

Review of compliance

<p>C N V Limited Rosecroft Residential Care Home</p>	
<p>Region:</p>	<p>London</p>
<p>Location address:</p>	<p>66 Plaistow Lane Bromley Kent BR1 3JE</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>June 2012</p>
<p>Overview of the service:</p>	<p>Rosecroft Residential Home is registered to provide accommodation and personal care services to 23 people.</p> <p>The home is located in a residential area within walking distance of local shops and public transport links. Parking is also available on site.</p> <p>All of the bedrooms in the home have</p>

	<p>hand basins, and most bedrooms have en suite facilities. The home has a large communal lounge, and dining room. A full size passenger lift provides access to all floors.</p>
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Rosecroft Residential Care Home was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 25 April 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

Overall, people we spoke to were happy with the quality of service provided by the home.

People said that the home was always clean and that staff were "excellent" and that they were treated well. Some people said that individuals needed more one-to-one time with staff.

People using the service told us that they felt safe in the home.

What we found about the standards we reviewed and how well Rosecroft Residential Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

The home had arrangements in place to ensure that people were kept informed and involved in decisions about their care and treatment.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

The home had procedures in place to ensure that people received care that was appropriate and safe.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

The home had arrangements in place to identify, prevent and respond to allegations of abuse.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

The home must ensure that medicines are appropriately stored.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

There were insufficient arrangements in place to ensure that staff received appropriate training, and regular supervision and appraisal.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. However, the home needed to ensure that improvements were made to the service when identified.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

The home must maintain an accurate record of people in their care and ensure that records are kept secure.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report,

setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

Relatives told us that they had been involved in care assessments and were kept well-informed about the health of family members living in home.

People were aware of the range of activities offered by the service although some people living in home were not interested in participating.

People told us that they were happy to complain about any issues in the home and that generally staff were responsive to people's needs.

Other evidence

The home involved people in decisions about their care and welfare, and supported them to be independent.

The home had a public notice board which was used to inform residents and relatives of changes or events in the home. The Advocacy First service and home's complaints procedure were advertised on the notice board.

A service user guide with information about the home was located in people's rooms. However, the provider may find it useful to note that the Statement of Purpose did not

include the name of the home's new manager.

A relatives meeting was last held in December 2011. The minutes from the meeting showed that people were updated on changes occurring in the home, told about upcoming events and given an opportunity to raise any issues or concerns. People were also encouraged to take advantage of the manager's open door policy.

The manager told us that the home conducted a residents/relatives survey each year. The last survey took place in June 2011. We were told that a new questionnaire was in the process of being sent out to people.

The home recently started a home newsletter. The April 2012 edition promoted upcoming events, discussed renovations taking place in the home and asked people for feedback about the home.

The residents' terms and conditions of agreement outlined the rights and responsibilities of people living in the home.

The home's activities notice board had a weekly schedule which included an exercise programme and church service. The home had also arranged transport to an external celebration event and regularly supported more able-bodied people to go for walks outside the home.

Our judgement

The provider was meeting this standard.

The home had arrangements in place to ensure that people were kept informed and involved in decisions about their care and treatment.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Some people said that they were impressed with the home and its staff – rooms were clean and staff were responsive to any issues raised with them. People told us that staff were "kind," "always trying" and "sincere."

Relatives confirmed that they had been involved in a formal assessment and induction process prior to family members moving into the home.

People said that external healthcare professionals regularly visited the home and that they were able to access GP and optician services if they needed to.

Some relatives said that they had also been involved in ongoing reviews of care plans for people using the service. The manager told us that if family were not able to attend reviews then the home would discuss people's care over the phone.

One relative told us that they thought there could be more one-to-one stimulation for people in the home. Other relatives and people using the service said that the home arranged regular activities for people in the home. Overall, people we spoke to felt that there was enough staff on duty in the home. The manager explained that there was a formal assessment tool to determine the numbers of staff that were needed on duty.

Other evidence

The home had assessment processes in place to ensure that people's care and welfare were maintained.

Care plans were audited by the manager every two months.

The manager told us that health professionals regularly visited the home including a GP, dentist, optician and chiropodist.

The home had emergency procedures in place. Staff explained that there was an emergency folder which could be accessed if necessary. Emergency procedures were also located on the public notice board.

Staff meeting minutes showed that issues related to the care and welfare of people in the home were regularly discussed. Some staff we spoke to said that they attended staff meetings. Staff also told us that they regularly attended handover meetings and checked the staff communications book to make sure that they were aware of any important issue related to people in the home.

