

RV Care Homes Limited

# Roseland Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Roseland Care provides accommodation with personal care for up to 55 people. There were 34 predominantly older people using the service at the time of our inspection.

People's experience of using this service and what we found:

The provider had implemented increased monitoring checks and requirements for staff to complete additional records, since the last inspection. This was aimed at addressing some of the concerns found at the last inspection and to help ensure improvements were made in the records completed.

These records checks were mostly being completed. However, staff were not always checking if the information they were recording was correct and these records were not always effectively monitored. For example, staff had signed to say that a mattress was set correctly when it was not. The person's weight had changed, and this had not been effectively communicated.

Care records were not always completed in a timely manner following care and support provided. Changes to people's needs did not always prompt a review of their care plan. Care plans did not always guide and direct staff to carry out necessary care and support. This meant care records were not always accurate. However, we found staff were providing appropriate care.

The management of medicines was not always safe. The medicines audit was not identifying the concerns found at this inspection. People received their medicines on time from staff who had received training in medicines administration.

Audits were carried out regularly by both the registered manager and the provider, to monitor the service provided. However, these checks had not identified inconsistencies in the records found at this inspection and had not always been effective in making improvements to the service provided.

People's views about the food provided was mixed. Comments included, "The food is excellent, first class and the quantity is good. It's exceptional for the number they have to cook for. The choice is good, the presentation is excellent," "The food is cheap and nasty and reminds me of old school dinners," "You can ask for anything you want, and they will bring it; they are very good that way. It's the quality of the food that's the problem" and "It's not a high standard."

The registered manager had worked hard to make improvements at the service since the last inspection. However, further improvement is required to ensure records are consistently accurate at all times.

People told us they felt safe being supported by staff. Staff understood risks to people and how to help reduce them. Systems were in place to safeguard people.

Infection control measures were in place to prevent cross infection.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. Although some people reported having to wait for staff to respond to them.

Staff were well supported by a system of induction, training and supervision. Staff told us they felt well-supported by senior staff and the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records. People were able to make choices about their life and how their care and support were provided. This information was reflected in people's care plans. Staff understood the importance of respecting people's wishes and choices.

People and relatives agreed the staff were kind and caring. Staff respected people's diverse characteristics and were clear that each person's individual needs were their priority. People told us they felt listened to and their privacy and dignity were respected.

People told us they would recommend the service. Comments included, "I would recommend it overall, it's run very well, the carers are lovely, and they always make me feel welcome and they are always nice to [Person's name]." Other comments included, "It's like a hotel, so I've no reason not to be happy or safe" and "I feel very, very, very happy and safe; it's the actual people around you that give you a feeling of being safe"

Relatives told us, ""[Person's name's] demeanour has improved somewhat in the five days that they have been here; she is a much calmer person" and "Yes I do feel [Person's name] is happy; and I feel comfortable knowing the girls are very good."

Records were stored appropriately and accessible.

There were activities provided for people by three activity co-ordinators. People were able to access the local area on the minibus.

Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to. The registered manager told us there were no on-going complaints at the time of this inspection.

People and staff told us the service was well led. People were given various opportunities to provide feedback about the service. The registered manager and senior staff had developed positive relationships with local agencies, which helped ensure people had their needs met promptly. Staff told us they enjoyed working at the service and that the team worked well together.

Rating at last inspection and update:

At the last inspection the service was rated as requires improvement (report published 7 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had

been made, however, the provider remained in breach of regulations.

Why we inspected:

This inspection was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

You can see what action we have asked the provider to take at the end of this full report.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well led sections of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not entirely safe  
Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not entirely effective.  
Detail are in our effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring  
Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was responsive  
Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not entirely well led  
Details are in our well led findings below

**Requires Improvement** ●

# Roseland Care Limited

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

This inspection was carried out by one inspector, a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Roseland Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the action plan and information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with seven people who used the service, three relatives, four staff members, the clinical lead, the administrator and the registered manager. We reviewed the care records of five people and medication records for 18 people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Roseland Park. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection:

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff training, supervision and rotas sent to us.

# Is the service safe?

## Our findings

Safe –this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection, medicine errors had been reported, and concerns had been raised about people receiving time specific medicines. Instructions on some 'when required' medicine protocols did not match the directions on the medicine administration records (MAR). Covert medicine plans did not always cover all the medicines the person was prescribed. Best interests' decisions were not always in place to ensure covert was the least restrictive way to give their medicines. A recommendation was made due to this concern. At this inspection we found action had been taken to improve medicines management. Time specific medicines were given appropriately. However, not all 'when required' medicines had protocols in place, and records relating to covert medicines were not always clear. Additional concerns were identified with unsafe cold storage of medicines and application of pain relieving patches.

