

Rosclare Residential Home Limited

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Inspection report

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11 May 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 3 February 2016 at which a breach of legal requirements was found. The provider had not maintained an accurate, complete and contemporaneous record in respect of people using the service and in relation to the management of the service. After the inspection, the provider wrote to us with a plan for how they would meet legal requirements in relation to this breach.

We undertook this focused inspection on 11 May 2016. We checked the provider had followed their plan and made the improvements they said they would to meet legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosclare Residential Home Limited on our website at www.cqc.org.uk

Rosclare Residential Home Limited provides accommodation for up to 19 people who require personal care and support on a daily basis. The home can accommodate people living with dementia and/or older people living with mental health issues. At the time of our inspection there were 18 people living at the home.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found the provider had taken appropriate action to ensure people's care records contained up to date information about them. We found life histories were now present on people's records. The registered manager had taken appropriate steps to obtain people's consent to their care and support. People's care and support needs had been reviewed monthly since our last inspection. Their care plans had been updated when any changes to their needs had been identified. This meant staff now had access to the latest information about people's care and support needs.

Records documenting quality monitoring visits had been improved and recorded senior staff's observations about the care and support provided to people. Staff records had been improved to include a summary of dates of attendance on training that the provider considered mandatory. This enabled the registered manager to monitor more effectively when staff were due to attend refresher training.

The improvements made by the provider since our last inspection meant people were better protected against the risks of poor care that could arise if records were not maintained appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that action had been taken to ensure that people's records were up to date and accurate so that staff had access to information about their current care and support needs.

Other records relating to the management of the service had also been updated and maintained to enable the registered manager to monitor the service more effectively.

We have not improved the rating for this key question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection of the service.

Requires Improvement ●

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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 focused inspection was unannounced and undertaken by a single inspector on 11 May 2016. It was done to check that improvements had been made by the provider after our comprehensive inspection on 3 February 2016. This is because the service was not meeting a legal requirement at the time of that inspection. We inspected the service against one of the five questions we ask about services: Is the service well led?

Before the inspection we reviewed the information we held about the service. This included the written report we asked the provider to send us, setting out the action they would take to take to meet the regulation that was not being met at their last inspection.

During our inspection we spoke with the registered manager and a senior care support worker. We looked at the care records of six people using the service and other records relating to the management of the service.

Is the service well-led?

Our findings

We inspected the service on 3 February 2016 and found the provider in breach of the regulation which required them to maintain an accurate, complete and contemporaneous record in respect of people using the service and in relation to the management of the service. After the inspection, the provider wrote to us with an action plan setting out how they would ensure all records would be reviewed and maintained so that these would be accurate and up to date.

At this inspection we found the provider had taken all the action they said they would, to make the improvements needed to meet legal requirements. People's care records had been updated and now contained information about their life histories. The registered manager had obtained consent to care and support for all but two people using the service. The reasons for this were discussed with the registered manager and we saw they had taken steps to ensure this information would be obtained and documented on people's records shortly.

People's records showed their care and support needs had been reviewed monthly. Where any changes to these had been identified people's care plans were updated accordingly so that staff had access to the latest information about people's needs. The registered manager told us they had allocated additional time to a senior care support worker to undertake reviews and checks of records relating to people so that these were being regularly maintained.

Records documenting quality monitoring visits had been improved. Senior staff had maintained a log of 'out of hours' visits made by them to the service. These detailed what had been observed in terms of whether people's needs were being met by staff on duty. This process enabled them to take action against any poor practice observed.

Each member of staff had their own training record which now included a summary of dates of attendance on training that the provider considered mandatory. The registered manager said this information helped them to identify when staff were due to have their training refreshed. Records showed since our last visit staff had attended training in first aid, fire safety and dementia awareness.

The improvements made by the provider since our last inspection meant people were better protected against the risks of poor care that could arise if records were not maintained appropriately.