

Gresham Care Limited

Roseleigh

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Roseleigh provides accommodation and personal care to six people some who have a learning disability and physical needs. At the time of our inspection six people were receiving care and support.

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

Although risks to people had been identified, management had not always considered people's individual needs and as a result there had been situations when one person was harmed due to two people being left alone together. In addition, one to one support was not always consistently provided meaning there was a potential for accidents and incidents to occur.

Staff were not deployed in an organised way and this resulted in people not always receiving the support they required. There was also a potential risk to people due to a lack of staff at night-time. Although the registered manager told us an additional staff member was being recruited, this had not yet happened.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support best practice. People's communication needs were not always supported to enable people to be more involved in planning their care

The service was not always able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right Support: The model of care did not always support people's choice, control and independence. Although people were able to make their own decisions around their care and how they spent their time, some potentially restrictive practices were taking place without staff following the principles of the Mental Capacity Act 2005. Although people were encouraged to participate and learn daily living tasks in order to boost their independence, information was not always provided to people in a way they could understand.

Right Care: People's care was person-centred and promoted people's dignity and privacy. Staff showed regard for people's comfort and they treated people with kindness. People had access to healthcare professionals and were supported by staff to attend appointments.

Right culture: There were positive values and attitudes of the management team and good relationships

had been developed with the loved ones of those they cared for. This helped staff to provide personalised care.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

People lived in an environment that was personalised for them and they were provided with support from staff who had been trained appropriately.

Lessons were learnt from incidents and accidents which helped to keep people safe. Where concerns regarding medicines management were identified measures were taken and the issues addressed. Safeguarding concerns were taken seriously, reported and investigated in line with the guidance.

People, relatives and staff were given the opportunity to contribute towards the running of the service, through in-house meetings and surveys. The registered manager was open and honest with relatives and staff and demonstrated a good understanding of duty of candour; always apologising when things went wrong.

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

Rating at last inspection

This was the first inspection since the service registered with us on 9 May 2019. This is an established service which registered under a new provider on this date.

Why we inspected

We carried out this inspection as it was the first inspection of this service since the change of provider in 2019.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to people's safe care and treatment, the mental capacity act, staffing and governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will ask the registered provider for an action plan, telling us how they plan to make improvements to their service to demonstrate they can achieve a good rating. 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 responsive 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 ●

Roseleigh

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection. Following the first day of our inspection an Expert by Experience contacted relatives to gain their views of the service their loved ones received. 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

Roseleigh is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roseleigh is a care home without nursing care. 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

The inspection was unannounced.

Inspection activity started on 27 April and finished on 28 April 2022. We visited the service on both dates.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding information and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We were unable to speak with people in real length throughout our inspection visits to gain their views as they had limited speech. Instead, we observed their body language, interactions with staff and viewed things they wanted to show us which were important to them. We spoke with three members of staff including the registered manager. We spoke with five relatives about their experience of the care provided to their loved ones.

We reviewed a range of records. This included three people's care records and two people's medication records. We looked at three staff files in relation to recruitment and training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, support plan information and quality assurance records.

Is the service safe?

Our findings

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

The last rating for this key question was Good (published 09 January 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Although management had assessed potential risks to people, guidance for staff did not always give detailed direction to ensure staff used a consistent approach. In particular for one person who could become anxious and challenging towards other people. As a result, incidents had occurred where another person living at the service had been harmed by them.
- We observed this person raising their arm and pointing their finger at another person's forehead. This resulted in the second person flinching and moving away. However, the person followed them and continued to repeat this action. A staff member told us, "Others living here are frightened and wary of [person's name]. They tend to keep out of their way."
- One person could display behaviours when out in the community and although these were recorded in a risk assessment and positive behaviour support plan, the documents did not really describe how things may feel to the person – more how they appear to staff - and very little reference was given to communication.
- During lunch time, we observed a person left to eat their lunch unobserved when this person's support plan stated they should have their meals cut into small pieces and they should be supervised when eating. This did not happen, as we saw this person bring their lunch through to the dining room area without a staff member. They stood at the table and poured themselves a drink and then drank straight from the jug that was being used by everyone else. Shortly after they sat down to eat their lunch, which had not been cut up, without staff presence. The registered manager sent us evidence following our inspection of an updated nutritional care plan for this person which recorded they could sit on their own without staff, but the plan recorded their food should be cut into small pieces.
- Staff managed the safety of the living environment and equipment through regular safety checks to minimise risk. Regular fire checks and drills were completed to ensure people and staff were aware of how to respond in the event of a fire. However, we read following a recent fire service safety visit, they had found the laundry room door propped open and clothes airers were on the hall landings reducing fire escape routes which were both risks. They issued a recommendation in this respect. We noticed however during the morning of our first day of inspection, the laundry room door was propped open. It was, however, closed by the registered manager when they saw this.

