Care Quality Commission

Stilecroft (MPS) Limited

Rosecroft Residential Home

Inspection report

Westfield Drive
Workington
Cumbria
Tel: 01900 604814

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

This inspection took place on the 21st and the 23rd of April and was unannounced. We had previously inspected Rosecroft Residential Home on the 11th September 2014.

Rosecroft Residential Home provides care and accommodation for up to 51 older people. Situated in Workington it is a large detached property set in its own grounds. The accommodation is over two levels, on the ground floor is a small unit for people who live with dementia.

The service is currently in the process of registering a manager. 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.

At our previous inspection we found the service was in breach of the regulations relating to medicines and record keeping. We saw that the service had made some improvements. However they remained in breach of regulation 12 (f) and (g), management of medicines. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The service had sufficient appropriately recruited staff available to support people.

Staff were well trained and supported people to live independently.

The food that was available was nutritious and people had been assessed to ensure they took appropriate diet.

Staff were caring and friendly and knew the people they looked after well.

Some care plans were comprehensive and based on thorough assessments. Other care plans were basic and did not outline strategies to support people in enough detail. We judged that this required improvement.

The home had undergone a change of leadership. The new manager demonstrated that they were keen to improve and implement new ideas. There was a quality assurance system in place at the service.

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 safe.

The home had not rectified issues with the management of medicines quickly enough though they had purchased a new medication system.

There were sufficient staff to support people who lived in the home.

Staff were trained to identify and report abuse

Requires Improvement

Is the service effective?
The service was effective.

Overall staff were well trained.

People were not unnecessarily deprived of their liberties.

People's nutritional needs were being met.

Good

Is the service caring?
The service was caring.

Staff had developed caring relationships with people who used the service.

People's privacy and dignity was respected.

The service had arrangements in place to provide appropriate end of life care.

Good

Is the service responsive?
The service was not responsive and required improvement.

Although many care plans were robust and well written some were very basic and lacked detail.

Activities were on offer to enable people to have a structured meaningful day.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

Requires Improvement

Is the service well-led?
The service was well led.

There was a new manager in post who had clear ideas about the future of the service.

The area manager actively modelled caring behaviour to staff.

There was a quality assurance system in place.

Good

Rosecroft Residential Home

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 checked 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.

This inspection took place on 21st and 23rd April 2015 and was unannounced.

The lead inspector was accompanied by a pharmacy inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with 12 people who used the service and two of their relatives. We also spoke with 14 staff including the manager, the area manager, the quality director, the administrator, senior carers, kitchen staff and carers.

We looked at 16 records of written care and other policies and records that related to the service.

We looked around the home including all communal areas and with permission some bedrooms.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe at Rosecroft. One person commented, "Somebody is about all the time, so you always feel safe." Another added, "They (the staff) keep checking to see if you need anything." We spoke with relatives who told us, "It's a great relief to know that she is safe and being well looked after."

We reviewed how people's medicines were managed and if they received them safely. We found medicines were not safely administered. We saw a medicine being given inappropriately after food that would result in it being ineffective. Another person who was prescribed a blood–thinning medicine had been given the wrong dose four times within the previous five weeks. We were also unable to find any evidence that doses given on a further two days were correct. This put the person at risk of harm from inappropriate treatment.

On the day of the inspection one person was started on a new medicine for the heart. We found that this was dispensed by the pharmacy more than two months previously but records showed it was received into the service on the day prior to the inspection. We did not find any evidence to show that it was appropriate to start this medicine at this time.

Appropriate arrangements were not in place in relation to the recording of the administration of medicines. We saw errors in the administration record for a new medicine that was signed to say that it had been given on twelve occasions in the previous five days. However, we found that none had been removed from the pack.

We found that protocols for the administration of 'when required' medicines, and care plans relating to the management of medicines and medical conditions were poor or not followed. For example, the care plan for managing a diabetic who took insulin said that they must have tea and yoghurt after their insulin. However, on the day of the inspection we found that the resident did not receive this until an hour and a half after they had their insulin. Instructions for the prescribed insulin stated that people should have a meal or snack within 10 minutes of an injection to prevent low blood sugars

We found that medicines were not kept safely. On the day of the inspection the medicines fridge was too cold for the storage of medicines measuring -4°C. Records showed that the temperature was below freezing on 16 occasions between 1 April 2015 and the inspection date. Insulin was stored in the fridge. The storage requirements were 2 to 8°C and it must not be frozen. Storing medicines at inappropriate temperatures could seriously affect the way they work. When we informed the provider they arranged to have the fridge replaced.

