

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: 08 August 2013

Date of Publication:
September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Records	✓	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'.

	Page
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
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Staffing	9
Assessing and monitoring the quality of service provision	10
Records	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 8 August 2013, 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, talked with carers and / or family members, talked with staff and talked with other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People we spoke with told us they were "very happy" with the care provided in the home. They told us, "The staff are wonderful, they are very kind and nothing is too much trouble".

People we spoke with told us the food was good. One person told us, "Sometimes they give you too much, but it's all good." Another person told us, "It's very tasty." A relative we spoke with told us how they were invited to stay for meals whenever they visited. We were told by staff that this was normal practice.

One person who used the service told us, "Everything here is very good. They look after me well. I only have to ask and they attend to it. The staff can't do enough for me. I just wish there was more of them (staff)." We asked this person if they had all their needs met in a timely manner and this was confirmed.

One person we spoke with told us about the suggestions made by a number of people living at Rosecroft had been acted upon. They had recently requested a greenhouse and this had been ordered. This would allow people to grow their own vegetables and support their gardening projects.

We found that people's personal records including medical records were accurate and fit for purpose. Staff records and other records relevant to the management of the services were properly maintained. Records were kept securely and could be located promptly when needed.

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

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

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced treatment and support that met their needs.

Reasons for our judgement

People we spoke with told us they were "very happy" with the care provided in the home. They told us, "The staff are wonderful, they are very kind and nothing is too much trouble". People, who were able to, were encouraged to carry out as much of their care as they could themselves and the staff helped them with tasks they could not manage on their own. This made sure people maintained their independence and control over their lives.

We saw that staff in the home had developed good relationships with the people they supported. We observed positive interactions between staff and people living in the home which supported individuals' wellbeing. We saw that people in the home appeared well cared for and were comfortable with the staff supporting them. People were given choices in a way that they could understand and the decisions they made were respected. This ensured their rights were protected.

We looked at the records held about people who lived in the home. We saw assessments had been carried out of individuals' needs before they came to live in the home. The needs assessments had been used to develop people's care plans which gave staff information about the support people needed and how they wanted this to be provided. We saw the care plans had been reviewed regularly to ensure they were accurate and up to date. Information held about people was written in a positive and respectful way and included information about people's preferences.

We saw individual care plans were in place and covered areas such as personal hygiene, mobility, continence and nutrition. We saw monthly reviews of these plans were carried out and where people's needs had changed their plans were updated more frequently

During our inspection we used a system called a Short Observational Framework of Inspection (SOFI) to observe the care and support provided. We saw care staff interacted well with people, were warm, supportive and sat and talked to people, when possible.

On the day of our inspection the activities organiser had people and their young relatives

involved in baking cakes. We saw records to confirm the activities and outings provided. These included visits to places of local interest and we saw records to show people regularly attended and if they enjoyed the activity. There were regular sessions of dominoes, bingo and manicures. People told us about different gardening projects that they were involved in.

We saw from records that a range of professionals were involved in the care of people who used the service. There was evidence of involvement of, or referral to tissue viability nurses, dieticians and the GP. On the day of our visit we spoke with the visiting district nurse. We saw from the records held about people that there were a high number of them who required nursing interventions to be completed by the district nurses. The nurse we spoke with confirmed that this was the case. We discussed this with the registered manager and she told us that, where required, people would have their needs reassessed to ensure that appropriate care was being offered.

The home employed a maintenance person who, we saw, involved people living in the home to participate in tasks where it was appropriate to do so. Some people had helped with the building of a bedding area for flowers. This meant that people who participated were valued for their skills and promoted their independence.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. We observed staff asking people about their choices from the lunch time menus. All people living in the home had a nutritional assessment in place and we saw these were reviewed regularly. We saw records of people's weight had been checked regularly and where there were concerns these had been noted. The records we looked at showed that concerns had been referred to the dietician and or doctor.

We saw assessments completed by the dietician and where advised dietary information had been shared with the cooks. We spoke with the cooks and they told us how they ensured different dietary needs of individuals were met. The cooks were very knowledgeable and told us about a variety of ways they catered for specific dietary needs without making people feel different. They would bake desserts specifically for diabetics that looked exactly the same as other desserts being served.

The cooks told us, "It's important to ensure everyone's differing tastes in food has been catered for." We observed that people's choices and preferences had been taken into account at meal times. We saw if people preferred something different to the menu choice it was accommodated. The food we saw prepared was all cooked from fresh produce. We sampled the food during our visit and found the meats were lean and tender, these was a choice of roast lamb or homemade steak pie. These were served with a choice of fresh vegetables. There was a choice of homemade desserts. The cooks also baked fresh cakes daily for the afternoon teas.

People's fluid balance was monitored on a daily basis. We observed staff refilling drinks constantly throughout the day when we visited. We observed people had access to different drinks throughout the day. We saw that a choice of juice or water was readily available to those who were independent. We saw staff through the day of our visit support people to access their drinks. We saw records that staff signed for to ensure that less able people living in the home had been offered fluids at regular intervals.

