

Roseacre Care Limited

Roseacre

Inspection report

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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 

Overall summary

The inspection took place on 18 November and was unannounced. Roseacre provides care and accommodation for up to 22 older people some of whom are living with dementia. On the day of the inspection 15 people resided at the service.

The service had a registered manager in post. 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.

We inspected Roseacre on 1 December 2014 and found breaches of legal requirement under Regulation 21(a) and (b) HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers. The registered person was not ensuring staff recruitment procedures confirmed the fitness of the person prior to commencing work. The provider sent us an action plan detailing how they would

Summary of findings

make improvements and these actions have been completed. Recruitment records showed the registered manager had obtained full employment history and references in place before staff commenced work.

People were protected by safe recruitment procedures. There were sufficient staff employed to meet people's needs and new staff completed an induction programme. Staff had undertaken training and had the right skills to meet people's needs.

People looked relaxed with the staff and there was a friendly and calm atmosphere. People were chatting and enjoying the staff's company. Comments included; "Couldn't ask for better care." People who were able to told us they were happy living there.

People's privacy and dignity were maintained. We observed staff supporting people and being kind and compassionate. People told us staff were kind and caring. People's privacy and dignity were respected by staff who provided individual and personalised care.

People, relatives and a visiting professional were happy with the care the staff provided. They agreed staff had the skills and knowledgeable to meet people's needs. People were encouraged and supported to make decisions and choices whenever possible in their day to day lives.

People received visits from healthcare professionals, for example GPs and district nurses, to ensure they received appropriate care and treatment to meet their health care needs. Staff acted on information given to them by professionals to ensure people received the care they needed to remain well.

People's medicines were managed safely. Medicines were managed, stored and disposed of safely. Senior staff administered medicines and had received training and confirmed they understood the importance of safe administration and management of medicines.

People who did not have capacity to make decisions for themselves were supported by staff to make sure their legal rights were protected and worked with others in their best interest. People's safety and liberty were promoted.

People were better protected from harm as staff had completed safeguarding of vulnerable adults training and had the knowledge on how to report any concerns and what action they would take to protect people. Staff were confident any incidents or allegations would be fully investigated. The registered manager had sought and acted on advice where they thought people's freedom was being restricted. This helped to ensure people's rights were protected. Applications were made and advice sought to help safeguard people and respect their human rights.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals, there was plenty of it and we observed people were not rushed. People had opportunities to take part in a variety of activities.

People's care records contained detailed information about how people wished to be supported. Records were updated to reflect people's changing needs. People and their families said they were involved in the planning of their care.

Staff told us they were happy working at the service and told us the registered manager was very supportive, approachable, kept them informed, listened to them and acted on any concerns raised.

The registered manager had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were quality assurance systems in place. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits were carried out to help ensure people were safe, for example environmental audits were completed.

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 safe.

People told us they felt safe living at the service.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff were able to recognise and had a good understanding of the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risks were identified and managed appropriately. Systems were in place to manage risks to people.

People received their medicines as prescribed. People's medicines were administered and managed safely and staff were aware of best practice.

Good



Is the service effective?

The service was effective.

People were supported to maintain a healthy balanced diet.

People were cared for by skilled and experienced staff who received regular training.

People had access to health care services which meant their health care needs were met.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) and had received training.

People lived in an environment which was clean and comfortable.

Good



Is the service caring?

The service was caring.

People were given time to make decisions about their care.

People were treated with kindness and respect and were happy with the support they received.

People's privacy and dignity was promoted by the staff.

People's end of life wishes were documented and respected.

Staff were knowledgeable about the care people required and what was important to them.

Good



Is the service responsive?

The service was responsive.

People's care records were personalised reflecting their individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable and people spoke highly of.

Staff said they were supported by the registered manager. There was open communication within the service and staff felt comfortable discussing any concerns with the registered manager.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Good



Roseacre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was undertaken by one inspector on the 18 November 2015 and was unannounced.

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

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

During the inspection we met or spoke with 15 people who used the service, the registered manager, a company director and six members of staff. We spoke with five relatives and one health care professional who had supported people within the service.

We looked around the premises, observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs. We looked at six records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

We inspected Roseacre on 1 December 2014 and found breaches of legal requirement under Regulation 21(a) and (b) HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers. The registered person was not ensuring staff recruitment procedures confirmed the fitness of the person prior to commencing work. The provider sent us an action plan detailing how they would make improvements and these actions have been completed. Recruitment records showed the registered manager had obtained full employment history and references in place before staff commenced work.

People were supported by suitable staff. The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. Recruitment files included relevant recruitment checks. This ensured the registered manager could minimise any risks to people as staff were competent and safe to work with vulnerable people. One newly employed staff confirmed their checks had been applied for and obtained prior to them commencing their employment with the service.

