

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

## Roscarrack House

Roscarrack House, Bickland Water Road,  
Falmouth, TR11 4SB

Tel: 01326312498

Date of Inspection: 28 May 2013

Date of Publication: July 2013

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Roscarrack House limited
Registered Manager	Ms. Lisa Jane Browne
Overview of the service	Roscarrack is registered to provide accommodation for people requiring nursing or personal care, up to a maximum of 19 predominantly elderly people. This home is located on the outskirts of Falmouth.
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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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.

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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 28 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We sent a questionnaire to people who use the service, talked with people who use the service, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke to four people who lived at Roscarrack House, and spent time observing people and staff during the day. We saw people's privacy and dignity was respected. We saw people chatted with staff when they were receiving support in the lounge and dining areas.

We witnessed staff interactions with people which were positive. One person told us the staff were always "top notch" and "if I ask for assistance staff come as quick as they can, normally very good, it's a great comfort". Another person told us the "Food is very good, if you don't like it there are alternatives, they always offer a choice". One person told us their room "does not have a toilet I share with a male, he turns the tap too tight".

We saw that people had been offered a choice of whether they would like to have a lock on their bedroom doors.

We heard staff discussing with people what they would like spend time doing in future planned activities at Roscarrack House.

We found that appropriate action had been taken to keep people safe from abuse.

We saw that steps had been taken to ensure a training schedule was in place for all staff, and this was monitored and reviewed.

We found people who used the service benefited from safe quality care, treatment and support due to effective decision making and the management of risks. This was done through quality monitoring and surveys of the people who lived at Roscarrack House the families and carers, and the staff.

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

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care needs

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### Reasons for our judgement

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We spoke with four people who lived at Roscarrack House and they told us "The staff are very good" and "I can do as I want". Another told us "I go out regularly when the weather is dry, or we have runs out in a car".

We saw people who lived at Roscarrack House were offered choices regarding how they spent their day. Once people had got up from bed, some of them came to sit in the lounge. People told us they got up when they wanted to and also were offered assistance to bed at a time convenient to them. One person told us they chose to spend the day in their room reading the paper and listening to the radio, but would have lunch in the dining room. Staff confirmed that people's wishes were respected regarding where they spent their time.

We saw the main meal of the day was served at midday. People were offered a choice of meals, with most people going to the dining room for their lunch. We were told there was always a choice of food. One person said "the chef is fantastic".

During discussions with staff we noted they were knowledgeable about people's care need, their likes and dislikes, and their preferences and choices. People who used the service confirmed staff were responsive and supportive of their choices.

We saw people who lived at Roscarrack House were able to make suggestions about any changes they wished to take place, this was facilitated at 'coffee mornings' held regularly.

We looked at the care plans for five people who used the service. Care plans are a tool used to inform and direct staff about people's health and social care needs. We saw that the care plans showed individual preferences and choices. For example the person's preferred form of address and the person's interests. Some of the

care plans had been signed by a relative and / or the person themselves. The provider may like to note that all care plans should be signed by the person and / or their representative. This showed the involvement of people and / or their representatives in the development of the care plan.

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

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**Our judgement**

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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**

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During our inspection we spoke with the manager, the provider and three staff. We also spoke to four people who used the service about the care they were provided with. People told us "I like to do my own thing" and "they (the staff) do anything for me that I need". Another person told us "I have no complaints at all".

We saw the staff spent time with people, offering assistance with any required personal care and providing food and drinks to people throughout the day. We saw that drinks were available in the lounge throughout the day. We observed the care staff were kind and caring and showed respect to people who lived at Roscarrack House from the manner in which they spoke with people.

We reviewed the care plans of five people who used the service. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We saw documented pre-admission assessments in the care plans, these included care and support needs, risk assessments, equipment needs and details of medications. We saw evidence of weight charts and nutritional intake assessments being used and monitored. A lot of work had been done to produce individuals' life histories including previous occupations, hobbies, achievements including medals, MBE awarded, and pictures of work created by the person.

We saw end of life plans had been discussed and individuals' wishes recorded.

We saw risk assessments were in place regarding falls and the use of bed rails. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk presented. Specific equipment that people required to assist with the risk was identified within the risk assessment.

The care plans we reviewed were very person centred, detailed and had been regularly updated.

We talked with people who used the service and the staff about how people spent their time and about the activities the home provided for people. One person told us "I like to do crosswords". These were to hand. Another person told us "there are various things to keep us occupied, such as a sing song or a quiz". We saw details of future planned activities were displayed on a board in the hall.