People we spoke with told us the food was good. One person told us, "Sometimes they give you too much, but it's all good." Another person told us, "It's very tasty." A relative we spoke with told us how they were invited to stay for meals whenever they visited. We were told by staff that this was normal practice.

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

Reasons for our judgement

Accommodation at Rosecroft was arranged over two floors and on the ground floor there was a small six bed unit for people living with dementia. On the day of our inspection there were 47 people and not including the registered manager there were six carers, some who were senior carers, and a deputy manager providing care. A number of people living at Rosecroft could manage certain aspects of their own care. Six people were supported by two of those carers on the dementia unit. We saw from copies of the current month's duty rotas this level of staffing was consistently maintained. We arrived at the home at the time of the hand over from night staff to day staff and found the levels of staff on nights was also adequate with four carers, one being a senior carer.

We spoke with four members of staff during the day and found they were enthusiastic and committed to providing good standards of care. Two staff indicated that sometimes it would be ideal to have more staff. We saw care plans were reviewed regularly and up to date and paperwork was completed in a timely manner during shifts. This did not indicate there was a shortage of staff. The staff told us they enjoyed working at Rosecroft and found their work very satisfying. All of them said that they felt valued and were happy with the support provided by their manager.

Care workers told us that they felt the current staffing levels were acceptable and allowed them to care adequately for people. One person who used the service told us, "Everything here is very good. They look after me well. I only have to ask and they attend to it. The staff can't do enough for me. I just wish there was more of them (staff)." We asked this person if they had all their needs met in a timely manner and this was confirmed.

We were told that sickness or absence was covered by asking other colleagues to cover or using their own bank workers. The home operated an on call system for guidance or assistance at night time and at weekends. This was covered by the registered manager and deputy manager.

Two members of staff told us about the on going training that had been offered. They told us about recent training sessions provided by the district nurses. They said it had been useful because it had included information relevant to specific conditions of people they were caring for. We saw that training requirements were monitored and staff were encouraged to complete training other than the mandatory requirements

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 to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

We did not see any formal monitoring of the quality of the service had taken place since our last visit in July 2012. We were told by the registered manager that a survey would be completed in the near future and that it would include asking visiting professionals to the home for their views about the service. The manager told us that regular audit checks in key areas of care delivery such as medication, health and safety, care plans, the environment and catering requirements were completed. We looked at the records for these checks which were carried out by a visiting senior manager on a regular basis.

We saw letters and cards of thanks and praise from a number of relatives for good care that had been given to people. One person had written "excellent care with respect and compassion provided with dignity" another person described the service as "a community that was a warm and lovely place".

One person we spoke with told us about the suggestions made by a number of people living at Rosecroft had been acted upon. They had recently requested a greenhouse and this had been ordered. This would allow people to grow their own vegetables and support their gardening projects.

Records we looked at showed risk assessments had been carried out to gather information about the risks to people's health, welfare and safety. Individual risks associated with the care and support of people using the service had been assessed and written into a plan of care. We saw evidence to demonstrate these were reviewed regularly and health and social care professionals had been consulted when required.

We saw that people's care records, medicines, falls, weight and skin integrity were monitored regularly by the manager by means of regular audits of the care plans. We saw records for accidents and incidents including their respective action plans. Regular monitoring included identifying any lessons learnt and the implementation of any practice changes including the review of risk assessments.

People told us they knew about the complaints procedure. People we spoke with told us

they had not had to raise any concerns. We saw records of complaints were available and these showed that no complaints had been made since our last visit.

We saw records were kept of equipment testing and these included fire alarm system, emergency lighting and doors, and water temperature checks. We saw that if a problem was identified appropriate action was promptly taken. On the day of our visit new chairs for the communal lounges were delivered as some chairs were worn and required replacement. The manager told us this was as a result of the on-going improvements of the home that also included the redecoration of parts of the home.

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 maintained.

Reasons for our judgement

We examined the records of six people who used the service and found these were accurate with appropriate up to date information in them. For example, care plans were updated monthly and changes were made at other times when people's needs had changed such as one person had a plan in place because they were at risk of choking and the plan recorded the input of the speech and language therapist (SALT) after a referral was made by the general practitioner.

We saw records kept of people's weights and skin integrity and that these were monitored by the manager. We saw that where people had weight problems or there were high risks of skin damage care plans were in place for these individuals. Food and fluid intake charts were kept by staff. The records we saw were up to date and provided good detail about the amounts taken and the times they were given. Systems were in place for checking the medication records to ensure there were no unexplained gaps and that the medicines held balanced with the individual records.

People's care records were held securely in the treatment room and were easily accessible for reference in an emergency.

We found that people's personal records including medical records were accurate and fit for purpose. Staff records and other records relevant to the management of the services were properly maintained. Records were kept securely and could be located promptly when needed

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.

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