People who were able to tell us they felt safe. Comments included; "Yes I feel very safe here." Another person when asked if they felt safe said; "Of course I'm safe!" Staff said when asked if they felt people were safe here replied; "Definitely safe here." A relative said; "100% safe-no question!"

People were protected from discrimination, abuse and avoidable harm by staff who had the correct skills and knowledge to help ensure they kept people safe. Staff received safeguarding training and had access to policies and procedures on safeguarding and whistleblowing. Staff knew what to look for and could identify abuse. They said they would have no hesitation in reporting abuse and were confident the registered manager or provider would act on issues or concerns raised. Staff said they would take things further, for example contact the local authority's safeguarding teams if this was required.

People lived in an environment that was both safe and secure. It was maintained, clean and hygienic. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. This helped ensure staff knew what to do in the event of a fire.

People had individual emergency evacuation plans in place. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

People identified at being at risk had updated risk assessments in place and people or their relatives had been involved in planning their risk assessments. People had risk assessments in place to reduce the risk of people developing pressure ulcers and falls, these assessments showed staff how they could support people. For example, pressure relieving mattresses was supplied for people at risk of pressure ulcers and when a person who was confined to bed required two staff to move?, this was actioned to support people and help keep them safe.

People and relatives agreed there were sufficient staff numbers to help keep people safe. Rotas and staff confirmed the home had enough staff on duty each day. Staff were observed supporting people appropriately at all times, for example during mealtimes. The registered manager confirmed staffing numbers were reviewed and increased when needed to help ensure sufficient staff were available at all times to meet people's care needs and keep people safe.

Accidents were recorded and analysed to identify what had happened and action the staff could take in the future to reduce the risk of reoccurrences. Any reoccurring themes were noted and learning from accidents or incidents were shared with the staff team and appropriate changes were made. This helped to minimise the possibility of repeated incidents.

People's medicines were managed and given to people as prescribed, to help ensure they received them safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. They made sure people received their medicines at the correct times and records confirmed this.

Medicines administration records (MAR) were all in place and were completed appropriately. All other storage and recording of medicines followed correct procedures. Medicines were locked away and appropriate temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines.

Is the service effective?

Our findings

People received effective care and support from staff that were well trained and well supported. Staff had the skills and knowledge to perform their roles and responsibilities effectively, knew the people they supported well, and this helped ensure their needs were met. One person said of the staff; “1st class-really very good.”

Staff completed an induction programme and staff said they did not work with individuals alone until they understood people’s individual needs. Staff confirmed they had sufficient time to read care records and worked alongside experienced staff to fully understand people’s needs. Training records showed staff had completed training to effectively meet the needs of people, for example dementia training. The registered manager confirmed all new staff would complete the Care Certificate (a nationally recognised set of skills training). Ongoing training was planned to support staffs continued learning and was updated when required. Staff completed additional training in health and safety issues, such as infection control and fire safety. Staff said; “We are on top of all training.” This helped to ensure staff had completed appropriate training and had the right skills and knowledge to effectively meet people’s needs.

Staff received appraisals and regular supervision. Team meetings were held to provide the staff the opportunity to discuss areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at team meetings and records showed staff discussed topics including how best to meet people’s needs effectively.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and if needed, other professionals. People’s records

recorded best interest meetings to determine if they had the capacity to agree to their care and support needs being met. The outcomes of meetings and who was in attendance were clearly documented.

The registered manager and some staff demonstrated they had knowledge and understanding of, and had received training about the MCA and DoLS. The registered manager confirmed additional training was planned. The registered manager was aware of people’s legal status and knew when to seek professional advice. This helped to ensure actions were carried out in line with legislation and in the person’s best interests. The registered manager confirmed DoLS applications had been made for people.

The registered manager and staff recognised the need to support and encourage people who lacked capacity to make decisions and everyday choices whenever possible. For example, if they wished to join in any activities. People’s care plans showed people were involved in their care and were asked to consent to the care taking place. We observed staff asking people for their consent to support them with mealtimes and personal care.

People’s individual nutritional and hydration needs were met. People could choose what they would like to eat and drink. People had their specific dietary needs catered for and a menu was displayed. The menu was also in picture format to assist people. Care records were used to provide guidance and information to staff about how to meet individual dietary needs. For example people who were allergic to dairy products received the appropriate diet and catering and staff were fully aware why this was needed. Records identified what people disliked or enjoyed. A nutritional screening tool was used when needed to identify if a person was at risk of malnutrition. People identified at risk of malnutrition had their weight monitored and staff confirmed if food and fluid charts were completed when needed. The cook confirmed they had information on people’s dietary requirements. People had access to drinks and snacks 24 hours a day.

