

Banstead, Carshalton And District Housing Society

Roseacre

Inspection report

Holly Hill Drive
Banstead
Surrey
SM7 2BD

Tel: 01737356685
Website: www.rosehomes.org.uk

Date of inspection visit:
05 December 2019

Date of publication:
13 January 2020

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

Roseacre is a residential care home which can provide care and support to up to 40 people ages 65 and over. At the time of our inspection 32 people were living at Roseacre. Care was provided in the main building which was divided across two floors and a separate high dependency unit for people living with dementia.

People's experience of using this service

People acknowledged the condition of the building could be improved. We found shortfalls in the maintenance of premises and equipment. The governance arrangements at Roseacre had not acted effectively to identify and address these issues. Improvements were needed to strengthen the audit arrangements to include medicines and reviews of incidents and accidents to ensure lessons were learnt.

People told us they received their medicines as they needed them. There was clear information about people's medicines to guide staff about how to administer them. We have made a recommendation about medicines auditing to bring this into line with best practice guidance.

People and staff told us Roseacre felt short staffed. Recruitment practices ensured staff were suitable but had not always been recorded properly. Roseacre did not use any assessments to determine their staffing levels and we have made a recommendation about determining staffing levels.

People told us they felt safe and that staff were kind and compassionate. People and relatives emphasised the family driven culture of the home. People received highly personalised care based on detailed care plans from staff who knew and cared about them. People and their relatives were involved in planning and reviewing care. People were encouraged and supported to plan for the last stages of their life in a kind and compassionate manner. People's dignity was promoted and independence maintained.

People told us their relationships, culture and faith were supported and respected. People told us they were able to participate in activities that reflected their interests and preferences. Records confirmed this was how care was delivered. People knew how to make complaints but had not felt this was necessary.

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.

Staff received the training and support they needed to perform their roles. Records showed the provider recognised the impact of staff wellbeing on their work life and made adjustments to facilitate staff where this was possible.

People spoke highly about the registered manager and the values they displayed and instilled in the service. Although engagement was mostly informal, people and relatives felt their views were considered and acted

upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches in relation to premises and equipment and, good governance. This was due to the failure to ensure equipment was appropriately maintained, and the lack of effective governance and quality assurance within the home.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details 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 always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Roseacre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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

Roseacre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they 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 the information we already held about the service. This included information that had been submitted to us as notifications. Notifications are information about events and incidents providers are required by law to tell CQC about. We used the 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 used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with four people who lived in the home and four relatives. We spoke with nine staff members including the nominated individual, the registered manager, the maintenance person, two senior care workers, two care workers and two domestic assistants. We reviewed the care files of three people and medicines records across the home. We reviewed maintenance and health and safety records, accident and incident records. We reviewed staff recruitment files and supervision and training records. We reviewed meeting records and other records relevant to the management of the service.

After the inspection

We received further evidence from the provider and clarification on issues raised during the inspection.

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 good. At this inspection this key question has now deteriorated to requires improvement.

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.

Staffing and recruitment

- People and staff told us they thought more staff were needed to ensure people's needs were always met.
- People and relatives said they sometimes had to wait for staff to meet their needs. One person said, "It's always short staffed. I can get fed up with hearing it; it's the excuse for everything." A second person said, "Staffing can be low. I am glad that I can still dress myself otherwise it would be a struggle to get the help when I wanted it." A relative told us, "There are days when staffing could be higher as activities are managed between them – it sort of works and visitors help."
- The registered manager told us staffing levels were fixed, based on the number of people living in the home. There were no dependency assessments within care files to help work out the amount of staff support each person needed. This meant there was no way for the registered manager to calculate the overall staffing levels needed across the home.

We recommend the service seeks and follows best practice guidance from a reputable source about calculating staffing levels in care home settings.

