Inspection Report

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

Rosecroft Residential Home

Westfield Drive, Workington, CA14 5AZ

Tel: 01900604814

Date of Inspection: 24 March 2014

Date of Publication: April 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✖ Action needed
Staffing	✓ Met this standard

Details about this location

Registered Provider	Stilecroft (MPS) Limited
Registered Manager	Mrs Elizabeth Bedford
Overview of the service	Rosecroft is a residential care home that provides care and accommodation for up to 51 people. The home is situated in the town of Workington. Rosecroft is a large detached property set in its own grounds gardens with seating areas for people to enjoy the gardens and ample parking space. The accommodation is over two levels with a lift accessing the second floor.
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'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 24 March 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

This responsive inspection was undertaken because concerns had been raised about the care and support provided to the people who lived in this home. We had also been told that there was insufficient staff employed to provide the level of care to meet people's assessed needs.

During our visit, we walked around the building, spoke to people who lived in the home and talked to the staff on duty. This included care staff, domestic and catering staff.

People told us:

"I am very happy here and I made up my own mind. I just couldn't manage on my own any longer".

"There is always plenty of staff and when you ring the bell they are there in seconds".

We looked at the care and support documents and found the care plans and risk assessments still did not fully reflect people's individual needs and preferences. Nor did they clearly direct staff in the safe delivery of care. In all the care plans we looked at none of them were sufficiently robust to ensure staff were given enough information to fully meet the needs of the people they supported.

Dietary requirements were not always recorded which meant people could become malnourished or dehydrated.

We found that staff did not routinely read the care plans to familiarise themselves with all the assessed needs.

We looked at the staffing levels on the day of our visit and found there was sufficient numbers of staff on duty to provide care and support to those who used the service. Although we saw, in the dementia unit, good interactions between the staff and the people they supported staff had not completed any training in dementia care.

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 07 May 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

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.

We judged that due to records not being kept up to date people were not guaranteed to always receive care and treatment that met their needs.

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

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Reasons for our judgement

This responsive inspection was undertaken because concerns had been raised about the care and support provided to the people who lived in this home. We had also been told that there was insufficient staff employed to provide the level of care to meet people's assessed needs.

During our visit, we walked around the building, spoke to people who lived in the home and talked to the staff on duty. This included care staff, domestic and catering staff.

People told us they were very happy with the way they were cared for and that the staff always treated them with respect. We observed the way in which staff spoke to people and found their attitude to be caring and polite. People told us:

"I am very happy here and I made up my own mind. I just couldn't manage on my own any longer".

"There is always plenty of staff and when you ring the bell they are there in seconds".

"I could not be happier and there is always something to do. I won at bingo again this morning".

We read a sample of the care files for people who lived in the dementia unit and those who lived in the frail elderly unit. We found that the care plans and risk assessments did not

fully reflect people's individual needs and preferences. Nor did they clearly direct staff in the safe delivery of care. In all the care plans we looked at none of them were sufficiently robust to ensure staff were given enough information to fully meet the needs of the people they supported.

We saw that when people were supposed to have a fortified diet this was not always given. This meant there was a risk of people becoming malnourished. Where people had difficulties swallowing advice from the speech and language therapist was not always requested in a timely manner. We saw from the care records that not everyone had their weight monitored appropriately.

We spent some time in the dementia care unit and spoke to the staff on duty. We found the interaction between the staff and people to be positive and caring even though the staff had not worked at the home for very long. When we looked at the care plans we could not see where additional care plans were put in place for specific needs such a dietary needs or challenging behaviour. This lack of information could also mean people did not get the appropriate level of care and support.

Staff told us they did not routinely read or refer to the care plans but used the handover monitoring sheets as these provided current information about people's support needs. We checked these sheets and found that they contained limited information and discussed with the manager how staff could be given the time to read the care plans every day. This would ensure all staff were able to deliver the most appropriate care throughout their shift.

Records were kept of doctor's visits and those of other visiting health care professionals.

Although everyone who lived in Rosecroft had an identified plan of care in place we judged that because of the limited information they contained this had an effect on the people using this service.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There was enough qualified, skilled and experienced staff to meet people's needs.

However, the manager may wish to look at the deployment of staff within the dementia care unit.

Reasons for our judgement

One of the concerns raised about this service was the number of staff on duty to care and support people who lived in Rosecroft.

We asked for, and were given, copies of the staff roster for the previous four weeks and the following two weeks. We could see that there had been times over that period when the manager had been unable to cover for staff absences. This meant that there were times when a full complement of staff was not on shift.

On the day of our visit we found that there were five support workers, one supervisor and the home manager on duty. There were also three catering staff, three domestics, the handyman and the administrator on duty. The manager was in the process of recruiting more support workers in order to increase the number of support workers to six during the day. The night staff rosters confirmed that there were four members of staff on duty throughout the week. We judged that if the manager could sustain these levels there would be sufficient to meet people's needs.

We spent time in the dementia care unit and found that there were times when, because only two staff were rostered to work in that unit, people were left unsupervised. As some had very complex needs this could lead to negative interaction or incidents between those who used this service. We spoke to the staff on duty in this unit and they both told us they were happy caring for people with complex needs. They had not been working at Rosecroft for very long and on checking the training plan we could see that neither had completed and training in dementia care.

We saw from the staff rosters that staff moved daily between the units. This inconsistency could mean that people in the dementia care unit were not given the opportunity to become familiar with the staff providing their care and support. The manager may wish to note this and look further at the deployment of staff throughout the home.

We asked people living in Rosecroft for their opinion about the people that worked in the

home and received these comments:

"The staff are lovely especially the girl who cooks my breakfast".

"These lassies are super they have made me feel at home".

"As soon as I ring my bell they come……never have to wait more than a couple of minutes".

We judged by observation and by discussion that, on the whole, staffing levels were suitable to meet the needs of the people who used this service.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The registered person was not ensuring that proper steps were in place to ensure that each person who used the service was protected against the risk of receiving care or treatment that was inappropriate or was unsafe.

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 07 May 2014.

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

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