggled to operate their radio the registered manager looked at other ways which would support them while maintaining their independence. They sourced a system which was voice activated and meant the person could enjoy using the radio without the need for support from staff. Another person used Skype [having a spoken conversation over the internet using software] to keep in contact with families members abroad.

Handovers were provided at the beginning of each shift so staff had current information about people's needs and this process kept staff informed as people's daily needs changed. Staff wrote daily records as soon as care was provided so it was current and accurate. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care

Throughout the inspection staff consistently offered people choice in their daily activities. For example, staff checked what people wanted to do in terms of daily activities. Mindful that not everyone was keen on group activities, staff spent dedicated one to one time with people. Some people did not need any prompts or advice and staff respected this. Some people were spending time in lounge areas or their own rooms reading, and chatting with other people or staff. Where people had chosen to stay in their rooms, staff made regular visits to them to check if they needed anything. This demonstrated the management team and staff valued people's choices and used a person-centred approach in responding to people's preferred daily routines and activities.

The service took account of individual communication and support needs of people with a disability, impairment or sensory loss. Care plans confirmed the services assessment procedures identified information about whether the person had communication needs and how they should be met. For example, where people had sensory needs the service had links with community support in order to arrange service and equipment for the person.

There were regular opportunities for people, relatives and friends to raise issues, concerns and compliments. People told us the registered manager was always accessible to them and they would raise any matters they may have with the registered manager and were confident it would be dealt with efficiently. All the people we spoke with said that they were confident that they could make a complaint and that it would be listened to and acted on. All of them said they had never needed to make a complaint. The registered manager told us they had not had any complaints raised. Many glowing compliments had been received by the service from people, their families and friends thanking the service for their care and support.

People were supported at the end of their lives. The registered manager told us it was important people who had lived at the service for some time had the opportunity to end their life around people they knew. The service worked closely with the family and health professionals, reducing the need for avoidable hospital admissions and providing the right care at the right time. The registered manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives

## Is the service well-led?

### Our findings

People, relatives and staff told us the registered manager was approachable and always available. Comments included, "[Registered Manager] is lovely and will do anything for everyone here," "All of the staff are brilliant," "Everyone has got their job and everyone knows what they are doing so it runs like clockwork here" and a relative told us, "Yes, it appears very well managed from an outside perspective, very professional but friendly and caring at the same time."

The service had a positive culture that was person-centred, open, inclusive and empowering. The management team acted as role models for staff. Staff were aware of the standards of care and attitudes they expected. The management team monitored and supported staff in their practice.

There were clear lines of accountability and responsibility. The management team consisted of a registered manager and team leaders who oversaw medicines, care plans and audits for the care systems in place. Many staff had been working at Roscarrack House for a number of years. Staff were positive in their comments which included, "I have left and come back. It's a great place to work and we get lots of support" and "The [registered manager and team leaders] are always there for us. I have a lot of confidence in them." This demonstrated the registered manager's commitment to supporting the staff team who told us they all felt what they did at the service was valued.

There was consistent daily communication between the registered manager, team leaders and staff. Handovers were seen as essential in making sure information was cascaded to the staff team and for the senior staff and the registered manager to be made aware of what was happening in the service. They also provided an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager worked in the service every day supporting staff this meant they were aware of the culture of the service at all times. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

People's views were taken into account informally through daily communication with the registered manager and staff. The registered manager told us the last survey they used was 'too complicated' and this had reduced the response rate from people using the service. The registered manager was arranging a new format which would be used to take account of people's views.

There were no formal residents meeting taking place, where people's views and experiences were sought. However, the registered manager had arranged a relaxed meeting in the lounge prior to activities to discuss this. People told us they felt information was passed to them when needed. For example, when menus changed or events had been planned. There was no evidence that people were disadvantaged by not having formal meetings as this was addressed through daily communication.

Regular audits were being undertaken including medicines, incidents/ accidents analysis and the environment. Daily meetings took place between the registered manager and team leaders to discuss any

issues relating to people using the service, staff and administrative topics. A team leader told us these meetings were, "extremely useful and kept the lines of communication open".

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GP's and district nurses.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.