

Key inspection report

Care homes for older people

Name:	Rosecroft Residential Home
Address:	66 Plaistow Lane Bromley Kent BR1 3JE

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Alison Ford	1 7 0 6 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
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Information about the care home

Name of care home:	Rosecroft Residential Home
Address:	66 Plaistow Lane Bromley Kent BR1 3JE
Telephone number:	02084644788
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	CNV Limited
Name of registered manager (if applicable)	
Mrs Claire Davis	
Mrs Cheryl Angela Fincham	
Type of registration:	care home
Number of places registered:	20

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	20	0
old age, not falling within any other category	0	20

Additional conditions:

The maximum number of service users who can be accommodated is: 20

The Registered Person may provide the following categories of service: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Dementia - Code DE Old Age, not falling within any other category - Code OP

Date of last inspection

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Brief description of the care home

Rosecroft is a Victorian style older detached building, which is situated on a main road, with limited off street parking available at the front. Surrounding roads have parking restrictions but there are public transport links, including a main line railway station. Accommodation is provided on 3 floors with the majority of bedrooms on the ground

Brief description of the care home

and first floors. All of the bedrooms are provided with en-suite toilet facilities. There is a shared bathroom and another shower room in addition to the en-suite facilities. Fourteen bedrooms are for single use, and three rooms for shared use. A small passenger lift provides easy access to the first floor. The basement includes the laundry facilities, and is only for staff use.

Communal space is provided on the ground floor, and comprises a large airy dining room, which leads into a large lounge - which in turn leads to a conservatory through which the garden is accessed.

Fees at the time of this inspection range from £450 - £ 800 and different rates apply to people who are privately funded as opposed to those placed by local authorities. Extra charges for services such as hairdressing and chiropody would be discussed prior to admission.

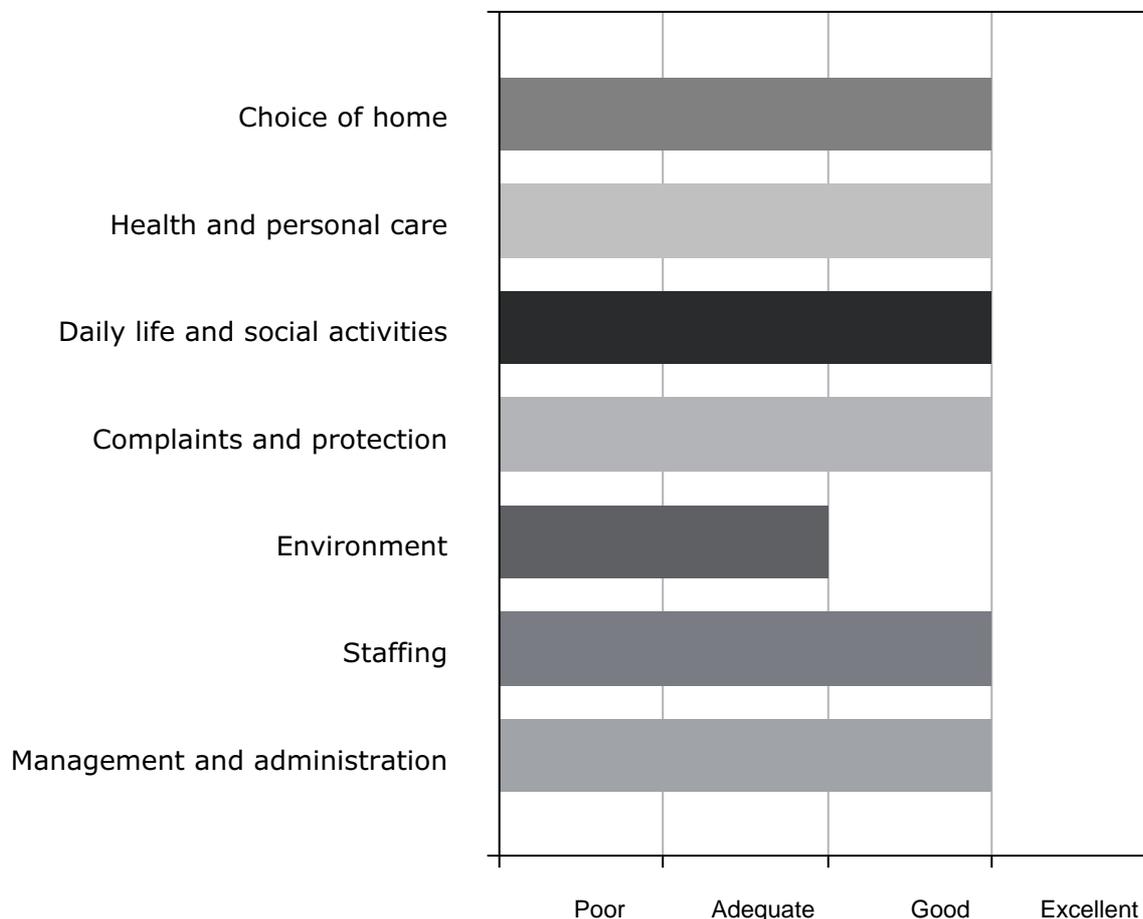
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This report follows a key inspection visit to the service which was unannounced. In writing the report we have also taken in to consideration other information that we have received since the last inspection, including complaints, notifications and things that people have told us about the home.

