

Roseland Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 21 June 2016. The last inspection took place on 30 July 2015. We found two breaches of the regulations at this inspection. Following the last inspection the provider sent the Care Quality Commission an action plan outlining how they would address the identified breaches.

At the previous inspection we had concerns about how staff cared for people in the Penlee unit. We found some staff did not always provide care in accordance with the guidance in people's care plans. Information was not always communicated effectively between staff and management and this had led to some staff providing care in an inconsistent manner. Medicines were not always managed and administered safely. Regular medicine audits had not been effective in addressing concerns found at the inspection. Care records were not held securely. Staff had not always received adequate training and supervision support from management. This had led to people living at the Penlee unit being exposed to some risk.

We carried out this inspection to check on the action taken by the service to address the concerns found at the July 2015 inspection.

Roseland Care is a care home which provides care and support for up to 55 predominantly older people. At the time of the inspection there were a total of 35 people living at the service. Some of these people were living with dementia. The service is situated in two separate buildings, Roseland Care and the Penlee Unit. The Penlee unit had four people living there. The service was in the process of moving people from the Penlee unit across to the main Roseland Care building, where a floor of this building was being used to care for people with dementia care needs. The Penlee unit would in future support people with residential care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicines as prescribed. Regular medicines audits consistently identifying if errors occurred.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had used agency staff to cover shifts on a regular basis however, the service was recruiting for more staff at the time of this inspection to allow for coverage of sickness and holiday leave.

Staff were supported by a system of induction training, supervision and appraisals. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were good opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was being provided, such as dementia care.

Staff meetings were held regularly. These allowed staff to exchange information with the management team and air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews. Care files were held securely in locked cupboards.

Varied activities were provided by two activity co ordinators. People were encouraged to get involved in a planned programme of events. People who either chose to remain in their rooms or were confined to bed due to their healthcare needs were also regularly visited by the activity co ordinators. Films shows, hand bell ringing, quizzes and singing were all provided.

The registered manager was supported by the nursing team, senior carers and a motivated team of care staff. The registered manager also received support from the provider and managers of other services within the group nationally. A clinical lead was due to join the service in early July 2015. This person would support the nursing team and the registered manager.

At this inspection we found the service had taken action to address the concerns found at the July 2015 inspection and had met the requirements of the regulations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were supported with regular supervision and appraisals.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

Staff were supported by the management team.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 June 2016. The inspection was carried out by two adult social care inspectors and a specialist nurse advisor. This is an independent nurse professional who has experience of the care of older people.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived at the service. Not everyone we met who lived at Roseland Care were able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with a visitor and seven staff including the registered manager.

We looked at care documentation for seven people living at the service, medicine records for three people, five staff files, training records and other records relating to the management of the service.



Our findings

At the July 2015 inspection we had concerns about how staff cared for people in the Penlee unit. We found some staff did not always provide care in accordance with the guidance in people's care plans. Information was not always communicated effectively between staff and management and this had led to staff providing care in an inconsistent manner. People had not been protected from avoidable risks. Medicines were not always managed and administered safely. We found handwritten entries on to the medicine administration records (MAR) were not always signed and witnessed by two staff to help avoid any errors. Some MAR charts had been redated by hand but not in a consistent manner. This meant staff did not have clear information with which to administer medicines and there was a risk of potential errors. Regular medicine audits had not been effective in addressing concerns found at the inspection.

At this inspection we checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. Some people had been prescribed creams or liquids and these had been dated upon opening. This meant staff were aware of the expiration of the item and when it would no longer be safe to use. The service was holding medicines that required stricter controls by law. We checked the records held for these medicines against the stock held and they tallied. Where staff had entered handwritten entries on the MAR following advice from healthcare professionals, such entries were signed and witnessed by two people. This helped ensure the risk of any errors would be reduced. An audit trail was kept of medicines received into the service and those destroyed. The service had carried out regular audits of the MAR and the medicines that required stricter controls by law, no concerns had been identified. An external pharmacy audit raised no concerns when it was carried out in April 2016. Staff training records showed all staff who supported people with medicines had received appropriate training. This meant the service was managing and administering medicines safely.

At this inspection care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one person's care file stated, "if (person's name) asks for their husband, get out their memory book and look at pictures of him and talk about him. Music lifts their mood" and "Likes to hold hands." This helped ensure staff would approach this situation in a consistent manner. Staff were aware of how to support people safely. People's care files were stored securely. This meant the service was now effectively assessing, monitoring and mitigating the risks related to people who lived at the service.

At this inspection people and their families told us they felt it was safe at Roseland Care. Staff were confident that the service was safe and any concerns or suspected abuse was taking place. They were sure any concerns would be raised quickly with management and acted upon.

Staff were aware of the whistleblowing and safeguarding policies and procedures. They told us they had received recent training and regular updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council.

