

Roscarrack House limited

Roscarrack House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Roscarrack House is a residential care home providing personal and nursing care to up to 19 people. The service provides support to older people. At the time of our inspection there were 16 people using the service.

People's experience of using this service and what we found

Some risks had not always been identified, assessed and reviewed regularly. The prompt for this inspection was that the service had recently had a fire in a person's room which required the fire service to attend. The post fire investigation found the fire to have been caused by an electric heater with a radiator cover pressing on the cable. The service has now taken remedial action to address these risks.

Some people had been assessed as needing pressure relieving mattresses to protect their skin from damage. There was no system in place for staff to record regular checks to help ensure these mattresses were always set correctly for the person using them. We found they were not always set correctly.

One person, who was living with dementia, had managed to leave the service, unnoticed by staff. They left the service unnoticed in October and again in December 2022. They had walked alone to the main road and the service was unaware until alerted by a neighbour.

Medicines were not always recorded safely. We found a box of medicines, that required stricter controls, which was being stored by the service but was not recorded as being stored, as is legally required. Prescribed creams were not dated when they were opened despite this having been identified in a May 2022 audit.

People received their medicines as prescribed. The staff used paper Medicine Administration records (MAR), when they administered medicines. We found no gaps in the MAR.

Roscarrack House had an electronic system which held the care plans for people living at the service. However, care staff told us they did not have easy access to this information as there were only two laptops available downstairs on which this information was held. The provider purchased new electronic tablets for the staff after this inspection.

There was a programme of audits being completed at the service. However, these audits were not always effective. For example, the medicines audits had not identified the presence of medicines that required stricter controls. The mattress audit had not identified the settings were not always accurate.

The service had sufficient staff to meet people's needs. Whilst many staff had worked at Roscarrack House for many years, some new staff had recently joined. The recruitment process for these staff was not safe. The registered manager had not recorded a full employment history.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible but not always in their best interests; the policies and systems in the service did not always support best practice.

Staff were provided with training. There were some updates that were due, and the registered manager was in the process of arranging for staff to complete these. Staff meetings did not take place, but staff told us they felt communication was good and the management team were visible and approachable.

Staff comments included, "We get observed for our competency and have an annual appraisal," "(Registered manager's name) is absolutely brilliant, I can ask for what I need for the kitchen and we get it" and "I have worked in many care places and I like Roscarrack House the best, it's a good place to work."

The registered manager understood their responsibilities under the duty of candour. When a vulnerable person had left the service on two occasions they had not notified CQC of these events as they are required to do. The service had raised the concern with the safeguarding unit.

Staff knew what actions to take to help ensure people were protected from harm or abuse. Concerns had been shared with the safeguarding unit when appropriate.

Relatives comments were mixed, "I am very happy as Mum has just come in for respite and she is settling really well, we are hoping she might like it enough to stay permanently. She likes the activities" and "Sometimes (Person's name) is not always wearing their own clothes. I think the reason they try to leave is that they are bored. They have always been a very busy minded person and there is not enough to keep them occupied. They enjoy the food though."

People and families had not had their views and experiences formally sought. However, the registered manager and the deputy spoke with people and visitors every day and were very visible. Families knew how to raise any concerns they may have.

Visiting healthcare professionals told us, "They (staff) are pretty good at raising concerns to us in a timely way" and "We don't have any concerns. However, there was a delay in them obtaining a piece of equipment we asked for. There was no deterioration in the person but no improvement either. It got sorted eventually."

We looked at infection prevention and control and found we were mostly assured the provider was protecting people, staff and visitors from the risk of infection. There were no regular infection control audits taking place. However, the service was clean with no odours.

The registered manager admitted they were finding the workload challenging. The registered manager had a deputy manager, a clinical lead and an administrator to support them. However, roles and responsibilities had only very recently been discussed and had not yet been embedded.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

Rating at last inspection was Good, (Published 10 September 2020). At this inspection the rating has changed to requires improvement.

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.

Follow up

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Roscarrack House

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 carried out by one inspector

Service and service type

Roscarrack is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. We used information sent to us by the provider in their PIR. 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.

We used all of this information to plan our inspection.