- Suitable arrangements were not in place for storing and disposal of medicines, including those needing cold storage. We found that the arrangements for cold storage were not appropriate and that no action had been taken when the temperature was recorded out of the proscribed range.
- If people were given their medicines covertly (without their knowledge or consent) then mental capacity assessments were made and 'best interest' decisions recorded. However, there was no evidence that a pharmacist had been consulted on suitable ways to administer these medicines. For example, hidden in specific food or drink.
- Some people had been prescribed pain relieving patches. There was not a robust process in place to ensure staff followed guidance recommended by the manufacturer when applying patches. We found the position the patches were placed, on the person's body, was not rotated in accordance with guidance. Patches were applied to the same area more frequently than advised. This can lead to skin reactions. This had not been identified by medicines audits.

The failure of the provider to ensure safe management and storage of medicines is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- There were regular medicines audits carried out and we saw that some issues were identified, and actions recorded to improve medicines management. However, the audits completed had not identified or addressed the issues we found.

The failure of the provider to ensure robust audits medicines management is a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.



## Assessing risk, safety monitoring and management

- Risks were identified, assessed and regularly reviewed. These assessments contained some detail of the risk. However, there was not always sufficient detail recorded to guide and direct staff on how to reduce specific risks. For example, direction for staff to record people's food and drink intake and to re-position a person.
- Pressure relieving mattress settings were not always accurate for the person using them. The audit, which was in place to ensure settings were correct, was not always effective. Changes in people's weight were recorded appropriately but not effectively communicated to other documents such as mattress settings. There was no impact on people as a result of this concern however, there was a risk that people would not always receive safe care.

The failure of the provider to ensure that audits were effective, placed people at potential risk. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014

- Staff did not always record, in a timely manner, when they had provided care. This meant it was not always possible to establish, from the records, if planned care had been provided. However, we were assured that people had received appropriate care.
- We observed action was taken when people's needs changed, to help ensure they had the right support to meet their needs. However, this was not always clearly recorded in people's care plans.

The failure of the provider to ensure records always contained accurate and up to date information was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Where people presented with behaviour that challenged staff and other people there was some guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place. Utilities and equipment were regularly checked and serviced to make sure they were safe to use
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

## Staffing and recruitment

At our last inspection the provider advised us that dependency assessments were carried out once a month. We found several care plans which had not had this assessment carried out for over a month. People had experienced low staffing numbers in the weeks prior to the last inspection. The provider had just increased staffing levels, but it was too soon to judge the impact of this at the last inspection.

- At this inspection we found improvements had been made. Staffing levels had remained at an increased level and dependency assessments were in place each month in the care records we reviewed.
- People had access to call bells to summon assistance when needed. People were asked about staff response to their calls. Some people told us staff responded quickly, whilst others reported having to wait longer than they wished. Comments included, "On the whole, the carers come fairly quickly. The mornings are busier, but it's ok after that and they respond within five minutes; they are very good that way," "I can't complain, they come fairly quickly and they clip the alarm button to my bed at night," "We sometimes have to wait. Sometimes staff say I can't have a shower or bath as they are too busy" and "The carer will come anytime between a few minutes to up to ½ hour. You get to know the busy times of the day and so there's no point to ring the bell unless it's urgent. My call bell is next to me bed, but it would be better if I could have a mobile alarm that I could take out from my room with me when I am in the lounge, because I am in a wheelchair."

- There were staff vacancies at the time of this inspection. Agency staff were being used to cover these vacant posts. The registered manager was confident that recruitment already in process would mean the service would not need to use agency from March 2020
- Staff told us, and we saw from the rota, that they were adequate numbers of staff to meet people's needs. The registered manager had increased staffing by one carer worker at short notice, to take account of a person whose needs had escalated over the night before this inspection visit, and required one to one support. Staff told us they had enough time to support people. Comments included, "It is so much better since we have had more staff. Morale is much better since the new manager" and "We are able to meet people's needs. Staffing levels are good now."
- People were supported by suitable staff. All pre-employment checks had been carried out before staff started work by the provider, such as criminal record checks and references.

Systems and processes to safeguard people from the risk of abuse.