We found that the issues with the management of medicines constituted a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 12 (1) (g) Safe Care and Treatment.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. We looked at records we held on the service and saw that the provider regularly reported to both the CQC and the local safeguarding authority if they had concerns about the safety of people who used the service.

If staff were concerned about the actions of a colleague there was a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We saw that each individual person who used the service had assessments in place that identified risks that they faced. For example if people struggled with their mobility plans were put in place to reduce their risks of falling. This could be ensuring that they wore suitable footwear or had access to a standing aid such as a walking frame.

Appropriate recruitment procedures were in place. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview. If they were successful criminal records checks were carried out and references sought. All staff were employed under the condition that they completed a three month probationary period.

We looked at how many staff were on duty. We saw that staffing levels had been increased in the unit that cared for people who lived with dementia. Relatives and staff we spoke with confirmed this. We observed staff working

Requires Improvement

Is the service safe?

throughout the two days of our inspection, they appeared calm and unhurried. We noted that there was always staff available in the communal areas of the home even during busy periods such as a meal service.

Good

Is the service effective?

Our findings

We spoke with people who used the service and asked if they thought staff knew how to support them properly. People commented, “The girls know how I am and check up on me regularly.” and, “If I am badly they get the doctor in and tell my daughter.”

We looked at training records for the staff and saw that they had received adequate basic social care training. This included safeguarding vulnerable adults, moving and handling and infection control. We noted that staff were encouraged to do national vocational qualifications in health and social care. New staff were given an induction and underwent a probationary period before they were permitted to work alone.

We looked at supervision and appraisal records. We saw that these supervisions and appraisals were not being completed with sufficient frequency. The manager who was new in to post agreed that this would be rectified.

We spoke with the manager and the area manager about the dementia training that the provider used. We agreed that staff working in the unit that cared for people who lived with dementia required more in depth training. The manager purchased training from the local college for ten staff immediately.

We examined how the service supported people to make their own decisions. People we spoke with told us that they lived as independently as possible and made their own decisions about what they wanted. We saw that each person had been assessed as to what capacity they had to make certain decisions. When necessary the staff used this information to ensure that decisions were made in people’s best interests.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty.

We spoke with people about the food at Rosecroft Residential Home, on the whole people told us that they enjoyed the meals and snacks provided. One person said, “The food’s grand, you can have as much as you want.”

Each person’s written record of care contained a nutritional assessment that indicated what their nutritional needs were. The assessment included information on people’s weight and body mass index (BMI). Assessments elsewhere in people’s records explained their preferences and any physical issues that affected their diet such as diabetes. People’s eating plans were formulated from this information. For example when people needed or wanted to lose weight a low calorie diet was provided.

We spoke with kitchen staff who were aware of people’s nutritional requirements. They were able to demonstrate their knowledge of fortified foods and of food suitable for people with diabetes. The kitchen staff also ensured that nutritious snacks and drinks were made available throughout the day.

We saw from the written records that the service regularly involved other health and social care professionals in people’s care. GP’s visited regularly as did staff from the local district nursing team and the community mental health team.

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and asked them if they thought the service provided good care. One person told us, “The girls look after me well and get me what I need.” Another added, “The staff are great they like me and I like them.” A relative commented, “They look after them like it’s their own mother.”

Throughout the two days of our inspection we observed staff interacting with and supporting people who used the service. We saw that staff were helpful, professional and kind to people. It was clear that staff had taken time to get to know the people who they supported.

We examined how the service supported people to express their views and be actively involved in making decisions about their care and support. The majority of people who used the service had full capacity to make their own decisions. We saw that people chose how they wanted to spend their day, some people went out with their relatives, others chose to sit in communal areas of the home and others remained in their rooms.

We saw that some people who used the service lived with dementia. However we observed they were still encouraged to make decisions about their care. This was done in a variety of ways, for example people were able to choose when they wanted to get out of bed and what they wanted for their meals.

