

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Rosecroft Residential Care Home

66 Plaistow Lane, Bromley, BR1 3JE

Tel: 02084644788

Date of Inspection: 07 June 2013

Date of Publication: July 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✘	Action needed
Management of medicines	✘	Action needed
Supporting workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard
Records	✔	Met this standard

Details about this location

Registered Provider	C N V Limited
Overview of the service	Rosecroft Residential Care Home is located in the London Borough of Bromley and is registered to provider care for up to 20 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	8
Supporting workers	10
Assessing and monitoring the quality of service provision	11
Records	12
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	13
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Rosecroft Residential Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Supporting workers
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 June 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

At our inspection on 07 June 2013 we followed up compliance and enforcement action that we had taken following our inspection on 02 April 2013. We had asked the provider to make improvements to the way in which people's needs were assessed and their care planned and delivered. We also required that they make improvements in areas relating to staff training and supervision; the quality monitoring of the service; management of medicines and record keeping in the home.

People we spoke with were generally happy with the care they received. One person told us the staff were "fine", another person told us "they help me when I need them" and that they enjoyed the food on offer in the home. We saw that interactions between staff and people living in the home were relaxed and friendly.

We found that suitable improvements had been made in some areas. Staff had been supported in their roles through training and supervision. Records were stored securely and could be located promptly when requested. However we also found that people were at risk of unsafe or inappropriate care because their needs had not always been adequately assessed and care had not always been properly planned.

The provider had undertaken audits in a number of areas within the home and had acted where any issues had been found. Improvements had been made to the way medicines were managed although some problems remained regarding the recording of medication.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 27 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

People experienced care, treatment and support that did not always meet their needs and protect their rights.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

Reasons for our judgement

At our inspection on 02 April 2013 we found that people were not always protected from the risks of unsafe or inappropriate care because there were inconsistencies in the way their needs had been assessed. Care and treatment had not always been planned in such a way as to ensure their safety and welfare. The provider wrote to us and told us they would take action to address these issues.

During our inspection on 07 June 2013 we found that people's needs were not always adequately assessed and that care and treatment was not always properly planned. The provider had undertaken an assessment of people's individual needs which covered areas including mobility, mental health, dietary requirements and any assistance required with personal care. In most cases assessments had been reviewed on a monthly basis. However, we found that assessments had not always been reviewed and updated following changes in people's needs. For example, one person had been assessed as being able to walk alone and their mobility care plan indicated they only required the use of a walking frame when mobilising. However, a recent staff group supervision record indicated that this person's needs had increased and they now occasionally required the use of a wheelchair. One staff member we spoke with also told us the person required one to one support when they walked. Therefore the person was at risk of inadequate support when mobilising.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. We found one person's needs had been assessed but their care plan documentation had not been left blank. This lack of documentation regarding how care should be delivered could result in staff unfamiliar with the person's needs being at risk of offering support that was inappropriate or unsafe. Another person had been assessed at a recent review by an external healthcare professional as requiring

one to one support in order to help manage their behaviours but their care plan had not been updated to reflect this need and no additional support had been put in place.

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

Our judgement

The provider was not meeting this standard.

People were not always protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our inspection on 02 April 2013 we found the provider was not meeting this essential standard because medicines were not always stored safely and were not always given to people appropriately. We also found that some staff had not received suitable training in administering medication to people living in the home. We took enforcement action against the provider and required improvements to be implemented by 03 May 2013. During our inspection on 07 June 2013 we found that some improvements had been made to the way in which medicines were managed within the home although there were still some areas of concern.

Medicines were kept safely. Medicines were kept in a locked medication trolley which was securely stored in a locked temperature controlled office when not in use. Access to the keys was restricted to the senior staff member responsible for administering medication on each shift. Where required, some medicines were securely stored in a lockable medicines refrigerator to ensure that they were kept at the recommended temperature. Regular temperature checks of the refrigerator had been made by staff to ensure the quality of the medicines was maintained. However we noted that one member of staff responsible for administering medication was not aware of the temperature limits for the safe storage of medicines in the refrigerator.