- The registered manager confirmed the home currently had vacancies for care workers. Absences were covered by the use of agency staff and overtime for permanent staff.
- Roseacre had a very stable staff team and had only recruited one new member of staff since our last inspection. Although the provider had carried out appropriate checks to ensure they were suitable to work in a care setting, they had not recorded the interview which meant it was not clear they had followed a fair and equalities-based approach to recruitment. The nominated individual told us they would keep more comprehensive records of future recruitment activity.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things went wrong

- People told us they felt safe living at Roseacre and staff had a good understanding of how to safeguard people from the risk of abuse.
- There had been no incidents of abuse and no allegations which had required referrals to the local safeguarding team since our last inspection in January 2017. Staff told us they would report any allegations to the manager who would make appropriate referrals to the safeguarding authorities.
- Improvements were needed to strengthen the response to, and analysis of, incidents that happened within the home. Incidents were recorded, and changes were made to individual care plans after incidents occurred. However, the incident recording systems did not include any analysis of reasons behind incidents

and there was no record of managerial analysis for trends in incidents so wider lessons could be learnt and applied.

Assessing risk, safety monitoring and management

- Risks faced by people during the receipt of care had been assessed with plans in place to mitigate them.
- People told us they felt confident staff knew how to keep them safe and use their equipment. We saw staff supporting people safely when using moving and handling equipment.
- Staff were knowledgeable about the risks people faced and what steps they needed to take to keep people safe. We noted that the level of detail in the written risk assessments did not always match the level of detail observed and described by staff. The registered manager told us they would add this detail to the written risk assessments to ensure new staff or agency staff would have the same information as more experienced staff.

Using medicines safely

- People were supported to take their medicines as prescribed. There was detailed information available to staff to ensure they supported people with their medicines in a safe way.
- People told us they were supported to take their medicines as needed. One person said, "You can ask for extra pain killers. It's never a trouble and they don't want you to be in pain." We saw people were supported to take their medicines in an appropriate way, with staff explaining what medicines were for, and offering pain relief medicines as needed. There were clear guidelines for staff about when to offer and administer medicines prescribed on an 'as needed' basis.
- Medicines were stored safely and securely. Some medicines require additional safety measures around their storage and recording and these were in place.
- Medicines records were clear and complete. However, we noted that audits of stocks were not completed regularly which meant there was a risk that discrepancies would only be identified when surplus stocks were returned to the pharmacist.

We recommend the service seeks and follows best practice guidance from a reputable source about medicines audits and stock recording.

Preventing and controlling infection

- Staff ensured the home was clean and free from malodour. □
- However, as described below in the effective domain, the condition of some areas of the home prevented effective infection prevention and control. This is because some chairs and other equipment were old and made of materials that were very difficult to clean.
- There were systems in place to ensure laundry was effectively managed to minimise risks of cross contamination and the spread of infection.

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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Areas of the building had been allowed to fall into a state of disrepair and equipment had not always been appropriately maintained.
- The accessible bath in the high dependency unit had been condemned as unsafe over a year ago. The nominated individual told us they were awaiting wider building work to replace it as the bathroom would be incorporated into a new extension. This work had been delayed which meant people who lived in the high dependency unit had to go elsewhere in the home to have bath.
- The hoists in the home had not been subject to the safety checks required by law to ensure they were suitable for people to use. The nominated individual told us there had been an administrative error which had resulted in the checks being missed. They showed us confirmation the checks had been scheduled, during the inspection.
- Throughout the home the décor and flooring needed upgrading. We saw carpets were stained and people were using old wooden commodes that were impossible for staff to clean effectively. Armchairs in communal areas were too low for people to get out of easily, and had velvet covers which were also impossible to clean effectively.
- During the inspection the maintenance person put locks back in place on the sluice rooms. These had been removed to be used in other areas of the home. However, sluice rooms contain equipment that is dangerous to access and should always have been kept locked.