We observed that staff ensured that people received personal care and support in private. Staff always knocked before entering people’s rooms. Staff told us that they kept people informed about the care and support they needed. They always explained specific interventions or support that was required for people to ensure that they were happy with it.

We saw that some people had received care and support at the end of their lives. The service ensured that people had a comfortable, pain free dignified death by providing their staff with appropriate training and co-operating with other service providers.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people who used the service and asked them if they contributed towards their written care plans. None of the people we spoke with were aware of having care plans though one person thought the service might have "medical treatment" information stored at the home.

Staff we spoke with told us they understood the needs of people very well but admitted that information was often shared by word of mouth rather than using a formal care plan. However when we examined the written records of care we found assessments and care plans were in place for all of the people who used the service.

We saw that each person had assessments in place that identified their care needs. For example some people required support to be able to mobilise. In these cases plans were formulated to ensure that staff used correct moving and handling techniques and the correct equipment.

We looked at the standard of care plans in the home. Some were of a better quality than others. For example each person had a mental capacity care plan that outlined people's right to make their own decisions if they were able to do so. We found that these care plans followed guidance from the Mental Capacity Act 2005 and were robust and appropriate. However when we looked at care plans related to supporting people who lived with dementia we found that they were basic and non-specific. For example one person's plan identified that they could be "confused" but the only intervention listed was to provide re-assurance and support. The care plan did not elaborate on the best way to re-assure or support the person. We judged that this aspect of the service required improvement. We recommended that a lead person was identified in the home to further develop care and support for people who lived with dementia.

Activities were on offer to enable people to have a structured meaningful day. The service had a vehicle and the appropriate insurance to provide people with transport to and from the shops or other destinations. We found evidence that activities such as, bingo, board games, films, sing-alongs, musical movement and crafts had taken place. In the course of our inspection we observed staff engaging in activities with people such as hand massages and nail painting. A hairdresser was also providing their services on site.

We looked at how people could raise concerns about the service. People we spoke with told us if they wished to make a comment about the service they generally spoke with the care staff or told a relative. In addition to this the service had a formal complaints procedure. The procedure outlined what to expect if someone made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. There was also a procedure to follow if the complainant was not satisfied with the outcome. We noted that the service had no outstanding formal complaints at the time of our inspection.

Good

Is the service well-led?

Our findings

On the first day of our inspection we met the new manager of Rosecroft Residential Home who had been in post for two days. We spoke with the new manager at length. She told us that she was aware that the service required improvement in some areas was able to demonstrate that she had strategies to improve in those areas. This included working closely with the local authority and other professionals to ensure that people received good quality care. Whenever we identified any issues during the inspection the manager was quick to rectify them. For example we noted that old equipment and unwanted items had been abandoned to the rear of the property. The manager organised for all of this to be removed within 24 hours.

Prior to the appointment of the new manager the provider had made interim management arrangements. These arrangements involved the area manager and the quality director taking a more 'hands on' role in the home. We saw that both these managers had identified areas that required improvement and had implemented new strategies. For example they were able to show us a new electronic paperwork system which they intended to use to improve record keeping at the home. In addition they had recently purchased an electronic medication system which staff were being trained to use.

We saw that they had formed relationships both with people who used the service and their relatives. We noted that the area manager in particular worked closely with people who used the service. We observed her, on several occasions, spending time with people who used the service whom she appeared to be on first name terms with. People who used the service told us that she often sang to them and with them as part of the activities in the home. It is essential that managers demonstrate behaviours that encourage a positive caring culture to all staff.

The interim arrangements that the provider had made along with the swift changes the new manager implemented both during and after our inspection showed that the service was working hard to improve.

The service had a quality assurance system in place. We saw evidence that questionnaires were sent to people who used the service and their relatives. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were compiled by the service administrator and the findings presented to the manager for analysis.

Audits and checks were undertaken regularly. These included, fire safety checks, paperwork audits, medication audits and infection control audits. The outcomes of audits were analysed by the manager of the home. We spoke with the manager and the area manager about these audits and pointed out they had not identified some of the issues we found. We asked the manager to ensure that audits and action plans were more robust in the future.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who used services and others were not protected against the risks associated safe care and treatment because of inadequate management of medicines. Regulation 12 (1) (g).

The enforcement action we took:
We issued a warning notice to the provider and told them to become compliant with the regulation by **/**/**