The failure to ensure risks to people's safety were robustly assessed and monitored was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal emergency evacuation plans were in place to guide emergency services of the support people would require when leaving the building.
- Relatives felt staff had a good understanding and insight into their family member's needs. One told us, "There is always someone around with her when they go out and they (staff) would tell me if there were any incidents." A second relative said, "Doors are secure and he cannot wander unsupervised outside." A third said, "It's amazing they kept everyone safe during COVID. Risk is managed with one to one support outside, as [person] has no awareness of road safety."

Staffing and recruitment

- There were sufficient staff on each shift during the day to meet people assessed hours of support, including one to one hours.
- However, schedules and records did not always reflect how people's one to one hours were used or how they benefitted from this support. And although there were sufficient staff, there were numerous occasions when one person (who had one to one support) was on their own without a staff member. At times, this could be for more than 20 minutes. In addition, a second person was recorded in their support plan as requiring one to one at all times, both in the house and out in the community. Although there was a staff member around them at all times, it was not clear which staff member had been allocated to be their one to one support or how those one to one support hours should be used.
- Despite incidents between two people in particular, during the afternoon of our first day of inspection, these people were in the lounge together with no staff. Staff were in the kitchen and unaware of where these people were, although one of these people should have been on a one to one.
- We also read in one person's support plan that staff should be vigilant of their whereabouts at all times and staff should keep them within eyesight. However, in the afternoon of our first day of inspection, we were told by staff that this person was in their room, when in fact they were in the dining room. They remained in the dining room for an hour without staff checking on them.
- We found there were insufficient staff on duty at night. The registered manager told us there was one waking staff member. However, the incidents that had occurred where a person had been harmed had happened at night. These were when the night staff member was carrying out tasks and so they were unaware of what was happening.
- The registered manager told us they were currently trying to recruit a 'floating' night staff who would be based at Roseleigh. However, they could be called to another service if needed. Following our inspection, they told us they had found a prospective applicant for this role.
- There was a lack of good deployment of staff. We observed staff starting tasks with people and then changing to something else. On our second day of inspection, we heard two people shouting in their rooms. We spoke with staff about this and staff were unable to tell us where these people were, telling us one of those who we had heard shouting was in the lounge. The registered manager told us they were using more agency staff than usual at present and although these staff regularly covered shifts at the service, they were not necessarily as aware of the routines of people as permanent staff may be.
- There were a number of staff vacancies which meant agency staff were frequently employed. The registered manager told us they tried to mitigate the impact of this by ensuring regular agency staff were used so people got to know them. Staff told us, "The only challenge is having agency staff who don't normally come here. It happens quite a lot as the agency are short staffed too."

The lack of a sufficient number of deployed staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Prior to being employed, a range of checks were completed to help ensure staff were suitable for their roles.

These included a face to face interview, a review of previous employment and references, health screening and a Disclosure and Barring Service (DBS) check. Profiles of safety checks completed for agency staff were reviewed by the registered manager prior to them working at the service.

