

Rosecroft Care Limited

Rosecroft

Inspection report

71 Meehan Road
Greatstone
New Romney
Kent
TN28 8NZ

Tel: 01797361601

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosecroft is a small residential care home providing personal care to up to five people. The service provides support to people with learning disabilities. The care home can accommodate five people in one adapted building. At the time of our inspection there were four 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. Relatives told us "The home is lovely. They take care of all their people." They told us their relative was always, clean, well dressed and happy." They enjoyed being with staff in the kitchen preparing and tasting the food. Relatives spoke highly of staff and how their support had enabled people to be more confidence, especially with their peers.

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. Relatives told us "They (the residents) have a lovely life, they know which staff to go to for what they want." They told us staff supported their family member when unwell, "they (the staff) sat with them for hours and always kept us fully informed."

Right Culture: The management and staff valued the people who use the service and supported them to make it their home. We saw people were confident and happy to approach staff. Relatives told us "I know they (my relative) are in good hands... I can't praise them (the staff) enough" They told us people "Are safe and cared for, it is their home. They always want to get back to Rosecroft after the home visit. It is their security blanket." Staff told us people liked routine and they planned and involved people in activities they enjoyed,.

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

The service was last inspected on 5 March 2018 and rated as good.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this report. You can see what action we have asked the provider to take at the end of this full report. On identifying areas for improvement, the registered manager immediately commissioned remedial works to be conducted to mitigate risks to people.

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 good to requires improvement based on the findings of 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.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Requires Improvement ●

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.

Inspection activity started on 9 November 2022 and ended on 17 November 2022.

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 four people who use the service. We spoke to one relative of people and four staff members (support workers and the team leader). We observed the support provided to people to understand their experiences of their care.

We looked at a range of documents, including; two 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- ☐ Effective systems were not consistently employed to minimise the spread of infection for all people living at the service. We found there was no facilities for people to dry their hands on after washing them in the first-floor bathroom. The registered manager acknowledges this was not acceptable and rectified the situation that day. We have also signposted the provider to resources to develop their approach.
- ☐ We found some areas of the home had not been effectively cleaned. We found broken and damaged bathroom tiles inhibited effective cleaning in the ground floor bathroom.
- ☐ The provider had not ensured consistent hygienic practices were employed in areas used by staff such as their designated sleeping room and outside smoking area. We found the staff room was cluttered and not usable and the smoking area was dirty with cigarette butts. We reviewed policies and procedures that required staff to leave the areas clean and tidy and wash their hands after smoking. The registered manager immediately addressed the risks and instructed for the areas to be cleaned immediately.
- ☐ We were not assured that the provider had effective food safety management systems in place. We found some foods had not been labelled and stored appropriately after use, placing people at potential risk of harm. The registered manager agreed to review their management and storage of foods to ensure they were identifying and responding effectively to risks and potential signs of poor health.
- ☐ 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 PPE 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.
- ☐ 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. Relatives confirmed staff would arrange and facilitate visits for their family member to see them.

The registered manager did not ensure care and treatment was provided in a safe way for people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- ☐ The registered manager had not identified potential risk to people. We found areas of the garden were unsafe for people to use. Old and unused equipment was being stored in insecure garden buildings. Staff

told us people who use the service do not use that area of the garden and show no interest in it. The registered manager confirmed a revised risk assessment would be conducted and the potential hazards removed as a priority.

- 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.

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 spoke to a professional advocate who confirmed the staff were supportive and professional when conducting reviews of people's care.

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. Relatives told us they had confidence in staff. They told us the same staff had known and cared for their relative for years. They believed they cared for them and had also acted on any matters brought to their attention as a priority.
- People and those who matter 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. Staff told us they enjoyed working at the service and would raise matters with their peers or management. They were confident they would be supported and were not fearful of reprisals.
- Staff worked well with other agencies to identify and manage risks. The registered manager alerted external parties to concerns and worked with them during investigations and to share learning. Staff told us they were updated on the outcome of investigations.