Our judgement

The provider was meeting this standard.

The home had procedures in place to ensure that people received care that was appropriate and safe.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People using the service told us that they felt safe in the home.

Other evidence

The home had formal safeguarding policies and procedures in place. The public notice board had information about how to recognise signs of abuse.

Staff we spoke to had a good understanding about how to respond to potential safeguarding incidents.

Training records showed that all care staff had completed up-to-date safeguarding training.

The manager confirmed that staff held Criminal Records Bureau disclosure certificates. However, the provider may find it useful to note that some staff had not been rechecked for several years.

Safeguarding concerns and incidents were discussed at handover meetings and in staff meetings. The staff communication book showed that staff were kept up-to-date about any incidents in the home.

Notification records for the home indicated that the home regularly informed us of any safeguarding concerns.

Our judgement

The provider was meeting this standard.

The home had arrangements in place to identify, prevent and respond to allegations of abuse.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is non-compliant with Outcome 09: Management of medicines. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

The temperature book for the medicines fridge had not been regularly recorded to ensure that medicines were kept at a safe temperature.

During our visit we found that the medication trolley was locked and kept permanently in the dining room area.

Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

The home must ensure that medicines are appropriately stored.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is non-compliant with Outcome 14: Supporting staff. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

People told us that staff were "excellent" and that they were treated well.

Other evidence

Staff recently employed by the home told us that there was a formal induction process in the home.

Training records showed that the majority of care staff had completed up-to-date safeguarding, manual handling, food hygiene and infection control training. However, only one staff member had completed health and safety training, and no staff had been through up-to-date fire safety, pain management and continence training. The training records also showed that only two of the three senior staff who administered medication had received up-to-date medicines management training.

The home did not provide evidence which confirmed whether staff had received regular formal supervision. Staff we spoke to could not recall the last time they had attended a formal supervision meeting but some thought it was a "long time ago." The manager told us that each staff member should have at least one formal supervision meeting every six weeks.

Records showed that annual appraisals were due for all staff in May 2012. Staff said that appraisals were due.

Our judgement

The provider was not meeting this standard. We judged that this had a moderate impact

on people using the service and action was needed for this essential standard.

There were insufficient arrangements in place to ensure that staff received appropriate training, and regular supervision and appraisal.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is non-compliant with Outcome 16: Assessing and monitoring the quality of service provision. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

The home regularly assessed and monitored the quality of its facilities and service.

Every two months, the manager audited care plans, peoples' independence, health and safety, kitchen, medication, accidents, incidents and infection control within the home.

Annual medication audits were undertaken by a pharmacy provider. The February 2012 audit identified several areas for improvement.

Monthly business reviews were conducted by the home which discussed complaints, compliments, staffing and incidents. Completed reviews from January and February 2012 included action points for improving the service. Although the reviews indicated when actions had been completed, there were several areas that had still not been addressed.

The June 2011 relatives' questionnaire evaluation showed that, overall, people were happy with the service being provided

Monthly quality assurance visits by the registered provider in February and March 2012 looked at; the management of the home, staffing, incidents, accidents, complaints and

spoke to residents and staff. There were no significant issues identified in the visit reports.

A fire inspection was conducted in February 2012. An action plan submitted by the home indicated that several issues identified by the inspection would be addressed over the next few months.

Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service and action was needed for this essential standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. However, the home needed to ensure that improvements were made to the service when identified.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the services but their feedback did not relate to this standard.

Other evidence

Care plan audits from January and February 2012 identified several areas that needed to be addressed including improving Medication Administration Records (MARs).

MARs, night-check and bathing records and the staff communications book were found unsecured in the public dining area. Staff told us that these records were kept permanently in the dining room.

Our judgement

The provider was not meeting this standard. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

The home must maintain an accurate record of people in their care and ensure that records are kept secure.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: The home must ensure that medicines are appropriately stored.	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	How the regulation is not being met: There were insufficient arrangements in place to ensure that staff received appropriate training, and regular supervision and appraisal.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: The provider had an effective system to regularly assess and monitor the quality of service that people receive. However, the home needed to ensure that improvements were made to the service when identified.	
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008	Outcome 21: Records

	(Regulated Activities) Regulations 2010	
	<p>How the regulation is not being met: The home must maintain an accurate record of people in their care and ensure that records are kept secure.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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