- People told us, "It's like a hotel, so I've no reason not to be happy or safe" and "I feel very, very, very happy and safe; it's the actual people around you that give you a feeling of being safe"
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns externally was displayed in the service.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at regular staff meetings.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Preventing and controlling infection

- People told us, "My room is kept very clean, the cleaners are in continually" and "It's certainly kept clean and tidy, yes, the cleaner is most conscientious and very nice."
- The service appeared clean and was free from malodours.
- Infection control audit processes were in place at the time of this inspection.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Staff knew how to report accidents or incidents. Records showed appropriate action had been taken following any event to help ensure the risk of a similar incident occurring was reduced.
- Areas of concern found at the last inspection had been partially addressed and improvements were noted at this inspection.
- Issues raised by people or their families had been listened to and addressed. For example, survey responses had been actioned.

# Is the service effective?

## Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
At the last inspection we found the assessment of people's needs was not always robustly recorded. Staff were providing some care and support which was not always recorded in the care plans and staff were not always following what specific guidance was provided in some care plans, such as re-positioning. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- At this inspection we found not enough improvements had been made to the information held in care plans.
- Staff were following specific guidance in care plans. However, we found staff continued to provide care and support which was not always recorded in the care plans or on the shift handover sheet. For example, food and drink intake and repositioning. Current accurate information relating to people's specific needs was recorded in the registered managers office. Agency staff were being used at the service. This posed a risk that care would not always be consistently provided by all staff.
- Care plans showed people's needs had been assessed and planned for. However, guidance and direction was not always clearly provided for staff, on how to meet specific needs, particularly following a change in a person's needs. For example, a recent decline in a person's ability to drink had led to increased monitoring but this was not recorded in the care plan.

The failure to ensure that care plans always contained accurate up to date information for staff to meet people's needs contributed to the repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- People told us, "It's very much so, my choice when I get up and go to bed" and "Everything is entirely my choice, I have never had any difficulty that way, they are very good."
- People's needs, and preferences were assessed prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010.
- Health and social care professionals were regularly consulted to help ensure people's care and support reflected best practice.

Staff support: induction, training, skills and experience

The last inspection we found staff did not feel well supported and told us they were demoralised, not valued or recognised for the work they did. Staff were covering a number of vacant posts. Staff training was not up to date. Staff had not had regular supervision over the months preceding the last inspection. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made and the service was no longer in breach of regulations.

- Staff told us the morale had greatly improved with the new registered manager taking up their post. Staff meetings were held regularly, and staff told us they felt able to speak and be heard.
- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included online, face to face training and competency assessments.
- People told us they found staff were competent and skilled and they had no concerns about the care and support provided.
- Staff were given regular opportunities to discuss their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection concerns had been raised about people having enough to drink. We found that not all people who needed support to drink were having their fluid intake monitored so it was difficult to establish if they drank sufficient quantities. We made a recommendation about this in the last report. At this inspection we found improvements regarding the recommendation had been made.

- Staff were aware of people's dietary needs and preferences. Care plans contained details of any risks associated with eating and drinking. Staff supported people who needed assistance.
- Staff recorded some people's food and drink intake, where concerns had been identified. These records were monitored by senior staff and appropriate action taken when needed.
- People were offered a choice of food and drink. Vegetarian meals were available. The kitchen staff told us, "We provide lots of choice for people. They can have an omelette made if they don't fancy any of the options" and "People don't like the pasties though, they are not Cornish and sent from a national food distributor."
- Views about the food provided was mixed. The registered manager had acted following issues raised by people at meetings. Some improvements had been made. Comments included, "The food is excellent, first class and the quantity is good. It's exceptional for the number they have to cook for. The choice is good, the presentation is excellent" and "The food is cheap and nasty and reminds me of old school dinners," "You can ask for anything you want, and they will bring it; they are very good that way. It's the quality of the food that's the problem" and "It's not a high standard."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection we found there were not robust systems and processes in place to manage the MCA

and associated DoLS. Records relating to DoLS authorisations were not accurate. There were no consent records to demonstrate people had been asked for consent to receiving care, or to care plan reviews. There were no accurate records to show which people had a Lasting Power of Attorney in place. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made and the service was no longer in breach of this regulation.

- Capacity assessments were completed to assess if people were able to make specific decisions independently. Consents were recorded from people who had the capacity to do this.
- There were processes for managing MCA and DoLS information and there were accurate records held of which people had DoLS authorisations.
- There were two authorisations in place at the time of this inspection, both with conditions attached to them. These conditions were being supported and recorded. Any changes in restrictive practices were highlighted to the relevant authority.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were encouraged and supported to attend regular health appointments. Comments included, "They [Staff] would arrange for me to see a doctor if I wanted anyone, they are very good" and "If I needed it, I am in no doubt if I was under the weather, then I'd be seen."
- Staff liaised with a range of organisations on behalf of people, depending on their individual support needs. Oral care plans were seen and staff recorded when they helped a person clean their teeth.
- Health and social care professionals visited people regularly and any information or advice was shared with staff to help ensure people's needs were met.

