

Pleasantly Limited

Roselands Residential Home

Inspection report

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Date of inspection visit:
23 September 2019

Date of publication:
19 November 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Roselands is a residential '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. Roselands was providing personal care to 30 people at the time of the inspection. The service can support up to 35 people. Three of the people living there were in hospital at the time of the inspection which meant there were 27 people on the day of inspection. The service had three large lounges/sitting rooms and two dining rooms. There was also a well maintained outside space for people to access.

People's experience of using this service:

The home had been through a series of changes in regard to management. The registered manager had been in place for just over 12 months. Before this there had been several changes in the management. The home was working to embed a structure that met people's needs and offered a person-centred approach.

People told us they were happy living at Roselands. However, risks to people had not always been identified around recording and managing their weights. Risks to people around pressure sores had not been managed. A visiting professional told us pressure sores had not been managed as staff had not been routinely re-positioning people to reduce the risk.

The environment raised concerns as there were several upstairs windows which did not have window restrictors on them. On the day of inspection, the registered manager placed an order for window restrictors to be fitted immediately. The service was unclean in areas, and people's beds were stained. However, the rest of people's bedrooms were clean and tidy. The laundry room did not have a separate space for clean items to be sorted and people's laundry was becoming discoloured due to a poor laundry separation process.

We received mixed comments about the food, with some people describing it as tasteless. The home used a delivery service which brought pre-prepared meals to the home to be heated up. We observed people struggling to eat some of the food or not wanting to eat it. The operational manager told us, "We have a beautiful kitchen. We will revert back to cooking fresh. At the moment it's not acceptable. I recognise that food is a huge part of their daily life."

Staff had completed the required training and were knowledgeable about people's conditions. However, people were not 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 this practice. People were not always given a choice over personal care or what their preference was. For example, people could not choose to have a bath when they wanted to as they were

allocated days by using a shower / bath list.

Care plans lacked personalised information on people's life histories and did not contain details for some people with specific conditions such as dementia or depression. Care plans did contain in-depth information in regard to an overview of people's health needs.

People gave positive feedback about staff and how they were treated. However, staff were task orientated and were not always able to spend quality time with people. Some people were left in their rooms for long periods of time and were not given the opportunity to engage in activities. People who were able to leave their rooms without support could access a variety of activities. However, people who remained in their rooms were not always included in the activities or provided with stimulation meaning they were at risk of social isolation. We observed people taking part in basic activities such as bingo or cards. However, people told us they were bored and would like some different activities to take place.

People and relatives told us they felt safe living at Roselands. The provider took care when recruiting new staff to ensure they met the values of the service. Relatives told us that staff were kind, caring, respected people and treated them with dignity.

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

Rating at last inspection and update

The last rating for this service was Good (report published DATE May 2017)

Why we inspected:

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

Enforcement:

We have found breaches in relation to person-centred care, dignity and respect, safe care and treatment and good governance.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Roselands Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors carried out the inspection.

Service and service type:

Roselands is a 'care home'. People in care homes receive accommodation and nursing 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 used the information the registered manager sent us in the provider information return (PIR). 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 evidence we had about the service. This included any notifications of significant events,

such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection:

We spoke with eight people who used the service and four relatives who acted on behalf of people using the service. We spoke with seven staff members including the registered manager and the operational manager. We spoke with two visiting health professionals. We checked care records for seven people, including their assessments, care plans and risk assessments. We looked at three staff recruitment files and records of team meetings. We also looked at medicine's management, accident and incident records, quality monitoring checks and audits.

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 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.

Assessing risk, safety monitoring and management:

- Risks to people were not always identified. Actions had not been put into place around managing risk associated with people's weight loss. The registered manager informed us people were on food and fluid charts which had targets and totals. We checked charts for three people and none of them had any targets or totals for food and fluids. One person's chart record stated, "Ate half" with no indication as to what had been eaten. Records showed over half the people who lived at the service had lost weight in the past month. The registered manager stated they were not sure the weights were accurate due to a problem with the scales. As a result, the service did not know how much weight people were losing. The registered manager stated they would acquire weights for people as a priority, so they could have an accurate baseline to work from in monitoring people's weight. Following the inspection the provider sent us records to confirm they had completed this action.
- People were not always receiving care and support to reduce risk around pressure sores. A visiting professional told us, "They [people] are sat in the same position. Although equipment is put in place it doesn't replace staff having to move people out of their positions." A staff member told us, "We have to move them to take the pressure off of the areas. Sometimes we have time to do this but not all the time." Another staff member told us, "We are not repositioning people enough in their rooms." At the time of inspection two people had been identified as having pressure sores which were of a low grade and had not caused any harm to the people. The registered manager and operational manager agreed immediately that people who require re-positioning are reviewed and staff are given the time and support to ensure people were being re-positioned.
- Environmental risk factors had been identified by the service. However, these had not been acted upon. For example, we found several upstairs windows that did not have window restrictors on them. We spoke with the registered manager and the operational manager about this. By the end of the inspection new window restrictors had been ordered.