The provider may like to note that during our visit we observed an activity being demonstrated to some people by a member of staff. We did not observe any actual participation or involvement in this activity by the people watching. We discussed how appropriate activities were decided upon with the manager and the owner, and they told us they employed a part time activity co-ordinator who had detailed knowledge of the people who lived at Roscarrack House and arranged specific activities for individuals to enjoy both in the lounge and in their own rooms if preferred. We were not able to evidence this during the inspection.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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During our inspection we saw the Cornwall Council "Say No to abuse" poster displayed on the notice board in the hall of Roscarrack House, this detailed the action that should be taken if someone was concerned, and the phone number people should contact.

People we spoke with who lived at Roscarrack House told us they found the staff to be kind, helpful and polite. They told us they felt safe and respected. We were shown lockable secured tins that were in people's bedrooms for people to store their personal and valuable belongings safely. The registered manager stated if people requested any items, the home would purchase them, and the person would be invoiced. The manager stated that the home did not keep any personal monies or valuables for anyone who lived at Roscarrack House. This showed people's individual choices and requests were respected and met by the home.

We spoke with three staff members who were aware of how to recognise the signs and symptoms of abuse and clear about how to raise the alert if needed. We were told there was a procedure for staff to follow should they have a concern. The registered manager and staff told us they had received training regarding safeguarding adults procedures and this was updated periodically.

We saw evidence of certificates confirming staff had completed such training programmes in the staff files we reviewed.

We looked at the home's policy on protecting people from abuse. The policy contained detailed information about the definitions of abuse, had been reviewed and contained the correct telephone numbers for the safeguarding team and the Care Quality Commission. We saw that staff had signed when they had read and understood the policy.

The Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DOLS) provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. We saw from people's care records that consideration had been given to people's capacity to make decisions and families and

representatives were included in some of the decision making where necessary. We saw documents in the care plans detailing where people had appointed a Lasting Power of Attorney.

We discussed the implications of the MCA and DOLS with the registered manager who demonstrated a good understanding of the legislation. We were told nobody was subject to DOLS at the time of our inspection.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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The registered manager told us that care workers followed an induction programme that reflected the Common Induction Standards (CIS) training.

The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. We looked at the records of staff that had recently been recruited and found evidence of e-learning training, supervision and shadowing, and practical training had been provided. This programme had been accredited by Skills for Care.

We spoke to four members of staff including ancillary (domestic and kitchen staff), care workers, senior care staff and the registered manager, who told us they were provided with good training opportunities and some supervision.

Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. Staff told us the registered manager was approachable, listened to them and was available to talk with if they had any issues.

Records showed that some supervision of staff had happened, although the provider may like to note that we could not see evidence that this was carried out regularly for all staff. We saw evidence of staff having had annual appraisals which were signed by the staff member. The staff we spoke to stated they felt very well supported by the registered manager.

We saw that all staff were required to attend 'core' training which the registered manager told us was updated regularly. The core training covered end of life care, safeguarding adults, fire safety, manual handling, Mental Capacity Act, food hygiene and first aid.

We reviewed the policy and procedure files for Roscarrack House, and these had been reviewed with the next review date set. Staff we spoke to were aware of where to find such documents when needed.

We were told that staff had regular meetings to discuss any issues relating to their work and the care home. We saw the records of these meetings.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received

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### Reasons for our judgement

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People told us they were very satisfied with the service they were provided with, they said that they would be able to speak with any of the staff about any concerns or issues they may have, although everybody we were able to speak with said that they had not had any.

We were not able to speak with any visitors or visiting professionals during our inspection.

We saw that quality monitoring surveys had been completed by people who used the service and / or their relatives to gather their views of the service. These contained positive comments about Roscarrack House and the staff. An audit of the feedback had been completed and we observed evidence that some of the requests had been acted upon. For example, residents had asked for a programme of activities to be posted in the home, and we saw this was now the case.

Roscarrack House had commissioned a review of essential standards of quality and safety by a private company in November 2012. We saw a detailed report and evidence of ongoing implementation of this report.

We saw an employee survey and a resident's survey had both been carried out in September 2012, together with a meal survey in May 2013. The feedback from these surveys was seen and many suggestions had been implemented.

Roscarrack House was about to undertake building development work in the surrounding grounds, and protective fencing was seen to ensure safety of people using the grounds. The home itself appeared in good order and we were told they had a member of staff responsible for maintenance. We were told that regular maintenance took place but at this inspection we did not look at records to evidence this.

We reviewed the accident book held at Roscarrack House. We found details of accidents that had occurred, these were clearly recorded and detailed and securely stored. The

provider may like to note that regular audit of such incidents may show identifiable risks, such as time of day or particular places when accidents occur, that may be addressed and supported thus reducing such incidents.

We were told by the registered manager that no complaints had been received by the home.

## 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

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### Essential standard

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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)

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### Regulated activity

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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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