Adapting service, design, decoration to meet people's needs

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- On one unit people had pictures displayed on their door to help them identify their own rooms. There was some pictorial signage on the toilets/bathrooms. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside.

# Is the service caring?

## Our findings

Caring –this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and had a good understanding of their needs and preferences. Staff understood the importance of treating people equally and fairly.
- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- People felt cared for. Comments included, "As care homes go, the care here features well, they look after you very well here" and "The staff care here is absolutely excellent and first class. The night staff tend to be a bit stretched, because of the number of residents. Care here beats anywhere else that I've been, hands down. They are friendly and lovely people and they do everything for you."
- Relatives were positive about the care provided and told us "[Person's name's] demeanour has improved somewhat in the five days that they have been here; she is a much calmer person" and "Yes I do feel [Person's name] is happy; and I feel comfortable knowing the girls are very good."
- Staff had been provided with training to help ensure people's rights were protected at the service.
- Staff told us, "I would be happy for a relative of mine to live here, we provide good care for people" and "Everything is going in the right direction now we have this manager. We have more time."

Supporting people to express their views and be involved in making decisions about their care.

- The registered manager had met with people and relatives since they took up their post in August 2019. People told us, "We do occasionally have a meeting, but not very regularly and people tend not to turn up. I have been to the meetings and raised issues and some of the issues have then been resolved" and "Yes, I go to the meetings at least once a month. Not many of the residents go, maybe thirteen. We have achieved an improvement to the batter on the fish, as we felt it was too hard and couldn't bite into it, but they have started to make their own batter and so it has improved."
- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the staff or registered manager.
- Some care plans indicated that people had been involved in their own care plan reviews. The registered manager was visible in the service most days and spoke with people to discuss any changes they wished to make to their care and support.
- Staff gave us examples of how they used different forms of communication to help people understand information and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected. We observed care staff lowered their voice when speaking with people about any support they may need.
- Care staff were person-centred in their interactions with people. Staff held many relevant and meaningful conversations with people throughout the inspection visit.
- People were supported to maintain and develop relationships with those close to them. Visitors could come and go as they wished. Relatives were regularly updated about people's wellbeing and progress.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them.

# Is the service responsive?

## Our findings

Responsive –this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now changed to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection we found care plans were inaccurate, incomplete and contained out of date information having been transferred from one format to another without reviewing the person. This led to conflicting information being transferred from one format to the new one. Staff were not always provided with accurate guidance on how to support people's needs when they were living with specific long term conditions. There was not a robust system and process in place for nurses to manage wound dressing changes. Concerns had been raised to CQC that not everyone living at the service has access to a call bell. We found three people did not have access to a call bell at the last inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made and the specific concerns found in this section of the last report had been addressed. However, the breach of Regulation 17 remained due to concerns detailed in other sections of this report.

- Full care plan reviews had taken place with each person and, where appropriate, their families since the last inspection. They described people's individual needs, preferences and routines. Care plans were regularly reviewed.
- Some people were living with specific long term conditions. There were care plans for each condition as required in people's care records, which provided suitable guidance for staff on how to meet their needs and respond to any changes in their condition.
- Nurses had an effective system in place for ensuring people had their dressings renewed when required. Specific care plans for each dressing were seen in people's care plans where appropriate.
- People had access to call bells to summon support when required.
- Some people required regular re-positioning by care staff while being cared for in bed and this was being provided.
- Some people had been assessed as requiring pressure relieving mattresses and these had been provided.

Improving care quality in response to complaints or concerns

At the last inspection a number of concerns had been raised to the provider relating to poor care, poor communication and the response to people's changing needs. There was not a robust process in place to ensure regular reviews of people's needs. Complaints and concerns were not always recorded and responded to in accordance with the policy held. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found action had been taken to improve communication between staff and people and their families. There was now a process in place to ensure



people had a regular review of their needs. Complaints were recorded and responded to appropriately. However, the breach of Regulation 17 remained due to concerns detailed in other sections of this report.