Using medicines safely

- People received their medicines safely as robust medicines systems were in place. Each person had a medicines administration record which contained the information required regarding people's prescribed medicines. Staff signed the record and completed a stock balance following each administration. Where people were prescribed 'as and when required' medicines, guidance on when and how these should be offered and administered were in place.
- Each person's medicines were kept in their room in a locked cabinet. Cabinets were clean and organised and staff checked the temperature each day to help ensure medicines were stored in line with the manufacturers guidance. A relative told us, "His medicines are in a locked medicine cupboard in his room and staff go around checking."
- Staff undertook competency assessments to help ensure their medicines practices were safe.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on how to recognise and report abuse and knew how to apply it. Staff members were able to describe the reporting procedures. One staff member told us, "If working alone and there is an incident, I would need to contact on call and do an incident report, handover and put it in the communication book."
- People had safeguarding information available in pictorial format and there was information for staff on how to report concerns in the office. Relative's felt their family member was safe. One told us, "The doors are locked and staff have keys."
- Where safeguarding concerns were identified these were reported to the local authority in line with guidance. Where the local authority requested additional information, this was provided to ensure any concerns could be investigated and the relevant action taken.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses. Staff completed accident and incident forms when they found concerns.
- Action was taken as a result of incidents and measures were put in place to avoid further occurrences

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had ensured people were able to receive visitors in line with government guidance. People were also supported to maintain contact with their loved ones on the telephone. One person and their family told us staff frequently helped them to phone their family which was important to them.

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.

The last rating for this key question was Good (published 09 January 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection, this key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Despite people having authorised DoLS in place, people's capacity to make and consent to decisions about specific aspects of their care and support had not always been assessed and recorded. This included decisions regarding having one to one support, locked kitchen cupboards and monitoring devices.
- We spoke with the registered manager about a capacity assessment for the monitoring equipment being used for one person who had epilepsy. They confirmed that this was not in place and as such no discussion had taken place as to whether this equipment was in the person's best interests.
- One person who received one to one support, did not have a capacity assessment or best interests decision in place for this potential restrictive practice.
- We also spoke with the registered manager about the locked kitchen cupboard and again were told no capacity assessments and best interests decisions had been undertaken. The registered manager had not considered whether locking the cupboards was the least restrictive option. For example, they had not looked at reorganising the cupboards in order to be able to leave some of them unlocked. Following our inspection, the registered manager sent us completed capacity assessments for the locked cupboards.

The lack of compliance with the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were aware of people's likes and dislikes in relation to their food and we heard people being given a choice of what they wished to eat.
- We observed people eating a range of foods at lunch time and some people had been encouraged by staff to help prepare their own lunch. A relative told us, "When I facetime her, she always talks about what she has had to eat. There is a list of options and main meals include roast and fish and chips."
- Where one person required a very soft diet, we saw this had been provided to them and the staff member encouraged the person to take a drink between mouthfuls to aid digestion.
- People were regularly heard asking for, or having, drinks throughout the day and on our second day of inspection three people went to the local pub for their evening meal. A relative said, "They have meetings for ideas and rotate their favourite meals. He has a good appetite."

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

- People's rooms were homely and personalised to reflect their tastes and interests. Each was a good size and had its own en-suite.
- The layout of the lounge and dining areas meant people were able to move around easily. The open plan design meant people were able to access the kitchen freely. The separate dining area also allowed people to sit quietly should they choose to do so.
- Where people required specific equipment to aid their mobility or movement, such as a wheelchair, this was in place. One person preferred to sleep on the floor and we saw staff were careful not to stand on their rug as this was their 'bed'.
- The registered manager told us they had ordered a second television which they planned to install in the dining area. This would enable people to either watch television there, or sit in the lounge.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role when commencing at Roseleigh. Training included, infection control, food hygiene, oral health, first aid, fire safety and autism.
- A relative told us, "Only trained staff can do the medicines." A second told us, "Staff have had dementia training to support her better."
- Staff received PROACT SCIPr-UK training which followed the positive behaviour support model and focused on proactive methods to avoid triggers which may lead to behaviour challenges.
- Staff were encouraged to progress and develop. The registered manager told us, "I sit with staff and encourage them to do more. The assistant manager started as a support worker but I saw the potential in him."
- Staff told us they felt supported in their roles and received regular supervisions. One staff member said, "We have supervision every month to talk about your performance, how to communicate with clients and if there is anything to be picked up on. We can raise any concerns and report any incidents."

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had health action plans which detailed the support they needed to remain healthy. This included areas such as foot and nail care, oral health care, male/female health and other health issues specific to the person. A relative told us, "She only has special toothpaste from the dentist as she had a tooth removed." A second relative said, "The staff make sure she has her medicated shampoo."
- People were registered with a GP and referred to health care professionals to support their wellbeing. The registered manager told us, "During COVID, there were no face to face appointments. One person was unwell and I went out and took them to appointments to ensure they were receiving treatment."
- People were supported to attend annual health checks, screening and primary care services. This meant

people and staff had the opportunity to discuss any changes and have a full review of people's health and well-being.