The above issues with the premises and safety of equipment are a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the provider sent us confirmation that the Society's Board would be asked to approve replacement furniture at their next meeting. They also sent in expected timescales for the building works and restoration of the bathroom in the high dependency unit. The plan for replacing carpets and refurbishing bedrooms was for this to be completed as rooms became empty, as people had said they did not want the disruption of moving bedrooms even for a short period of time to facilitate redecoration.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed in an holistic and person centred way before they moved to Roseacre.
- A relative told us, "We discussed the plan at home and with the rest of the family. It's very much all about

[my family member]." This was supported by the records we reviewed which included a high level of detail about people's views and preferences for receiving their care.

- Assessments considered the impact of people's faith and culture on their experience of care. There was a high level of detail about people's lives before they moved to Roseacre including details about people's interests and hobbies which meant staff had a high level of information to use to build and establish relationships with people.
- The assessments were used as the foundation of care plans which included details of people's goals and views about their care.

Staff support: induction, training, skills and experience

- People and relatives told us they were confident in staff ability to perform their roles. One person said, "I don't know if it's the training, or that they are just good with people, but the staff are truly excellent."
- Staff told us they received supervision from the registered manager. The registered manager sent us copies of some supervision records after the inspection as they had been unable to locate them during the site visit. The samples submitted showed staff were able to discuss work issues and were offered support that recognised the impact of their lives outside work on their wellbeing and work performance.
- Staff completed online and face to face training relevant to their roles. Records showed some training courses had lapsed but there was a plan in place to update staff training. Staff had been booked to attend training in the next six months to ensure all staff were up to date with relevant training.

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

- People spoke highly about the food and we saw mealtimes were a pleasant shared experience for people.
- Care plans contained details of people's dietary needs and preferences. People were asked to give feedback about the menu through meetings with the registered manager. The registered manager shared this feedback with the chefs who made adjustments to the menu as required.
- People were served meals in an appetising way with appropriate portion sizes. One person said, "They serve the sort of food that I used to cook, but now I have the pleasure that they do the cooking and cleaning."
- Where people needed additional support to ensure they ate and drank enough, this was provided in a kind and sensitive manner. As one relative explained, "[My relative] has special build up drinks all the time, and on some days they eat a bit more. The staff always encourage but never stand over them or make a bit fuss."

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

- People told us and records confirmed they were supported to access healthcare services and other professionals to ensure their needs were met.
- Care plans contained details of people's healthcare conditions and the support they needed to ensure their healthcare needs were met. This included dental and eye care. Appointments were recorded in people's notes and shared in staff handovers to ensure advice was followed.
- Feedback from people and relatives about their access to healthcare professionals was positive. One person said, "I see the GP regularly. It's much easier than it was when I lived at home." A relative told us their family member's relationship with healthcare professionals had improved as they were now facilitated by staff.
- A relative also told us the support that staff had provided to their family member to follow the advice of healthcare professionals had improved their physical wellbeing and independence. They said, "When [my relative] came here they were barely mobile and had very low confidence. Staff have worked with them and [healthcare professionals] and now they are independently mobile. They aren't about to do a marathon but

enough to move around and their confidence had grown hugely."

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to consent to their care, and the arrangements within the home, such as locked doors, meant they were restricted, staff had applied to the local authority for DoLS. The nominated individual advised us they had only done this recently as they had previously been advised incorrectly that they had not needed to submit these applications. We will check this takes place consistently at our next inspection.
- Care plans contained details of the nature of choices people were able to make, and the support they needed to make decisions. For example, there were details of how people chose their clothing, meals and activities.
- People who were able to consent to their care had this clearly recorded. The registered manager had ensured that people's wishes were clearly recorded while they had capacity, so these could be considered in the event they lost capacity in the future.