During the inspection

We reviewed the electronic records for 1 person in detail and 2 other people's care plans focusing on the monitoring of their intake and weights. We reviewed 3 recruitment files and other records relating to the running of the service. Following the inspection visit we were sent updated staff training and support records and references for 1 new staff member.

We spoke with the registered manager, deputy manager, administrator, 9 staff, 3 people and 2 relatives. We spoke with 1 visiting healthcare professional.



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 we have rated this key question 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.

Using medicines safely; Assessing risk, safety monitoring and management

- The prompt for this inspection was that the service had experienced a fire which originated in a person's room and required the fire service to attend. The fire investigation by the fire service found the fire to have originated in an electric heater which had radiator cover placed over the cable. This risk had not been identified prior to the fire. The service occupied an old listed building and had fewer electrical sockets in rooms than were now required by modern devices, this had led to extension cables being used in rooms. The service has taken remedial action since the fire in line with the fire service action plan including fitting additional electrical sockets in other people's rooms.
- Some people had been assessed as needing pressure relieving mattresses to protect their skin from damage. We found one mattress was set at 85kgs when the person using it only weighed 62.2kgs. Another was set to the 'soft' setting. No staff were aware of what this setting related to, so we were not assured it was set correctly. There was no system in place for staff to record regular checks of these mattresses. One member of staff told us, "We don't have them on our radar, we don't have access to the weights either." This meant people could be at risk of developing skin damage.
- One person, who was living with dementia, had managed to leave the service on 2 occasions unnoticed by staff. This first took place in October 2022, but they were able to leave alone again in December 2022. They had walked to the main road and were noticed by a neighbour who called Roscarrack House to let them know. This person had been assessed as an 'absconding risk' but effective action had not been taken to prevent them leaving a second time.

The failure of the provider to do all that is reasonably practicable to mitigate any such risks is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were not always recorded safely. A box of medicines, that required stricter controls, was being stored by the service but was not recorded as required. 6 ampoules of Morphine Sulfate, prescribed for a person, were found in the locked cupboard where these medicines were stored. There was no record anywhere in the service of these medicines arriving, being administered by the community nurses or stored since the person no longer needed them.
- Prescribed creams were not dated when they were opened. This meant staff would not be aware when the item was no longer as effective.

The failure of the provider to assess, monitor and improve the service is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Roscarrack House staff used paper Medicine Administration Records (MAR) and were required to count tablets and measure liquids following each administration. This helped ensure any errors would be identified in a timely manner. We saw that staff had effectively recorded these totals following administration of a medicine. When people were prescribed medicines 'when required', guidance was available for staff to ensure doses were given appropriately.
- One person was self-administering their own medicines. A risk assessment was in place which was reviewed regularly to ensure the person remained safe to do this.
- Staff were trained in safe handling of medicines and had checks to make sure they gave medicines safely.
- Roscarrack House used an electronic system to record and monitor the care plans for people living at the service. However, care staff did not have easy access to this information as the care plans were held on only two laptops, both were sited downstairs, and these were shared with the management and the team leaders. Care staff recorded the care and support they provided onto a paper shift record sheet. This meant details of care provided was not recorded in real time and it did not provide clear contemporaneous records. The provider sent in additional information after the inspection and gave assurances that since the inspection all staff had now been provided with electronic tablets to ensure all care and support would be recorded contemporaneously on to the system in real time.
- Care plans provided staff with guidance and direction to help them support people to reduce the risk of avoidable harm. For example, how to calm a person when they were exhibiting behaviours that could injure themselves or others.
- Recently reviewed emergency evacuation plans (PEEPS) were in place outlining the support each person would need to evacuate the building in an emergency.

Staffing and recruitment

- Recruitment processes were not safe. We reviewed four new staff files. There was very little information held in these files. The registered manager had not ensured a full verified employment history was obtained and recorded. Employment history that was recorded did not record clear start and leaving dates or clarify any gaps. All four files did not contain the required references. One person did not have any references on file before they began working. This meant the registered manager could not assure themselves the staff were safe to work with vulnerable adults. The registered manager was asked to ensure that this person did not work unsupervised until they had obtained the required references. There was no record of induction training in the personnel files. These records were awaiting filing and were not available to the inspector.