The manager also sent us the homes Annual Quality Assurance Assessment (AQAA). This is a self assessment document which gives us some statistical information about the home and also tells us how well they believe they are meeting their aims and objectives and about their plans for the future.

During the visit we walked around the home and spoke with the manager and staff. We also spoke to several of the people who live in the home, so that we could try to find out what it was like for them to live there.

We looked at a sample of care plans, medication records and storage and various documentation that the home is required to keep as evidence of its commitment to the health and safety of the people who live there.

What the care home does well:

This home offers comfortable, clean and well maintained accommodation for the people who live there. As an older building, room sizes would not meet current standards however, all of the rooms have en-suite facilities. Since the current owners took over the home has been undergoing an extensive redecoration and refurbishment plan. People told us that they had nice bedrooms and we could see that they have been encouraged to bring in possessions from home to personalise them.

The staff that we spoke with were friendly and we could see that they interact well with the people they support. We were told that they are "very kind " "caring" and "most obliging". Staff training is given a high priority in the home and they displayed a good understanding of residents needs.

Pre-admission assessments and good care planning identify areas where support will be needed and help to avoid unsuitable placements. If it is possible residents would be encouraged to visit the home and see if they liked it before they moved in. They are able to choose how they spend their days and activities and entertainments are arranged for them.

Mealtimes seem to be a pleasurable experience for residents. There is a choice of meal available and they do not have to choose until they are seated. Special diets can be catered for.

Documentation that we viewed provided evidence of the homes commitment to the health and safety of residents. Recruitment procedures are robust to ensure their protection and the safe management of medication means that residents receive this as it has been prescribed by their doctor.

Residents and relatives meetings and annual satisfaction surveys allow people the opportunity to able to comment on the care that they receive and influence the way that it is delivered.

What has improved since the last inspection?

Since the last visit the redecoration programme has continued. New furniture has been purchased for communal areas and residents bedrooms have been painted and refurbished where needed. The garden has also had some new plants and furniture.

A new entry system has been installed at the front door and the CCTV has been removed.

A full time person has been employed to ensure that any maintenance issues are dealt with promptly.

Staff training has improved for all staff with many of the sessions occurring in - house to allow everyone to attend. In addition to mandatory training, sessions have been aimed at meeting the needs of residents e.g dementia, reminiscence and mental capacity.

What they could do better:

Although we have acknowledged the improvements being carried out we did raise some concerns about the state of the laundry. The concrete walls and floors are not easily cleanable and would not meet current guidelines. In order to minimise the risk of cross infection we have asked the providers to address this.

We have also asked them to ensure that records which provide evidence that they monitor the temperature of the hot water in the home are kept in the home so that we can see them when we visit.

We recommended that consideration should be given to ensuring that access to the home is suitable for wheelchair users. Also that wheelchairs should be removed from corridors where they may be a hazard in the event of a fire. We also made some recommendations with regard to the medication records although we did not find any errors in either the storage or recording of administration.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

No-one is admitted into the home without a comprehensive assessment being undertaken to ensure that the home will be able to meet their needs.

This home does not offer intermediate care.

Evidence:

We looked at a sample of care plans and could see that the home had gathered good information about residents, before they moved in to the home, in order to ensure that their needs would be met.

Many of the residents are quite frail and have dementia and admission is arranged on their behalf. However, we spoke with one resident who told us that they had been able to visit before they moved in and the manager told us that this was something she was trying to encourage. Not only does this give people the opportunity to see what the home is like, it also helps staff in the assessment process, helping to avoid

Evidence:

unsuitable placements.

The AQAA informs us that the manager is aware that the brochure needs to be updated so that potential residents would be able to get a more accurate picture of the home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents health care needs are being met in the way that they prefer, they are receiving their medication as it has been prescribed for them and they are treated with respect.