- People were weighed monthly to check they were maintaining a healthy weight. For the people whose support plans we reviewed, we saw their weight had remained stable.
- People were assessed prior to moving into the service and a planned move was undertaken. This included visiting in the day and slowly lengthening the time the person spent at Roseleigh. A relative told us, "We visited beforehand and helped settle her in."
- People's support plans contained a huge amount of information and the registered manager told us they were transferring all of the information onto a new electronic care planning system. This was enabling them to review each person's support plan and in turn to check it was current.
- Nationally recognised tools were used to develop people's support plans and information on people's specific health conditions were included to give guidance to staff.

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.

The last rating for this key question was Good (published 09 January 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection, this key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- Although we identified some issues around risks to people and staffing levels, individual staff were kind to people and people seemed relaxed with staff. Staffed chatted with people about a football match being shown on the television that night and their afternoon cooking session. A relative told us, "She sees this as her home. She is very happy and comfortable and prefers to be there." A second relative said, "Everyone is friendly."
- One relative told us staff were very good with their family member when they were admitted to hospital. They said, "Staff visited every day. She would not eat hospital food, so staff would take in wraps and coffee for her."
- People had the opportunity to try new experiences and widen their social network. Staff told us people had routines they enjoyed and they went out early evening to the local pub and routinely to a disco. Events were held with people from other care homes run by the provider and staff had organised for one person to undertake some voluntary work.
- Staff showed kindness to people. One staff member was very upbeat with one person, reflecting back their mannerisms to show they were happy to, like the person was.
- Staff knew people's routines and how they liked things. A staff member made one person their coffee and as they gave it to them they said, "I've made it just how you like it."
- People's independence was encouraged. At lunch time, plate guards were used to assist people to eat independently.
- People were encouraged to participate in daily living tasks, such as preparing their meal. A relative told us, "[Person's name] will help as much as she can to prepare food (for the meals)." A second relative said, "He will put a plate in the dishwasher and I've seen a photo of him do things around the house, like cleaning his room." A third told us, "He will put the shopping away, lay tables and tidy up afterwards. He can prepare and help in the kitchen."

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

- People spoke with their loved ones on the telephone or went to visit or stay overnight at the weekend. A relative told us, "He comes home every other weekend. He has two homes but always happy to go back (to Roseleigh)."
- People were enabled to make day to day choices for themselves such as where to spend their time in the

house, what clothes to wear and what they would like to eat. A relative said, "They will give her the choice and help her to dress with co-ordinating clothes."

- Through people's key worker meetings, their contribution to how they liked their room or their home was captured and used to inform changes. A key worker is a staff member who is allocated to a particular person or persons. They will help set goals or aspirations and monitor progress towards them. We heard how people had chosen where they would like to go on holiday or what activities they wanted to participate in.

Is the service responsive?

Our findings

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

The last rating for this key question was Good (published 09 January 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection we have rated this key question as Good. This meant people's needs were met by staff delivery.

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.

- Some pictorial information was used in the service to assist with people's understanding. This included safeguarding information and medicines information for one person. A second person had a social story around their personal care. People's service user guide was also in pictorial format. One relative also said, "They had a social story to explain why we could not visit the home (during COVID-19)."
- The registered manager told us, "I like the staff team to be mixed culturally. This helps with the menu as it means there is a range of food. We also try to celebrate certain days, such as St George's day. I ensure people get the treatment they need and we help them make choices using social stories, or involving family members."