Medicines were safely administered. Most medication was obtained in Monitored Dosage Systems (MDS) which helped to reduce the risk of mistakes when administering medication to people. We saw that photo cards had been attached to each person's medication administration record (MAR) to help ensure that staff administered medication to the right person. Senior staff had also received recent training in the safe administration of medicines to help ensure their competence to administer medication in the home.

Appropriate arrangements were not always in place in relation to the recording of medicine. We noted that a recent medication audit had highlighted concerns about staff signing people's MARs prior to their administering medication. On the day of our inspection we also found that two people's MARs had been signed as having had taken lunchtime

medication prior to the medication round beginning. We confirmed with staff that the medication in both cases was still in each person's MDS and it was administered at the correct time. A review of one person's medication found that the person's MAR did not accurately reflect the number of tablets remaining, leaving two tablets unaccounted for.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our inspection on 02 April 2013 we found the provider was not meeting this essential standard because staff had not received adequate training or support through supervision. We took enforcement action against the provider and required improvements to be implemented by 03 May 2013. During our inspection on 07 June 2013 we found that staff had received supervision and training to help meet the needs of people living in the home.

Staff received appropriate professional development. Training records provided by the manager showed that most staff had undergone recent training in key areas including health and safety, food hygiene, moving and handling, infection control and safeguarding vulnerable adults. We also found that all staff had received at least one supervision session since our last inspection, in line with the provider's supervision schedule.

Staff we spoke with confirmed that they had attended the training and supervision sessions and told us that they felt well supported in providing care to people living in the home. However the provider may wish to note that staff had not received any recent training in the area of dementia despite this being the predominant diagnosis of people living in the home. We spoke to the manager about this who confirmed that dementia awareness training was in the process of being planned but were unable to assess this at the time of our inspection.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

At our inspection on 02 April 2013 we found the provider was not meeting this essential standard because audits within the home had not been conducted on a regular basis as planned. We took enforcement action against the provider and required improvements to be implemented by 03 May 2013.

During our inspection on 07 June 2013 we found that the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. Recent audits had been undertaken covering a number of key areas within the home including for example, health and safety, infection control and medication. Regular maintenance checks had also been conducted to ensure people were cared for in a safe environment. These included for example regular fire alarm tests and checks of fire doors as well as the testing of portable appliances around the home such as televisions.

The provider had taken appropriate action where concerns had been noted during the audit process. For example, the medicines refrigerator thermometer was found to be faulty during the medication audit and the provider had arranged for this to be replaced. However, the provider may find it useful to note that at the time of our inspection that whilst staff files had been audited and updated where required, the manager had not undertaken an audit of people's care plans to ensure they accurately reflected people's needs. We spoke to the manager about this and they agreed to include care plans in the audit schedule.

The provider told us they were developing a new customer care survey which was to be distributed to people living in the home and their relatives in order to gain feedback about the service provided and we saw that this was scheduled for distribution in the summer. However, we were unable to review this at the time of our inspection as it had not been completed. We saw that the provider had a complaints policy and procedure in place which was on display for people and their relatives in the home although the manager told us that nobody had recently raised any concerns. People we spoke with told us they were happy with the quality of the care they received.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were mostly maintained.

Reasons for our judgement

At our inspection on 02 April 2013 we found the provider was not meeting this essential standard because records were not always kept securely and could not always be located when requested. We took enforcement action against the provider and required improvements to be implemented by 03 May 2013. During our inspection on 07 June 2013 we found suitable improvements had mostly been made.

Records were kept securely and could be located promptly when needed. Records relating to the care of people living in the home were kept securely in a lockable cabinet within the home. Staff we spoke with knew where records were stored and could locate them promptly when asked to do so. Staff files were stored securely in the manager's office and were available for review upon request.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Staff files which had been missing at our previous inspection had been replaced although the provider may wish to note that replacement references for some staff were still outstanding. However, we saw records demonstrating that other appropriate checks had been undertaken on staff including checks of photographic identification and criminal records checks. Staff training certificates and supervision records accurately reflected the provider's training and supervision schedules for the year to date.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
	How the regulation was not being met: People were not always protected against the risks associated with the unsafe use and management of medicines, because appropriate arrangements were not always in place for the recording of medicines. Regulation 13.

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 by 27 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