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

- People, relatives and staff all emphasised the family orientated atmosphere in the home. The registered manager and nominated individual cultivated a homely atmosphere from recruitment of staff based on values to the support provided to families after bereavement.
- A relative told us, "They [staff] are devoted to the residents." Another relative said, "I can't stress how like a family this place is. The staff care for the residents and the visitors. Staff see if I'm having a bad day and I always leave feeling better." One person said, "Each person has a home here, with loving people to look after them." A second person said, "There is so much goodness here that everyone can feel it."
- Staff supported people in a kind, patient and compassionate way. We saw staff communicated with people in a calm and clear manner. Staff were polite and people responded positively to staff interactions.
- One person repeatedly asked the same questions and repeatedly expressed their sadness. Staff answered each question politely, kindly, and as though it was the first time they had been asked. This demonstrated respect to the person and an understanding of the impact of their dementia on their experience.
- People were supported to maintain links with their cultural and religious background. People and relatives told us this was very important to them and was key to how they felt supported by staff at the home.

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

- People were supported to express their views and staff responded to people and respected their decisions.
- Care plans reflected people's views and preferences. People's personality was clear from the care plans, included in the details of how people expressed themselves and asked for support.
- Throughout the inspection we saw staff asked people to make choices and respected the decisions expressed by people.

Respecting and promoting people's privacy, dignity and independence

- Staff described the measures they took to ensure people's privacy and dignity were maintained. We saw staff offered people support in a discrete and sensitive way to ensure people's dignity was not compromised.
- People told us they were supported to maintain their skills and independence. One person explained how they were able to continue with aspects of their care because staff supported them with other parts.

- Care plans contained details of what people could do independently which ensured this was supported appropriately by staff.

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 good. At this inspection this key question has remained the same.

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

- People's care was highly personalised and delivered in a way that reflected their needs and preferences.
- Care plans contained specific details about how people wished to receive care, including details of timings, products and all relevant choices.
- Staff were knowledgeable about people's needs and preferences and we saw they adjusted their support to ensure people's needs were met. People and relatives told us staff noticed when people were not their usual selves and ensured their support was adjusted to ensure their needs were met.
- People and relatives told us, and records confirmed, care plans were reviewed and updated regularly. Records of care were detailed and confirmed that people received their care as planned.

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.

- People's communication needs and preferences were well described in care plans. Where people did not use speech to communicate, alternative methods of communication were well described and we saw these were used in practice.
- Information about how to complain was available in large print as an adjustment should people need this. The provider told us other policies and information could be made into more accessible versions if people or their relatives needed this.

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

- People told us they had developed friendships with people living in the home. Relatives told us they were welcome to visit whenever they wished.
- People told us their friendships and relationships were valued and supported by staff. One person said, "I have made friends and if we are doing something they make sure to sit us together." Relatives told us they felt welcome, and were given time and space to spend time with their family members. One relative said, "Everyone is nice to each other and they all work to make us comfortable." Another relative said, "There is another room that we use if we want to meet quietly as family."
- The registered manager told us they were attempting to recruit a dedicated activities coordinator. At the

time of the inspection activities were facilitated by care workers on duty and the registered manager which meant they were not consistently delivered. One person said, "There's lots to do if you want but we don't have a formal programme." Another person said, "I love that it's not a 'hi-di-hi' place where they are forever on at you to do something. We chat and things happen but no one makes you join in."

- People told us about the different activities both in the home and in the community they had completed in the last few months. These included exercise groups, music and visits to the local garden centre. A 'pets as therapy' dog was visiting the home during the inspection and people clearly enjoyed petting the dog. People told us they were provided with newspapers of their choosing and we saw these were delivered daily to Roseacre.

Improving care quality in response to complaints or concerns

- People and relatives told us they had no cause to complain but knew how to if they needed. One person said, "You can talk to anyone about anything. There's not even one thing I can think of to improve." A second person said, "If there is anything that you don't like you just tell your carer." A third person told us, "I would speak to the manager and I have every confidence that things would be done."

- The provider had a complaints policy which included details of the investigation and feedback process. There was clear information about how to escalate complaints if people were not happy with how they were resolved.

- There had not been any complaints since our last inspection in January 2017.

End of life care and support

- People had been supported to consider their wishes should they reach the last stage of their life.

- Where people were able they had been supported to record their views and wishes, so these could be acted upon in the event people lost capacity before reaching the last stages of their life.