Evidence:

We looked at the care plans of three residents that we had spoken with during the course of the inspection. They have been compiled after consultation with residents and their relatives and we found them to be well organised and generally comprehensive, giving a good picture of how residents preferred to spend their day. They included information about the food that they like to eat and would ensure that staff all knew how to support them. Daily notes were up to date and there were care plans in relation to night time as well.

There was evidence to show that other health care professionals such as the doctor and district nurse are also involved in residents care and visit as required. Others such as the chiropodist and optician also visit the home.

Evidence:

We noted that information about residents past lives and achievements is kept locked away in the office. This information helps care staff to understand much more about the people that they are caring for and the manager has now agreed to keep this with the care plans which are also held quite securely.

The residents that we spoke with, who were able to express an opinion, said that generally staff helped them in the way that they preferred and they did not have any particular concerns.

There are no trained nurses in this home however, all of the care staff who administer medication have received appropriate training. We looked the storage and administration of medication and it was in good order. We did recommend that where residents had no known allergies this should be included on the administration sheets as evidence that it had been considered.

Two residents are prescribed medication to be given as a "a one off dose" prior to chiropody treatment and we have recommended that the instructions regarding when this should be given could be more explicit.

Some medication is kept in the home to be given as part of a homely remedies procedure. We noted that there is not a policy to accompany this. The manager has assure us that as all medication is individually prescribed this practice will now be stopped.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents consider that the lifestyle in this home meets their needs. There are activities arranged to suit their abilities, their families and friends are welcome to visit and they enjoy the meals that are served.

Evidence:

Residents told us that they are free to spend their days as they wish. One said " you just do what you like here, if you want a bath you just ask someone, and you can always get a cup of tea". Several of them have brought in items from home to personalise their rooms such as pictures, ornaments and small items of furniture.

Care plans show that people have been consulted about what they like to do and we are told that one person attends a day centre once a week; others could go if they wanted to. There are regular outside entertainers that come in to the home and relatives and families are invited to join in as well. Care staff organise exercise sessions and games and religious representatives visit regularly. The hairdresser was visiting on the day that we visited.

Advocates could be arranged for those who do not have any relatives or representatives.

Evidence:

Residents all told us that the food in the home is very good. There are boards in the dining room so that they can see what they will be having for their meals and they choose once they are sitting at the table.

The lunchtime meal was served during the inspection, it seemed to be a pleasurable occasion. There was a choice of two meals and another resident, who was reluctant to eat, was offered a sandwich instead. Special diets such as diabetic and dairy free are catered for. We saw that everyone was offered a drink with their meal and there was help for those who needed it.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents are confident that any complaints will be addressed appropriately. The homes policies and procedures are in place to protect them from abuse.

Evidence:

There is a complaints procedure in place which is displayed in the home for everyone to see. However, the people that we spoke with said that if anything was wrong they would tell the staff and it would be sorted out. The manager has an open door policy and is also often out in the home so that any concerns would be dealt with quickly. She told us that she has a good relationship with relatives as well so that they feel able to raise any issues with her.

No complaints have been raised either with the home or with The Commission since the last inspection.

There are policies and procedures in place with regard to the recognition and reporting of suspected abuse. Staff were able to tell us about recent training that they had undertaken and they knew what they should do if they had any concerns. It is recommended that they should also be made aware of how to find the contact numbers of the local authority in the event of them believing their concerns are not being taken seriously.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Although the home would not meet the standards expected of a newer facility it provides clean and comfortable accommodation for the people who live there.

Laundry facilities need to be improved to help minimise the risk of cross infection.

Evidence:

The home is a converted and extended Victorian style house situated on a busy road. There is limited off street parking to the front and the surrounding roads have restricted parking. However it is close to public transport links and local shops.

We undertook a tour of the premises. As an older home it would not meet the standards expected of a newer building. However, it is light and airy. Bedrooms, which are arranged over three floors, are irregularly shaped and some are quite small although they all have en-suite facilities.

The current providers took over the home approximately eighteen months ago. It was quite run down and they and have been working hard to improve the environment for the people who live there. Communal areas have been redecorated and refurnished and residents bedrooms have also been redecorated. We are told that new linen and towels have been purchased and additional plants have been put in the garden. The home now employs a full time maintenance man.

Evidence:

We saw that residents have been encouraged to personalise their rooms with pictures and photographs and other possessions they have brought with them.