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service. We were told there were no formal complaints in process. People told us, "They [Staff] are all great and I have no complaints at all." and "I have no complaints whatsoever about the carers, completely the opposite."
- People had cancelled the December residents meeting as they felt everything raised at the previous meeting had been addressed and there was nothing further they wished to raise at that time.
- Many positive comments had been received by the service. For example, "Vast improvement since new manager has arrived," "Staff seem happier" and "Staff kind."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Throughout our inspection we observed people and staff communicated openly using a range of verbal and non-verbal communications which people fully understood and responded to positively. We saw this enabled people to be fully involved in communicating their needs and preferences at any time to any of the staff team.
- Care plans contained information to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were provided for people by three activity co-ordinators. A mini bus enabled people to access the local area.
- People, who were able, went out in to the local area as they wished. People told us, "I try to join in on anything they put on. The three ladies that put on the activities, work very hard. We're given a 'Things to Do' list each week listing the week's activities" and "We have all sorts of activities; we have a sheet listing them all. I enjoy card making, jigsaws, felting, the musical entertainers and at Christmas we had choirs visit. We also have a mini bus."
- Visitors were encouraged at any time. Comments included, "Visitors come whenever they like" and "There are no restrictions; they can visit me when they want to."

#### End of life care and support

- The staff were supported by the nursing team to provide good quality end of life care to people.
- One person was receiving this care at the time of this inspection. They had their wishes and preferences recorded and their family had been involved in this plan of care.
- Staff encouraged people to think about and discuss what they would like to happen at this stage of their lives. Not everyone was ready or willing to take part in these conversations. This was respected and periodically re-visited with people in a sensitive manner.

# Is the service well-led?

## Our findings

Well-Led –this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection we found complaints and concerns about the care people were receiving were not always responded to effectively. Reviews were not carried in as a result of concerns being raised about people's care. The audit process was not effective. Issues identified had not been actioned. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found some improvements had been made. Complaints and concerns were all recorded and responded to appropriately. Reviews of care needs were regularly taking place. However, concerns remained around inconsistencies in some of the care plans and monitoring records we reviewed, and the breach of regulation remained.

- There were regular medicines audits carried out, issues were identified, and actions recorded to improve medicines management. However, the audits completed had not identified or addressed the issues we found.
- The provider, the registered manager and senior care staff all completed an increasing number of regular checks on the care and support provided by staff at the service. However, these checks, some carried out three times a day, did not identify the concerns found at this inspection. Staff appeared to be completing records without confirming the information they were signing for was correct or if action was required. For example, repeated low temperatures of the cold storage of medicines had been recorded with no action taken. Repeated inaccurate recording of a person's current weight in mattress settings checks, had not been identified.
- Regular management meetings were held to support the registered manager. The registered manager felt well supported both by the provider and their deputy manager and senior care workers. All had worked hard to bring about a great deal of improvement in the service provided. However, a lack of effective oversight of the many audits and records in place had led to repeated inaccuracies occurring.

The failure of the provider to ensure effective governance and oversight of the service provided is a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and deputy manager were clear about their aim of providing person-centred care.
- The registered manager and deputy manager had regular oversight of the service and understood the

needs of people they supported.

- Residents and family meetings had been held to share information with people and seek their views of the service provided. Issues raised had been responded to by the registered manager such as provision of bird feeders and additional towels.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested. Following the inspection visit they sent assurances of the action that would be taken to address concerns found.
- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was supported by a deputy manager and senior carers. The provider visited regularly.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management
- The registered manager was very familiar with people's needs and preferences and worked alongside the care staff when necessary.
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service but had not identified the concerns found at this inspection.
- The ratings and report from our previous inspection were displayed in the entrance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Communication between people, staff and families was effective. People were happy at the service and told us they would recommend living at Roseland Park. One person told us, "I would recommend Roseland, wholeheartedly. The thing is, you are left in peace, but if you need anyone, they're there for you in a shot." A relative told us, "Yes, I would recommend it overall, it's run very well, the carers are lovely and they always make me feel welcome and they are always nice to [Person's name]."
- A survey had been sent out to people and families. The responses were mainly positive. Where comments had been made these had been considered and action taken to address them.

Working in partnership with others

- The service communicated with commissioners and DoLS teams appropriately about people's care
- Care records held details of external healthcare professionals visiting people living at the service as needed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that robust processes and procedures were in place to ensure the safe management and storage of medicines.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance processes were not robust. The provider had failed to ensure that audits and checks were effective in identifying concerns found at this inspection. The provider had failed to ensure that records kept were always accurate, complete and contemporaneous</p>