People were relaxed and had staff support them during mealtimes. People who required additional assistance were given the support they needed. Nobody appeared rushed and all were able to eat at their own pace.

Is the service effective?

People and visitors made positive comments on the food provided. We observed mealtimes were unrushed and people and staff were engaged in conversation. One person said; “The food is very nice.”

People accessed healthcare services and a local GP visits weekly to see anybody needed. District nurses visited and carried out health checks. People whose health had deteriorated were referred to relevant health services for additional support. Staff consulted with external healthcare professionals when completing risk

assessments for people, for example the physiotherapist for someone with a special chair. If people had been identified as being at risk of pressure ulcers, guidelines had been produced for staff to follow. A healthcare professional confirmed staff kept them up to date with changes to people’s medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people’s wellbeing. This helped to ensure people’s health was effectively managed.

Is the service caring?

Our findings

People who lived in the service were supported by kind and caring staff. People told us they were well cared for, they spoke well of the staff and the good quality of care they received. One relative said; “Dad wouldn’t go anywhere else other than Roseacre when he needed to go into a care home.” One person said; “Really super place-for lonely people like me.” A thank you letter received by CQC recorded; “Without their (Roseacre) help in looking after and caring for my father his future would be quite different. They looked after his needs both physically and mentally.” The service compliments file held a letter stating; “Thank you for the excellent care given to [...] while she stayed with you. I only saw tolerance, patience and kindness even when she was difficult.” A visiting healthcare professional commented that staff were caring and were aware of people’s wellbeing.

People were involved and asked for their views as much as possible about the care and treatment they received. We observed staff treating people with kindness, patience and compassion throughout our visits. Staff asked people for consent before they provided any support and asked if they were comfortable with the support being offered. For example, if a person required assistance to move from the lounge area to the dining area. Staff were observed telling people throughout the procedure what they were going to do and tasks were completed at people’s own pace. All staff knew what was important to people such as how they liked to have their care needs met.

People were supported by staff who knew them and their care needs well. We observed people were comfortable and people all agreed they were cared for well and staff took time to assist them with all their needs. Staff were attentive and prompt to respond to people’s emotional needs. For example one person repeated themselves to staff. We observed staff responded promptly and appropriately at all times to this person. A relative responded to a survey and recorded; “I ALWAYS find the staff on duty at whatever time (I visit), professional, caring and helpful.”

Staff interacted with people in a caring and supportive way. We observed staff supporting people when needed. We saw examples throughout our visit when staff responded to people’s needs in a dignified manner. For example, people were assisted to their bedroom for personal care. Staff went over to them and asked them discreetly if they required support. This showed staff were able to recognise people’s needs and respond to them in a caring manner.

Staff showed concern for people’s wellbeing. For example, some people were now confined to bed due to their deteriorating health. Staff were observed providing kindness whilst maintaining people’s dignity. Staff informed people what task they were going to complete. The care people received was well documented and detailed. For example, people had turning charts in place to prevent their skin becoming sore. Other records showed staff recorded regular personal care was carried out including hair care.

People told us their privacy and dignity were respected. Staff maintained people’s privacy and dignity in particular when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care, and ensuring curtains and doors were closed. One staff member said; “I like to push this (privacy and dignity) for everyone.” Staff knew how important it was that people were supported to retain their dignity and independence. One relative said in a survey returned; “There are times where the necessary personal hygiene needs to be attended to and this is always done discreetly and respectfully.”

People’s care files and had information on how people like their morning, afternoon and evening routines to be carried out. Files held treatment escalation plans and natural death orders which documented people’s wish on resuscitation. Records showed that end of life care had been discussed and recorded with the person and their relatives. Where a person had been assessed as lacking capacity, involvement with family members and other professionals had been sought to ensure decisions were made in the person’s best interest.

Is the service responsive?

Our findings

People were cared for and supported by staff who were responsive to their needs. People had a pre-admission assessment completed before admission to the home. The registered manager confirmed the assessment enabled the service to assess if they were able to meet and respond to people's needs before admission. Records showed information had been recorded on people's health and social care needs. This provided staff with up to date information on people which was used to develop a full care plan.

People, where possible, were involved with planning their care. When people's needs changed care plans were reviewed and altered to reflect this change. For example, some people's general health had deteriorated and staff responded by contacting the GP for advice and support, this helped ensure they remained comfortable. A relative said; "They always keep us informed on any changes." A healthcare professional agreed the service was responsive to people's needs when they became unwell and contacted them quickly and appropriately.