People had access to lockable storage in their own rooms if they wished to manage their own money. Some people who lived at the service asked for the service to keep their money for them. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by the administrator and the registered manager. We checked the money held for two people against the records kept at the service and both tallied.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Roseland Care was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all firefighting equipment had been regularly serviced. The service held information which identified the action to be taken for each person in the event of an emergency evacuation of the service. All risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The Roseland Care unit was a two storey building. We saw from the staff rota there were two nurses, one on each floor, supported by three care staff on each floor. There were four care staff supported by one nurse who worked at night. The Penlee unit had four people living there and was staffed by two carers, one of which was a senior carer and trained to administer medicines. Staff told us they felt they were a good team and worked well together and morale was good. One staff member commented, "It's like one big family."

The service had needed to use agency staff in the past to cover staffing shifts. The registered manager told us that recruitment had been challenging, with some recent new starters having found the role did not suit them and had left the service. Further recruitment had meant that the service hoped to use less agency staff in the future.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were mostly responded to effectively.

The registered manager was supported by the nursing team, senior carers and a motivated team of care staff. The registered manager also received support from the provider and managers within the national

group of services. A clinical lead was due to join the service in early July 2015. This person would support the nursing team and the registered manager.



Our findings

At the July 2015 inspection we found staff at the service were not clear on the Mental Capacity Act 2005 and were not following the guidance laid down in this legislation. Staff did not always act in people's best interests when providing care. The management team had not acted effectively having identified concerns with a member of staff whose past conduct they had not been satisfied with. This had led to the staff member continuing to work unmonitored.

At this inspection staff were receiving regular supervision and appraisals. Regular staff meetings helped improve communication between management, nursing and care staff. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One staff member told us the training was, "Very good and very informative." Staff regularly received written reminders of which training they needed to update and when. Face to face training delivered by a trainer employed by the group of services was particularly enjoyed by staff. The registered manager told us, "Training has never been a problem, the company has always been very pro training."

At this inspection training records showed staff had completed mandatory subjects such as infection control and moving and handling. Staff were also regularly offered updates on training as necessary. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care. However, we were concerned to find that one member of staff had undertaken four e-learning courses in one day and questioned the value of such a learning experience. The registered manager assured us they would look in to this matter and check the staff members understanding of what they had covered.

In care files we saw there was specific guidance provided for staff. For example, one person had a hospital acquired infection prior to moving into the service and there was clear specific information for staff about their care needs. This meant staff had easy access to relevant information that supported best practice in the care of individual's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. Assessments of capacity which had been carried out were appropriate, were seen in people's files.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied to the local authority for potentially restrictive care plans to be authorised. One DoLS authorisation was in place and the conditions of this authorisation were being complied with by the service.

The registered manager was aware of the legislation. Training for the MCA and DoLS was provided to staff. Staff we spoke with were aware of how to ensure people's rights were protected.

The service did not have a DoLS policy in place at the time of this inspection which clearly reflected changes made to this legislation in 2014. The registered manager assured us that the organisation would have sent an updated policy to the service but this was not available.

The premises were in good order. Bathrooms and toilets were clearly marked with pictures and bedroom doors had nameplates with people's name on. Hand rails were provided in all corridors to support people using them. There were facilities available such as a gym and a pool. However, the registered manager told us these were not often used by people living at the service. A hairdressing salon provided a sociable event for people when having their hair done. A library provided a large range of reading material and access to the internet. Wireless access to the internet was available throughout the service. There was a large licensed restaurant and small shop which was available for use by people living at Roseland Care and their visitors, as well as people living in the supported housing facility which was in the grounds of the service. There were several comfortable areas where people could choose to spend time quietly or with others watching television or reading the papers. There was a secure outside space which was planted with flowers.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Two new care staff had completed the Care Certificate at the time of this inspection.

We observed the lunch time period in one of the dining rooms. Comments included, "The food is good, can't grumble" and "I find the food very good." It was a social occasion with people chatting with each other and to staff. Staff were available to support anyone who required assistance to eat their meal. The food looked appetising and people told us they enjoyed it. People confirmed they received a choice of food and could ask for something different if they wished and this would be provided. There were always two choices including a vegetarian option at each meal.

Care plans indicated when people needed additional support maintaining an adequate diet. For example one care plan stated, "Needs encouragement with food, help by putting food on spoon and putting in their hand and provide finger food." Food and fluid charts were kept when this had been deemed necessary for people's well-being. Such charts were monitored daily by the nursing staff to ensure people had sufficient quantities of food and drink.

The registered manager told us there were plans to improve the dining experience by having the staff wear

black and white uniforms and serve people at their tables. The menus were going to be printed for each table to help prompt people what was going to be offered to them at the meal.

People had access to healthcare professionals including GP's, opticians, physiotherapists and chiropodists. Care records contained records of any multi-disciplinary notes.



Our findings

Not everyone at Roseland Care was able to verbally tell us about their experiences of living at the service due to their healthcare need. However, one person told us, "I am very happy here, I have no worries, it is like a holiday for me." Relatives told us, "(person's name) is very lucky to be here the staff are very kind and patient" and "The staff are lovely."