Staffing and recruitment

- Safe recruitment process was followed for staff. People were assured staff did not present a risk them as

their identification, 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 record 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

- ☐ When things went wrong, the registered manager and staff apologised and gave people honest information and suitable support. The registered manager, Team Leader and support staff were available for staff, family and friends to speak to directly.
- ☐ There was a culture of learning and making improvements. Staff told us "if we have a problem or a disagreement, we (the staff) discuss it, we have different ideas how things work, if things don't work, we try again."
- ☐ We spoke to staff who confirmed team meetings had been held following our inspection. Areas for improvement had been shared with the team, including allocating actions and timescales for matters to be resolved. For example, staff told us they had made changes to how they recorded daily notes on people. They told us "I can look over the day before and can see any changes in the mood of the person and why."

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ There were not established and effective systems in place to identify and mitigate risks to people and staff. For example, the registered manager had not identified potential risks to people. For example; We found people were at risk of potential harm as there were no window restrictors applied on the first-floor windows. The registered manager arranged for this to be addressed immediately. Staff were spoken to on the day of the inspection and alerted to the potential risk to people.
- ☐ Environmental risks had not been fully assessed and mitigated. For example, an environmental risk assessment for the property had failed to identify copper heating pipes were exposed, if touched, people could be burnt. On sharing our finding with the registered manager, they immediately arranged for the pipes to be covered. They spoke to staff advising them of the potential risks they may present to people, so they could keep them safe.
- ☐ Records of people's care were not reflective of the full extent of care provided. For example, staff summarised the support they provided to people, but did not consistently detail when they had supported people with cleaning their teeth or other personal care. Staff did not make records to show people were offered choices and supported during activities and how they had responded to them. We saw people were provided people with a choice of drinks and activities to participate in. Staff told us they would speak to one another during handovers to relay important information. The registered manager acknowledged further work was required to improve the integrity of recording systems.

The registered manager did not systems and processes were established and operating effectively to assess, monitor and mitigate risks to people. They also did not maintain accurate, complete and contemporaneous records in respect of people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ 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.
- ☐ Staff 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.

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. People did not have defined goals within their care plan, but staff knew their likes and dislikes and would support them to regularly participate in activities that they enjoyed. The registered manager told us "This is their (the peoples) home, we always think about that and do not want too many lists or formalities. They would not meet their (the peoples) needs and may confuse and upset them."
- ☐ 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 they had received positive feedback, but had concerns been raised they would discuss and act on them.
- ☐ Staff worked as a team providing person centred care to people. Staff told us they worked together to ensure they meet the broad range of people's needs. For example, some staff lead on arranging and supporting them to engage in activities. Whilst other staff supported people to attend health appointments and communicating with their families and advocates.
- ☐ Staff encouraged and supported people to develop their independence. We saw people took responsibility for washing and dressing themselves, bring their laundry to be washed and preparing and contributing to meals. Staff told us "where practical people are involved in activities, it is their home, they get involved." Relatives told us people enjoyed just being with staff in the kitchen and tasting the food.
- ☐ The registered manager worked hard to instil a culture of care in which people and staff felt truly valued. Staff told us the management team were "very good, good with the people and the people love them." Staff told us, they "Love working here and feel appreciated by my manager and the people." Relatives told us "I can't praise the staff enough."
- ☐ 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 show 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.
- ☐ Managers worked directly with people and led by example. Staff told us the management team always took people shopping on a Monday or Tuesday, they really enjoyed it. Staff also challenged peers where appropriate, telling us, "some staff don't like to be told (by peers or management) but it is about keeping people safe."
- ☐ People were comforted when distressed. We saw that staff were aware of individual needs and issues that may upset them. We saw they were confident and proficient at communicating with people in their preferred method, such as Makaton. We saw people responded positively and affectionately towards them.

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.

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. Staff told us, "I love working here, I care for them (the people), that is why I have stayed for so long."
- ☐ 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. Where necessary, further training and support was provided to staff and policies and procedures amended

to reflect changes intended to strengthen the delivery of care to people.

Working in partnership with others

- ☐ 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.
- ☐ 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 and resolutions. We reviewed feedback from partner services who commented that members of staff were professional, friendly and respectful towards people and each other.
- ☐ The staff worked with 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.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager did not ensure care and treatment was provided in a safe way for people.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager did not systems and processes were established and operating effectively to assess, monitor and mitigate risks to people.</p> <p>The registered manager did not maintain accurate, complete and contemporaneous record in respect of people.</p>