Risks associated with people's care were not always documented and managed. The environment was not always effectively monitored for its ongoing safety. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Health and safety checks were carried out regularly on equipment used in people's care. This included hoists and baths which were checked and serviced according to manufacturer's guidelines. The management team carried out health and safety audits which checked first aid equipment, fire safety, accident and incident reporting and equipment servicing.
- The home had a business continuity plan which outlined the actions the provider would take plan to

ensure people received their care in the event of an emergency.

- People had personal emergency evacuation plans (PEEPS). On the day of inspection, the registered manager had updated these plans to reflect the people that had left the home to go to hospital to ensure that the PEEPS were all correct.

Preventing and controlling infection:

- The care home was not always clean. For example, divans beds were stained and worn. There was a large pot overflowing with cigarette butts from staff outside the back door, and the freezer which was storing food was covered in rust on one side.
- The laundry room did not have a clean area for clean washing to be stored. This meant that both clean and dirty washing was stored in the same space. We brought this to the attention of the registered manager who immediately changed the layout of the laundry room to ensure clean washing had a separate space to be stored.

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

- There were systems and processes in place to safeguard people from the risk of avoidable harm and abuse. Staff were knowledgeable about the different types and signs of abuse and understood their responsibilities to report potential safeguarding concerns. A staff member told us, "It's about keeping people safe, if I saw something then I would report it right away. We have information for the safeguarding team if we need it."
- People told us they felt safe. Relatives we spoke with stated they felt their family members were safe. A person told us, "I do feel safe. Never worried about how they [staff] would be with me." Another person told us, "I do feel safe, I am very well looked after." A relative told us, "[My relative] is definitely safe here."

Staffing and recruitment:

- There were enough staff to keep people safe. However, feedback we received from people and staff, and our observations during the inspection showed that staff did not always have time to provide companionship to people. One person said, "The staff are nice but there is too high a turnover of staff. They don't hang onto their staff." Another person said, "The staff are very friendly, they are always busy. I don't get much time to talk to them." A staff member told us, "I feel like I don't really get enough time with people."
- Agency staff were used to cover vacant shifts. The feedback received from people and professionals mentioned a high turnover of staff and people not having consistency of care. A visiting professional told us, "There is a high turnover of staff which impacts on care." We raised this with the registered manager who told us they are currently recruiting to vacant posts and considering ways to improve staff retention. The operational manager also told us they were looking at ways to keep staff and staffing was a vital area to get right.
- Permanent staff had been safely recruited. They had been interviewed and subject to pre-employment checks such as references and clearance from the disclosure and barring service. The DBS inform potential employers of any previous convictions or cautions a person has. We have made a recommendation for the service to review staff deployment to ensure staff have enough time to spend with people outside of delivering personal care.

Using medicines safely:

- People confirmed they received their medicines as prescribed. One person said, "I am happy for them to handle my medicines. They give it to me each day and it's all fine."
- People received their medicines as prescribed. There were clear procedures for the receipt, storage, administration and disposal of medicines. We observed staff administer medicines and saw they were kind, patient and supportive to people.

- There was clear documentation detailing which medicine people needed and why. Where people were prescribed medicines that were taken as and when required (PRN), there were protocols for staff to follow to guide them to administer this effectively. This included information on the maximum dosage to give within 24 hours.

Learning lessons when things go wrong:

- Systems were in place to record incidents and accidents and prevent reoccurrence. Staff completed incident and accident forms and passed these to the registered manager who conducted their own assessment on each incident. The registered manager kept an electronic record to identify any patterns or trends which was checked weekly.
- The registered manager understood how to use accidents and incidents as learning opportunities. For example, the registered manager told us they had learnt lessons around falls. One person who had fallen had a PEACE (Proactive Elderly Advance Care) plan put in place and regular checks introduced which resulted in no more falls for this person.
- The registered manager also learnt from lessons from other services. The registered manager researched incidents which were publicised by other services and promoted the learning to their staff to both share knowledge and ensure similar incidents did not occur at their service. These included incidents around falls and obtaining burns from heaters.