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 were supported to participate in their chosen social and leisure interests on a regular basis. People's support plans contained information about the things they enjoyed doing such as going to the cinema, bowling or going out to eat. A relative told us, "They do big parties with people from other care homes. They did a St George's themed one with red and white." A second relative said, "She went to the gym but did not like it. She prefers to go on walks which she does every day with staff."
- People had individual activity plans in place which included college, going out and different groups such as cookery and art classes. One person was being supported to complete a walk for charity by staff. A relative said, "They (people) are driven to the ARC (activity resource centre) in Crawley and they (staff) are looking for more activities like swimming, creative art and college."
- During the afternoon of our first day of inspection, some people went to a cookery class and made pasta, which they had for their evening meal. Others went out with staff to the local shops or for a walk. On our second day of inspection, three people were going to a local pub for their evening meal. A relative said, "She went swimming, horse riding and had basketball last week. She does lots of walking and goes to the beach."
- People were encouraged to participate in events at different times of the day, with some people going to a disco or the cinema in the evening. Holidays were organised and people were largely involved in choosing

their holiday destination.

- The registered manager told us one person had previously undertaken voluntary work at a local library, but due to COVID-19 this had come to an end. They were seeking new opportunities for this person as well as another person who had expressed an interest in working in a café.
- We talked with the registered manager about the positive aspects of the service. She told us, "The parents are aware that I like people to be out and about. I think of when I was their age. I seek out voluntary work for people when they show an interest. Parents expressed a wish to be more involved, so we now have an annual barbeque, afternoon tea twice a year and go to the pantomime at Christmas. It means staff can meet with parents on a social level."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's support plans contained information for staff around people's individual needs, communication methods, likes and dislikes, people who were important to them, background information, sleeping patterns and nutrition and hydration details. A relative told us, "I update her care plan with the manager and we look at her care needs and activities."
- Relative's felt staff understood their family member's needs. One told us, "She has grown and flourished over the years she has been in the home. Her weight is right and they monitor her snacks and have healthy meal choices." A second told us, "They know him well and adjust (his care) as necessary."
- Support plans were personalised and each person had a regular meeting with their key worker to review aspirations goals and long terms wishes. One person's goal was around their personal care and records showed they were gradually achieving their goal. Other people had expressed a wish to undertake a particular activity when on holiday and these had been achieved.
- One person could not tolerate loud noises and the registered manager told us, "We have discussed putting sound proofing in his room. The provider is taking responsibility for this."
- The registered manager showed us a small folder used for agency which had simplified support plans in place for people. This meant agency staff could get a good overview of people and their needs when first meeting them.
- No one was receiving end of life care at the time of our inspection. Records showed that end of life care documentation was in place and was gradually being completed as staff became aware of people's wishes.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which set out how complaints could be made, timescales and how they would be responded to. A relative told us, "I can complain to the manager and then the regional manager."
- Where complaints were received these were followed up and resolved by the registered manager. There was evidence of them meeting with family members to discuss their concerns and respond to their complaint. One relative told us, "No complaints in five years."
- The service had received numerous positive comments and testimonials from relatives, staff to each other and from the outside community. A relative had also nominated the registered manager for an internal provider's award, saying, "[Relative's name] mental health is deteriorating but [registered manager] continues to work miracles with [relative] and has been instrumental in pushing [relative's] case for assessment."

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.

The last rating for this key question was Good (published 09 January 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. At this inspection, this key question has been rated Requires Improvement. This meant the service management and the culture created did not always support the delivery of high-quality care.

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

- Quality audits were used to drive improvements in the service. There was a strategic plan for the service and in-house audits carried out. These covered the environment, training, appraisal, support plans, medication and nutrition.
- However, these quality processes had not identified the shortfalls we did at this inspection. For example, the lack of mental capacity assessments for people. The registered manager had not identified the potential risks to people, or taken action to help prevent reoccurrence of incidents between people. There was also a lack of oversight to ensure that people were being supervised in line with their funded one to one support hours.
- The registered manager had not identified that staff did not use consistent communication approaches towards people. We heard one person ask for ice cream following their lunch. A staff member responded to let them know they could have some later. However, shortly after when this person asked again for ice cream, a second staff member said, "When it's hot we can have ice cream, but now it's a bit chilly. You can have a cup of tea." Later in the day, the person again asked for ice cream and on this occasion, a third staff member explained to them they did not have any in the house.
- People's support plans did not always demonstrate how they were involved in developing them or how they wished to use their support hours. Support plans were mainly in a written format which the majority of people living at Roseleigh would find difficult to understand. There were few photographs or creative ways of presenting people's support plans to make them more personalised and accessible to people.
- People had monthly resident meetings where they could make decisions around meals, outings, holidays or anything they were worried about. The notes from these meetings were written in a notepad held in the office. The registered manager confirmed that important points from these meetings were not written in pictorial format to enable people to see what had been discussed.
- Although the provider's senior manager had seen the laundry room door propped open, despite the fire services recommendation and had issued a strong reminder to staff to ensure it was always kept closed, sufficient action had not been taken to address this as the door was open on our first day of inspection.

