

Roscarrack House limited

# Roscarrack House

## Inspection report

Roscarrack House  
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13 February 2017

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection on 8 March 2016. A breach of the legal requirements was found. This was because risk assessments did not always provide staff with enough information to know how to support people safely. There were some gaps in medicine records meaning staff did not have an accurate account of how much medicine had been given. Audits carried out by the service had not identified these omissions. Some staff were concerned that due to the increased dependency levels of people using the service they did not always have the time to carry out care in a timely way, potentially putting people at risk. Following the comprehensive inspection the registered provider wrote to us to say what they would do to meet the legal requirements in relation to the breach. As a result we undertook a focused inspection on the 13 February 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the question 'is the service safe?' You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosecarrack House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Roscarrack House is a family run residential home that can accommodate up to 19 older people. On the day of the inspection 19 people were using the service. Roscarrack House is required to have a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had taken action to improve risk assessments so the directive was clear and all staff had access to the information. Risk assessments identified potential risks to people and provided instructions for staff members as to how to manage and minimise individual risk.

The registered manager and deputy manager had reviewed the way medicines were managed. Regular audits were taking place with evidence of any errors being recorded and responded to through staff training. Medicine records seen were accurate and showed medicines had been administered as prescribed at the time prescribed.

Staffing levels had fluctuated in recent months; however a full staff team were now in place with an additional member of staff covering the busiest times of the day. Staff told us it was busy but there were enough of them to support people safely.

At this focused inspection we found the registered provider had taken effective action to meet the requirements of the regulations and the breach had been met.

## 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. Risk was being identified and managed to keep people safe.

Changes made to the management and administration of medicines ensured they were safe.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

**Good** ●

# Roscarrack House

## **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 was planned to check 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.

We undertook an unannounced focussed inspection of Rosecarrack House on 13 February 2017. This inspection was completed to check that improvement had been made to meet legal requirements following our comprehensive inspection on 8 March 2016. We inspected the service against one of the five questions we ask about services; is the service safe? This was because the previous concerns were in relation to this question.

The inspection was carried out by one adult social care inspector. Before our inspection we reviewed the information we held about the service. This included the information from the service regarding what steps they would take to meet the legal requirements.

We spoke with the registered manager, deputy manager and three staff members. We spoke with four relatives and three people using the service. We looked at two care plans with updated risk assessments. We also checked medicines records and the storage of medicines. We observed staffing levels.

# Is the service safe?

## Our findings

At our previous comprehensive inspection in March 2016, we found risk assessments did not always provide staff with enough information to know how to support people safely. There were some gaps in medicine records meaning staff did not have an accurate account of how much medicine had been given. Audits carried out by the service had not identified these omissions. Some staff were concerned that due to the increased dependency levels of people using the service they were not always able to provide timely support. This potentially put people at risk.

At this inspection we found the service had taken action to address these risks. The risk assessments for both of the people whose care plans we inspected had been reviewed and updated since our previous inspection. These documents were written in a way which staff understood and showed risk assessments were written in a way which staff understood. They showed staff what risks affected the person and the level of risk. Staff said, "It's much clearer to see what risks are impacting residents and the impact of that risk" and "You can see at a glance what we should be doing to make them safe." Where a person had been discharged back to the service from hospital their risk level had been reviewed to monitor the person more closely and at specific times. The risk assessment included the date each identified risk had been reviewed. These dates varied depending on the level of risk. For example where a person was at a high risk of falls and trips this area of their risk assessment was reviewed more frequently. Families told us they thought the service kept their relatives safe. One relative said, "(Person's name) thinks they can do more than they are able. Staff really keep their eye on them."

A medicine review took place following the last inspection to see how to improve the accuracy of medicine administration. Steps had been taken to carry out more audits as well as recording all medicine errors. An occurrence report showed that since April 2016 the number of missed recordings had significantly reduced. This was due to staff competence being assessed and where necessary staff stepping down from the role. Additional medicines training had been provided in September 2016. A staff member told us the revised system had improved the way medicines were administered. Records seen showed they were being administered and signed for at the prescribed times in the prescribed doses.

When we inspected the service in March 2016 staff were concerned that due to increased dependency levels they did not always have time to carry out their roles in a way they felt they needed to. Staffing levels had fluctuated during 2016. The registered manager told us it had been a difficult few months but that there were now more staff than at the time of the previous inspection. This inspection identified the registered manager had listened to staff and had recruited more care staff to complete the staff team. There was now an additional member of staff used to cover the busiest times of the day. A staff member said, "It's been a tough few months especially last summer but it's got much better now with the new staff." Call bells were being responded to in a timely way. One person told us they didn't usually have to wait long for staff to respond to them. A staff member told us that most people stayed in their own rooms for most or part of the day so call bells were used more frequently. Staff members were visible in all areas of the service throughout the inspection. The registered manager and deputy manager told us they 'step in' if there is an unexpected staff absence.

We judged that the service had taken action to meet the requirements of the regulations and the breach was now met.