People's care records included a life history. This included detailed information about their needs, including their health and social care, personal care needs and physical needs. For example if a person needed staff support and equipment to mobilise. The care plans had information including the name of other services involved for example dentist and chiropodist. Care plans recorded people's physical needs, such as their mobility and personal care needs choices. We observed staff ensuring people had pressure relieving equipment where required, for example special mattresses, in place to protect their skin integrity. Additional information included how staff could respond to people's emotional needs and if a person had additional needs, for example those people living with dementia and who required extra support.

People's faith, social and recreational needs were also documented and recorded how they could be supported, so these needs were met. Records had been reviewed with people or, where appropriate, with family members. Relatives confirmed they had been involved in updating care records where appropriate.

Care plans were individual and recorded people's wishes. The registered manager said they ensured each care record

was updated and reviewed regularly. This helped to ensure staff had the correct information to support people's current care needs. Discussions with staff showed they knew people well and what was important to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People's care plans included a "Dad's Job" life history completed by a relative. This included a person's lifetime history and covered a person's childhood, adulthood and retirement. Therefore staff could understand a person's past and how it could impact on who they were today. This helped to ensure care was consistent and delivered in a way which met people's individual needs.

People were able to call for staff assistance at all times to respond to their needs. People had access to call bells wherever they were in the service, including the lounge areas and their own bedrooms. This enabled people to call for assistance at any time and staff could respond if people required assistance. We saw people who chose to stay in their bedrooms had their call bells next to them. One person said; "If I ring by bell at night they always come to see me."

People were provided choice on a day to day basis, for example being offered a choice of food and drink. Activities were provided and people who wished to participate were encouraged to. The staff understood people's individuality when arranging activities and ensured people had a variety to choose from. People said they were happy with the activities provided in the home, although some people preferred not to join in. The displayed activities list showed daily activities planned including the showing of a film club and memory club. One survey returned to the service said; "Residents have a variety of hobbies and these are catered for by Roseacre."

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint. They went on to say they felt the service and management would take action to address any issues or concerns raised. One relative said; "I have never needed to make a complaint or raise concerns-but know they would respond to me." One person told us; "If I complained they would help me I'm sure."

The company had a policy and procedure in place for dealing with any concerns or complaints. This was made

Is the service responsive?

available to people, their friends and their families. The procedure was clearly displayed for people to access. The

registered manager knew the process for investigating complaints in line with the service's own policy and appropriate action taken. Outcome would be recorded and feedback given to the complainant and documented.

Is the service well-led?

Our findings

Roseacre was well led and managed effectively. The company's values and visions included "provide a secure, stable and comfortable environment whilst providing a standard of individual mental and physical care which ensures that each resident is as happy and contented as possible." It went on to say that the service "ensure the dignity of each resident." These were evident at the inspection, understood and observed of staff. The registered manager took a very active role within the running of the home and had good knowledge of the staff and people.

People, relatives, staff and professionals commented; "Great team work- they work really well together and are very supportive" and "the registered manager is approachable and makes an effort to come and see you to check all is ok." Others commented; "Things have been so much better with a new staff." The registered manager sought verbal feedback from people their relatives and friends and health and social care professionals regularly to enhance the service. Surveys covered all aspects of the service provided.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People who were able to, agreed the registered manager was visible, kind, compassionate and they always made themselves available to people, visitors and staff. Staff spoke highly of the regular support they received from the registered manager. Staff told us the registered manager checked to see if they had any issues or concerns. Staff felt able to speak to the registered manager if they had any

concerns or were unsure about any aspect of their role. Staff described the staff team as very friendly and very supportive. Staff said; "Couldn't fault her (the registered manager)-[...] is a wonderful person" and another said; "We have an open culture, can raise any concerns and I know it would be dealt with by [...]" (The registered manager)." Health care professionals said there was a good relationship between the service and local health teams.

People were involved in the day to day running of the service. Residents' meetings and surveys were completed. If there had been issues highlighted at residents meetings, the registered manager attended to address people's concerns. This showed the service listened and acted upon people comments.

There was an effective quality assurance system in place to drive improvements within the service. Audits were carried out in line with policies and procedures. For example there was a programme of in-house audits including audits on medicines and people's care records.

The service held regular staff meetings to enable open and transparent discussions about the service and people's individual needs. These meetings updated staff on any new issues and gave them the opportunity to discuss any areas of concern or comments they had about the way the service was run. Staff told us they were encouraged and supported to raise issues to improve the service. Staff said they were happy in their work, the registered manager motivated them to provide a good quality service and they understood what was expected of them. Staff said the registered manager had an open door policy and often worked alongside them by providing care to people. One staff said of the service; "The home is well led and they are approachable- very much a presence in the home as here every day and when needed."

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.