

***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: 06 August 2013

Date of Publication: August 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**

✓ Met this standard

**Management of medicines**

✓ Met this standard

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | C N V Limited   |
| Registered Manager      | Ms. Sibongile Maphosa   |
| 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  |

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 August 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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At our inspection on 06 August 2013 we followed up compliance and enforcement action that we had taken following our inspection on 07 June 2013. We had asked the provider to make improvements to the management of medicines within the home. We also required that they make improvements to the way in which people's care was planned in order to ensure their safety and welfare.

People we spoke with told us they were satisfied with the care they received in the home. One person told us "I'm well looked after" and that they had no concerns. Another person told us they were "very well" and that they were enjoying their day. Everyone we spoke with presented themselves in a positive mood and appeared happy when interacting with staff.

We found that improvements had been made to the way in which people's care was planned and that staff were aware of any potential risks to people and knew how to support them so as to ensure their safety and welfare. We also found that improvements had been made to the way in which medicines were managed within the home.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

At our inspection on 07 June 2013 we found that people's needs had not always been adequately assessed and care had not always been planned in such a way as to ensure their safety and welfare. We took enforcement action and required that improvements be implemented by 09 July 2013. At our inspection on 06 August we found that suitable improvements had been made to the way in which people's care had been planned and delivered.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans we looked at covered areas of need including personal care, nutrition, mobility, continence and medication. We saw that the provider had reviewed and updated people's care plans since our previous inspection to ensure they were reflective of their current individual needs. For example one person's mobility care plan now included information relating to their occasional wheel chair use.

Care and treatment was mostly planned and delivered in a way that was intended to ensure people's safety and welfare. Where risks to people had been identified we saw that the provider had taken appropriate action. For example, we saw that the manager had involved the district nurses service and arranged for new equipment to be brought into the home for one person who had been assessed as being at risk of falls. New risk assessment tools had also been introduced when assessing people's mobility and risk of falls although the provider may find it useful to note that new risk assessments relating to nutrition and people's skin integrity had not yet been implemented and the previous assessments in these areas were overdue for review.

Staff we spoke with were aware of people's care plans and could describe how they worked to ensure people's safety and welfare. For example, staff were aware of one person's sensitive skin condition and which products not to use when supporting them with personal care. Staff were also able to correctly identify those people requiring support to eat during meal times and those with specific dietary requirements.

Arrangements were mostly in place to deal with foreseeable emergencies. Staff we spoke with were aware of procedures in the home and the action they would take in the event of a medical emergency. A first aid kit was available in the home although we noted that it had not been checked regularly and some items were out of date. We spoke to the manager about this and they ordered a replacement on the day of our inspection.

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

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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At our inspection on 07 June 2013 we found that the provider was not meeting this essential standard because arrangements relating to the recording of medicine within the home were not always followed by staff. The provider wrote to us and told us they would take action to address this issue. At our inspection on 06 August 2013 we found that suitable improvements had been made.

Medicines were safely administered. Staff responsible for administering medication had received training within the last twelve months to help ensure that they were competent to do so. Each person's medication administration record (MAR) had a photo card attached to help staff ensure they administered medicines to the correct person. Most medications in the home were obtained from the pharmacist in monitored dosage systems (MDS) to help reduce the risks of incorrect doses or medications being administered to people. Where medicines were not administered from an MDS we saw that they were stored individually in clearly labelled packaging.

Appropriate arrangements were in place in relation to the recording of medicine. We found that people's MARs had been completed by staff at the correct time of day and that the medicines we checked in the medication trolley were all properly accounted for when cross referenced with the records. A recent medication audit conducted by the provider also noted improvements to the way in which staff recorded administered medicines. The provider also maintained a staff signature list with the MARs so it was clear who had administered medication at any given time.

Medicines were kept safely. Medication was stored in a locked trolley within the home and access to the keys was restricted to the person on each shift responsible for administration. The trolley was stored in a temperature controlled room when not in use. Where required, some medicines were stored in a locked medicines refrigerator and we saw that temperature checks had been made on a regular basis. We also saw that appropriate arrangements were in place for the storage and handling of controlled drugs should they be prescribed to people in the home. Staff we spoke with were aware of the recommended temperatures at which medicines should be stored.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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