We spent time in the communal areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. Relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People's dignity and privacy was respected. For example, staff ensured doors and curtains were closed during personal care interventions. Moving and handling equipment such as slings were named and allocated to specific people and not shared communally.

The service used a key worker system where individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives. However, some staff were not clear on this role, or for whom they were the key worker. The registered manager assured us this would be addressed.

People's life histories were documented in their care plans. This was important as it helped care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives and spoke about people respectfully and fondly.

Bedrooms were furnished to reflect people's personal tastes. People were encouraged to bring personal possessions in to the service to give their room a familiar feel.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People were well cared for and were well dressed in clean clothes. People were having their nails painted by staff during this inspection. Visitors told us they knew about their family members care plans and the registered manager would invite them to attend any care plan review meeting if they wished.

Roseland Care held residents meetings. We noted that people had requested a new square table to replace the round one which was present in the lounge area. People found it difficult to fit their wheelchairs around

the existing table. A square table was ordered and was greatly appreciated by people living at the service.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. One care plan stated that the person was at risk of becoming socially isolated and had "Become quite withdrawn." The guidance for staff was to try to encourage the person with gentle persuasion, to come out of their room for meals, but made it clear they may not always be successful. People moved freely around the service spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished.

The registered manager sought the views and experiences of people who used the service, their families and friends. Recent quality assurance surveys had been carried out and the responses were mostly positive. Any issues that arose from this survey had been addressed by the management team. For example, people had asked that individual pots of jam and marmalade were provided for them. Also that pureed meals were presented in a attractive manner. We were told these were now provided for people. This meant the service listened to the feedback they received from people who used the service.



Our findings

People and their families were positive about the care and support provided at the service. People felt a sense of community and belonging as they chatted with staff about the day to day occurrences that took place. Comments included, "We are all friends" and "It's a lovely place, very happy here."

People who wished to move into the service had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs.

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. People's care files were held securely in locked cupboards. Staff told us they found "everything we need" in the care files.

The care plans were regularly reviewed through a system used at the service called "Resident of the day." Each day of the month specific people had their care plans thoroughly reviewed, including blood pressure and weight checks. The registered manager told us, "This gives a complete snapshot of the person at that time." This helped ensure care plans were accurate and up to date. Family members were given the opportunity to sign in agreement with the content of care plans.

Daily notes were consistently completed. These notes covered the care provided, the person's mood, any activity they had enjoyed and any visitors they may have had. Such information enabled staff coming on duty to get an overview of any changes in people's needs and their general well-being.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. There was a staff handover meeting at each shift change. Staff told us they shared information about changes to people's individual needs and any information provided by visiting healthcare professionals. This helped ensure there was a consistent approach between different staff and people's needs were met in an agreed way each time.

People had access to a range of activities both within the service and outside. Two activity co-ordinators were employed who arranged an imaginative programme of events including external entertainers, hand bell ringing, film shows and quizzes. The activity staff told us they often took photographs when they attended local shows and events in the area and then made slide show presentations to share with people living at the service. Local people came in to the service to provide talks, and some brought their dogs in for people to enjoy. The local school visited at Christmas to entertain people. This was greatly enjoyed by people who shared a sense of community with local people and the staff. A mini bus was used to take people out on trips in to the local community. People had access to quiet areas within the service and securely enclosed outside spaces which were attractively planted and included water features.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection some people either chose to remain in their rooms or were confined to bed because of their health needs. Staff checked on people regularly and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the service. People told us they had not had any reason to complain.



Our findings

People, relatives and staff told us the registered manager was approachable and friendly. The registered manager was present in the service most days and was visible to people and staff. We saw people speaking with her throughout the inspection about issues that were important to them.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a team of nurses and motivated care staff. The provider supported the registered manager through meetings with a regional manager and with managers from other services in the group.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I find supervisions useful" and "The manager is really supportive I would always approach her with any concerns."

There were systems in place to support all staff. Staff meetings took place regularly in specific disciplines such as kitchen staff meetings and nurses meetings. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. For example, a recent issue had arisen between the night staff and the day staff and we saw this had been discussed to try to resolve the issue. At this inspection the staff told us they felt all staff, nurses and carers, all worked together really well. The registered manager told us different additional responsibilities were allocated to specific staff. For example, a lead staff member for tissue viability, medicines and moving and handling. Staff confirmed they were booked for additional training to carry out these roles.

The registered manager worked in the service every day supporting staff, this meant they were aware of the culture of the service at all times. Daily staff handovers provided each shift with a clear picture of every person at the service and encouraged two way communication between care staff, nursing staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Monthly external audits were carried out by quality assurance managers from the group of services. Internal audits were carried out over a range of areas, for example, medicines management, premises, and care records. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. Any

issues identified were actioned in a timely manner. This meant Roseland Care was constantly improving the quality of the service provided.

The environment was clean and well maintained. People's rooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.