The failure of the provider to ensure that recruitment procedures were established and operated effectively is a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had sufficient staff to meet people's needs at the time of this inspection. There were vacant posts and applications from potential new staff were being processed.
- Disclosure and Barring Service (DBS) checks had been carried out prior to new staff commencing their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk from abuse

- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse.

- People and relatives told us they felt safe living at the service.
- The provider had appropriately reported any safeguarding concerns to the local authority and CQC.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There were effective cleaning procedures in place. However, there were no regular infection control audits being carried out at the time of this inspection. This meant that the provider could not be sure that opportunities to improve the service had not been missed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was following current guidance for visiting in care home by ensuring visiting was unrestricted. We saw visitors come and go throughout this inspection.

Learning lessons when things go wrong

- Accidents were recorded and monitored for any patterns or trends. Action was taken to help ensure the risk of re-occurrence was reduced. However, incidents were not recorded together with accidents. Incidents were documented in people's care plans. This meant the registered manager did not have an effective overview of incidents and could miss opportunities to reduce events effectively.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible but not always in their best interests; the policies and systems in the service did not always support best practice.
- Roscarrack had an open public social media page displaying the images of many people living at the service. Many of these people were unable to understand the concept of social media or consent to this. The registered manager had not sought the consent of people prior to displaying their images on a public platform. We advised the registered manager to close this page to the public on the day of the inspection. However, when we checked a week later on 26 January 2023 the page was still open. We had to contact the service again and they then deleted the page.
- There were no capacity assessments recorded on the electronic care plan system. This meant there was no evidence of the use of the best interests' process prior to applying for DoLS authorisations.

The failure of the provider to ensure care and treatments of service users must only be provided with the consent of the relevant person is a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- The registered manager was aware that some people had certified power of attorney arrangements in place. However, this information was not recorded clearly in the electronic care plans and was not easily

accessible to the care staff should they need to be contacted and involved in decision making. The registered manager assured us this would be addressed immediately.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were knowledgeable about people's support needs at mealtimes. Food was presented in appropriate ways to meet their needs. For example, cut up, or without gravy etc.
- Meals were cooked on the premises and people told us they enjoyed the food. Many people ate in the dining room and it was a sociable event with staff chatting whilst they provided support.
- Everyone had their weight recorded regularly. This helped ensure staff became aware if someone needed further support to maintain a healthy weight.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment of people's needs met the requirements of the Equality Act. This meant that practices in the service took steps to ensure there was equal access to good quality care and support to all people who used the service, irrespective of any protected characteristics such as disability, gender or race.
- Assessments reflected people's needs. They reflected people's individual choices and guided staff on how to effectively provide support that suited people.
- People, their families and relevant health and social care professionals were all involved in creating the care plan which helped ensure that the person's needs were understood and could be met. Relatives comments were mixed, "I am very happy as Mum has just come in for respite and she is settling really well, we are hoping she might like it enough to stay permanently. She likes the activities" and "Sometimes (Person's name) is not always wearing their own clothes. I think the reason they try to leave is that they are bored. They have always been a very busy minded person and there is not enough to keep them occupied. They enjoy the food though."
- When care plans were reviewed, messages were sent to the staff to communicate any changes to them. The staff had to confirm they had received these messages.

Staff support, training, skills and experience

- Most staff had received required training. There was an electronic system that recorded all staff training. This helped the registered manager to have an overview of staff training requirements. Some updates were due, but the registered manager was in the process of arranging for these to be completed.
- New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
- Staff meetings were not held but staff told us communication was good and that the management team were accessible and supportive. The registered manager, deputy and clinical lead were visible in the service.
- Staff were not provided with regular formal opportunities to discuss their individual work and development needs. However, records showed most staff had an annual appraisal and observations of their practice were documented.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Visiting healthcare professionals confirmed they had no concerns about the care provided at Roscarrack House. They told us, "They (staff) are pretty good at raising concerns to us in a timely way" and "We don't have any concerns. However, there was a delay in them obtaining a piece of equipment we asked for. There was no deterioration in the person but no improvement either. It got sorted eventually."
- Staff promptly referred people to other professionals when their needs changed. This helped ensure people could get support as required from health or social care professionals.
- There were records showing people were visited by the GP, the podiatrist or social care professionals.