- People, their relatives where appropriate and staff, liaised with healthcare professionals to ensure there was clear information about how to support people at the end of their lives. Staff ensured appropriate support and medicines were available to ensure people were as comfortable and pain free as possible.

- People and their relatives felt confident their wishes would be acted upon. One relative explained, "We all spoke about it [end of life support] together with the doctor. The home have it all noted and I have no doubt they will act well when it comes to it. That's very important to us."

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 good. At this inspection this key question has now deteriorated to requires improvement.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was also the registered manager of a second care home nearby which was run by the same provider. They divided their time between the services which meant they had limited capacity to complete effective audits and ensure effective quality assurance systems were operating.
- The nominated individual acknowledged that there had been shortfalls in the audit and governance of the service over the last 12 months. This had led to the failure to ensure equipment was properly maintained.
- There were no systems in place to audit the quality of care plans and records of care. The registered manager completed assessments and care plans, so this required additional input to check the quality of the information.
- Medicines were not routinely audited, and nor were incidents or accidents. This meant there was a risk that issues and trends would not be identified and could continue to put people at risk.
- Although the nominated individual and registered manager had identified the need for replacement furniture and redecoration, there had been delays in taking action to address these issues.
- There had been a recent change to the computer systems used in the home. This had led to the registered manager and nominated individual not being able to locate records such as, staff meetings and supervisions, during the inspection. The provider had not maintained records of staff interviews as required by best practice guidance.
- Due to the pressures of managing two care homes, the registered manager did not have capacity to attend networking events with other managers to ensure they stayed up to date with best practice and guidance. As Roseacre did not hold any contracts with the local authority or health authorities they did not receive any quality monitoring or support visits from external agencies which could have helped them identify and address issues with their quality assurance systems and premises.
- At the last inspection we had identified the provider was registered for regulated activities they were not delivering. The nominated individual told us they had attempted to get these regulated activities removed from their registration but had not been able to complete the process. Additional guidance was provided to ensure the provider was correctly registered.

The above issues are a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff emphasised the family atmosphere and culture within the home which was led by the approach of the registered manager.
- People and relatives told us they felt treated with respect and were part of a family, which meant they were able to see beyond the physical condition of the building. As one person said, "Please don't judge this home on the building – the care is wonderful."
- People and relatives said this family driven culture was led by the registered manager, who was spoken of in positive terms by everyone we spoke with. One relative explained, "The welcome that the manager gave [my relative] when we first, very reluctantly, arrived was wonderful. [My relative] said it made them feel loved and now they would be heartbroken if they had to move."
- This approach extended to staff as well as people and their relatives. People and relatives asked after staff who were off work and we saw supervision records considered staff wellbeing. The registered manager recognised that factors outside work could affect staff attitude and ability at work and did what they could to support staff.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The provider acknowledged their historic knowledge of these requirements had been lacking and a recent inspection of Roseacre's sister service had led to them learning more about the requirements of the duty of candour and notifications.
- Relatives told us the home communicated with them openly and honestly and told them when there were any incidents or concerns regarding their family members.

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

- People, relatives and staff told us engagement was largely informal through individual discussion with the registered manager.
- Records showed that meetings for staff and relatives were held, but they only happened twice a year. Relatives told us they were happy to be kept up to date via conversations when they visited the home.
- Likewise, meetings for people who lived in the home were held infrequently. However, people told us they felt they were included. They had been involved in choosing the replacement furniture for communal lounges.

Working in partnership with others

- Roseacre had established links with local community groups. The village where the home was based had an active community focus which benefitted the home.
- People told us they benefitted from the connections with the local place of worship which ensured they were supported to continue to practice their faith.
- The registered manager told us they had established links with community groups for children and had arranged for them to visit the home. Records showed people had given very positive feedback about the involvement of children at Roseacre.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment had not been properly maintained for the purposes they were intended. Regulation 15(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place had not effectively identified or addressed issues with the quality and safety of the service. Records of recruitment had not always been appropriately kept. Regulation 17(1)(2)