Some concerns were raised about the laundry area. It is situated in the basement and locks on the door prevent any of the residents from going down there. However, the area needs upgrading in order to help prevent cross infection. Walls and floors are old concrete and need to be finished with a material that is impermeable and easily cleaned in line with current guidelines. It also looked as if some staff were using the area as changing room; we noted outdoor clothes and shoes in the corner. We understand that there is a staff changing room therefore this practice must stop.

On the day of the inspection the home was clean and free from malodour. Residents told us that it is always very clean.

We noted that currently access into the home would be difficult for a wheelchair user and the home would benefit from having ramps fitted to the front and back doors or having a portable ramp.

There is also a steep drop on one side of the patio which could pose a risk to frail residents however, the maintenance man agreed to address this at the time of the inspection.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There are enough suitably trained staff on duty to meet the needs of the people who live in this home.

Evidence:

On the day of our inspection there were sufficient staff on duty to meet the needs of the people who live in the home. Care staff were supported by the cook, cleaner and laundry assistant and the maintenance man also works full time.

We spoke with care staff who were able to tell us about the training they had undertaken and, in the case of new staff, about the induction programme they had undergone. Recent training has included sessions about reminiscence, risk assessment and deprivation of liberty. We saw copies of the certificates evidencing training and we were told that their will be a training matrix put in place to make it easier to see exactly what sessions have been arranged. 68% of staff have achieved an NVQ qualification to at least level 2 or above.

Regular staff supervision and appraisal is undertaken for all staff to monitor their performance and identify any training needs.

We looked the files of three staff who have been employed since our last visit and we could see that all of the necessary checks are undertaken before they start work This

Evidence:

includes clearance from the Criminal Records Bureau which ensures that people who have been judged as being unsuitable to work with vulnerable adults are prevented from doing so.

People that we spoke with during our visit were very complimentary about staff. They told us that they were "kind, caring," and "very obliging". We could see that they had a very pleasant attitude towards residents and interacted well with them.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed in the best interests of the people who live there.

Evidence:

The home is currently managed by Mrs Claire Davis. She was previously the deputy manager for another home owned by this company and has attained her NVQ level 4 and Registered Managers Award. She attends regular training sessions with her staff to ensure that she keeps up to date with current regulations and legislation.

There are regular meetings for residents and their relatives to enable them to comment on the services provided by the home and the company sends yearly questionnaires out as well. Comments from these would be used to influence how the home is run.

The company has also appointed a new group manager who visits frequently to offer advice and support and ensure that the home is meeting its aims and objectives.

Evidence:

The home does not have financial responsibility for any of the residents however, some money is kept on their behalf, mainly for services such as hairdressing and chiropody. We looked at a sample of the accounts and they were accurate and easy to understand.

The AQAA tells us that the equipment and services in the home are appropriately maintained and that they comply with health and safety regulations. A recent visit from the fire officer resulted in a request for new safety glass to be fitted to the office and we are told that this will be done. We noted that covers have been fitted to the fire extinguishers and have recommended that removal of these by a staff member should become a part of the homes fire drills. We also noted that wheelchairs were stored in the corridor and have suggested that alternative storage should be found so that they are not a hazard in the event of a fire.

A recent environmental health visit to the kitchen was apparently satisfactory.

We were told that the temperature of hot water is monitored regularly however, we were not able to see the records. These must be kept in the home so we can satisfy ourselves that residents are not at risk.

We looked at the records of accidents that have occurred in the home and we were told that the forms are put into residents folders. We have recommended that these should be audited regularly in order to check if there are any common themes in relation to accidents.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	26	13	Staff must not change in the laundry area. In order to help minimise the risk of cross infection	30/07/2009
2	26	13	Laundry facilities must be upgraded. In order to help minimise the risk of cross infection.	30/11/2009
3	38	13	There must be records available to show that hot water temperatures in the home are being monitored regularly. To provide evidence that residents are not at risk from water that is too hot.	30/07/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	9	It is recommended that medication records should be more

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		explicit where medication is supplied to be taken prior to an identified procedure.
2	9	It is recommended that medication records also indicate where a resident does not have any allergies as evidence that this has been considered.
3	18	It is recommended that staff should be made aware of how to contact the local authority should they have any worries about the way that their concerns are being addressed.
4	19	Ramps should be fitted to doors leading outside the home for ease of use by those people who need to use wheelchairs.
5	38	It is recommended wheelchairs should be removed from corridors where they might be a hazard in the event of a fire.
6	38	It is recommended that accident records should be regularly audited to check if there are any commonalities.
7	38	It is recommended that the removal of covers from fire extinguishers should form part of the fire drill.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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