Adapting service, design, decoration to meet people's needs

- At the time of this inspection there was a number of tradespeople working in the building. The room where the fire had taken place was being completely renovated. Additional electrical points were being added to most people's rooms to remove the use of extension cables. There was also a specialist fire training provider planning training for the staff.
- The service occupied a listed building. This had presented some challenges to the provider when having repairs to the outside such as roofing repairs. There was evidence of water ingress above the staircase. The provider was discussing the roof repair with contractors.
- The environment was suitable for people's needs and provided people with choices about where they could spend their time.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A stair lift supported people to reach the first floor if they were unable to manage stairs.
- The service had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- People's rooms were well decorated and had been personalised to their individual requirements.

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. The rating for this key question 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

- The registered manager had a deputy manager, a clinical lead and an administrator to support them. However, specific roles and responsibilities had only very recently been discussed and these were not yet embedded in practice. This meant the registered manager had not yet delegated specific tasks to each role and was trying to manage them all. They admitted the service had been through a challenging time with COVID-19, the recent fire and then a period of time without IT and phone connection. Concerns found at this inspection had not been identified by the registered manager.
- The registered manager did not have effective oversight of the service provided. This was due to care staff not recording care and support provided directly on to the electronic care plan system in real time. Team leaders were spending approximately an hour each shift manually inputting paper records from the care staff. This meant any overdue care or monitoring concerns would not be identified in a timely manner. Following the inspection the registered manager told us that they had now provided electronic tablets to all the staff, they were supporting staff to use them and the use of paper records would now stop.
- The audit cycle was not always robust or effective in improving aspects of the service. For example, audits completed had not identified concerns found at this inspection or the fire risks prior to the fire. The mattress concern had been identified in an audit in May 2022 but effective action had not been taken. The regular medicines audit had also failed to identify the presence of this Morphine Sulfate.
- Information requested at this inspection was not always up to date and accurate. For example, we were told the staff training and staff supervision/appraisal overview were not accurate at the inspection and needed to be updated, by the administrator, before sending to us a few days after the inspection. This meant the registered manager did not always have an effective overview of the needs of the staff.
- The provider did visit the service but was not formally reviewing the quality of the running of the service, and had not identified the concerns found at this inspection. There were no records of any provider meetings or oversight. This meant opportunities to improve the service had been missed
- CQC had not received required statutory notifications from the service when a vulnerable person had absconded twice from the service without staff knowledge.

The failure of the provider to effectively assess, monitor and improve the quality of the service is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 understood their responsibilities under the duty of candour and was very open and honest throughout the inspection process.
- Relatives were kept informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were knowledgeable about the needs of people they supported. We observed caring and skilled interactions between staff and people living at the service.
- The care staff provided activities for people on a regular basis. External entertainers also visited.
- Management and staff were motivated and committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- Staff and relatives told us they thought the service was well run and that both the management team and staff were approachable.
- Relatives comments were mixed, "I am very happy as (Person's name) is settling really well, we are hoping they might like it enough to stay permanently. They likes the activities" and "Sometimes (Person's name) is not always wearing their own clothes. I think the reason they try to leave is that they are bored. They have always been a very busy minded person and there is not enough to keep them occupied. They enjoy the food though."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There had been no formal residents' meetings, but people were spoken with on a daily basis by staff and the management team. We saw the cook asking people about their meals at this inspection. Staff spent time with relatives and visitors to answer any queries.
- Staff meetings did not take place regularly. However, staff felt well supported through informal conversations and annual appraisals.
- Many staff members had worked at Roscarrack House for many years. Staff comments included, "We get observed for our competency and have an annual appraisal," "(Registered manager's name) is absolutely brilliant, I can ask for what I need for the kitchen and we get it" and "I have worked in many care places and I like Roscarrack House the best, it's a good place to work."

Continuous learning and improving care

- The registered manager told us the provider was aware of the issues we identified with care staff not having access to the electronic care planning system. They were aware of the risks involved in the current system and were considering how to resolve them.
- The provider had responded effectively to the fire service action plan following the fire at Roscarrack House and improvement works were nearly completed.

Working in partnership with others

- The service supported some people with complex needs and were supported by the advice and guidance of health and social care professionals. Care records documented their visits to people.
- Where people's needs changed referrals were made in a timely manner to external professionals, such as

dementia liaison nurses and tissue viability teams.