The lack of robust governance at the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, we received an update from the registered manager in relation to the shortfalls we found. They told us, "[Person's name] now has a television in their room." This would help address reoccurrence of the incidents that had happened, as they were over who was watching television and who had the remote control. The registered manager also told us they were carrying out a second interview for the floating waking night staff. They said this person should be in post within the next couple of weeks. They described the process should something happen at the service, telling us, "Staff would call the on-call person in the first instance and they always call me. All of our services are local, so should, for any reason the floating staff member be at a different location, someone could be here very quickly". We were satisfied that action had been taken to help mitigate any risk to people. We will check at our next inspection that these changes have been embedded into daily practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Despite the areas we have identified where we found the registered manager and registered provider need to take action, all relatives we spoke with expressed how happy they were that their family member lived at Roseleigh. One relative told us, "She will have been there five years this summer and they are head and shoulders above others (services)." A second said, "Cannot praise them enough. She is lucky to be there." Other feedback we received included, "Excellent manager. Really happy as my daughter is happy," and, "I am reassured that he is there and they look after him well."
- It was clear from the registered manager and our feedback with relatives, that they had built good relationships. One relative told us, "Excellent manager" and a second told us, "Manager is good – she is on the ball."
- People had residents meeting where holidays, meal options, outings and activities were discussed. A weekly pictorial menu was produced from these meetings and meals were identified by the person who had chosen them.
- Pictorial surveys were completed with people. These covered aspects of their care within Roseleigh and how they felt about living at the home. Everyone reported they were happy with everything.
- Relatives told us they felt the registered manager communicated well and were pro-active at keeping in touch to share information. We spoke with the registered manager about their contact with parents and they told us, "We have two individual parents meetings each year where they can come with their own agenda. We talk about their loved ones health, activities and holiday ideas. We discuss why particular holiday destinations are meaningful to the person."
- Communication between the registered manager and relatives was good. Relatives told us, "I am kept informed and I am happy with them (staff)," "We have weekly meetings with the manager and get a survey to complete as well as regular newsletters" and, "They had an annual general meeting in a hotel in September to discuss improvement areas."
- During the pandemic people were able to communicate virtually with their family and families were encouraged to film videos of themselves, which could be played to people.
- Quality surveys were sent to families to gain their views of the support their loved ones received. Feedback had been collated and the registered manager told us they had addressed negative comments by introducing more events parents could attend and key worker meetings.
- Staff met regularly to discuss individual people and the service as a whole.
- Staff told us they felt valued in their roles and felt listened to. One staff member told us, "I can approach [registered manager]. She's lovely and very approachable and positive when she needs to make corrections, which I appreciate." A second staff member said, "I'm very, very supported. When I started, I didn't really know anything about the support worker role, but with [registered manager's] support and feedback, I have improved. I like [registered manager]. She will always correct you if you need it, but in a nice way so you

learn." The registered manager told us, "I encourage staff to progress and develop them as much as possible. I have a good relationship with staff. I will stay after I've finished my work and chat to them. But I do expect them to take their job seriously."

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; Working in partnership with others

- The registered manager demonstrated a good understanding of duty of candour. When incidents or accidents occurred, they communicated with relatives and met with them to discuss outcomes and learning. The registered manager told us, "I am always honest with parents. I would rather they hear things from me, than find out afterwards."
- The registered manager was involved in engagement groups which aimed to help improve care services in the local area. For example, the registered manager was a member of the Surrey Care Association. They also worked with the Surrey community team for people with learning disabilities, the epilepsy nurse and chiropodist.

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 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to comply with the principles of the Mental Capacity Act 2005.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to ensure risks to people's safety were robustly assessed and monitored.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure there were good governance arrangements within the service.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured there was a sufficient number of deployed staff.