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 deteriorated to 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. 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.

- People's care was not provided in line with the MCA. People's care plans did not contain decision specific mental capacity assessments and they did not reflect decisions made were done in the person's best interest. For example, people who had sensor mats in their rooms and lacked capacity to make this decision had no decision specific assessments in place or best interest decisions recorded. This meant that the service could not evidence people had given consent for sensor mats to be used or when they were unable to make the decision shown that this was done in the person's best interest.
- The home had a CCTV (closed-circuit television) system in place which covered communal areas. People did not have an assessment within their care plans which documented that any permission or consent had been given around the use of CCTV. The home did not have an assessment in place to indicate why the CCTV was required or what impact this had on people's privacy. We asked the registered manager about the use of CCTV and they were unable to state what the purpose of using it was or why it was required. The registered manager stated they would review and obtain consent should people agree to keeping the CCTV. This consent would reflect the required reasons for having CCTV.

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Where people were subject to restrictions for their own safety, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority. The registered manager had a DoLS tracker in place which all staff had access to. Staff were able to tell us about the people who had DoLS in place and knew how to find the DoLS tracker information.

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

- People we spoke to gave mixed feedback about the food provided at the service. One person told us, "The food varies. One day it's nice and another it's not so. They ask in the morning what you want." Another person told us, "The food is not so good, it doesn't really have any taste." A further person told us, "The food is pretty good, it's on and off."
- People were asked in the morning what food choices they would like. However, we observed that when food was served, people were not told what the food was or offered an alternative option. People living with dementia who may not be able to recall what choices they have made were not told what the food was that was being served to them. We observed people looking at the food and questioning what it was.
- The home used a pre-prepared meals service. This meant food was prepared away from the home and then delivered. The operations manager stated people had decided following residents' and family consultation and tasting sessions to implement this service as people had requested more choice.
- However, following the inspection the operations manager held a further residents' meeting where people stated they would like to return to home cooked food. We have been updated to state that the home has implemented the change to return to home cooked food.

We have recommended that the provider ensure staff communicate to people what food is being served at meal times to ensure people know what they are being served and offer them a chance to have an alternative meal should they wish.

- Despite the concerns raised over the food, people's dining experience was positive. People were chatting to each other around the tables and staff were interacting with people and offering assistance. For example, we observed one staff member who saw a resident struggling with their food and asked them if they would like some help cutting it up. People were regularly offered a variety of drinks throughout lunch.

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

- The environment was not dementia friendly for people who lived at the service. There was a distinct lack of any decoration or signage to support those people living with dementia at the home. The carpets were patterned and well-worn in places. People's doors did not have any signage or decoration to support people to identify which room was theirs.
- We discussed this with the registered manager and the operational manager who told us the decoration of the home was part of the improvement plan. They stated discussions were being held to look at ways to make the home more dementia friendly. The registered manager stated they have discussed a potential memory room for people at a resident meeting. We saw from resident meeting minutes this had been discussed with residents to obtain ideas and feedback. Alongside this we also discussed looking at using an assessment tool from the Kingsfund to explore other areas of the home and to identify areas for improvement. The registered manager and operational manager were fully accepting of looking at ways to improve.

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

- People had an assessment completed prior to living at Roselands. The assessment detailed what people could do independently, required support with and what risks were identified. Equipment required to meet people's needs was identified in this assessment.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs. Staff used evidence-based tools to assess people's risks and needs, such as risk assessments.
- Recognised tools were used for assessment of people's needs. We saw evidence of best practice guidance for key conditions in people's care plans. For example, people's care plans had good detail around oral

hygiene which had been implemented following best practice guidance.

Staff support: induction, training, skills and experience:

- Relatives were confident in the skills of staff who cared for their family members. A relative told us, "{Staff} are always aware of what to do for [my relative] and it can sometimes be a challenge for them, but I have always been very impressed with their skills and knowledge."
- Staff had completed training in areas relevant to people's needs such as person-centred care, safeguarding adults, pressure ulcer prevention and mental capacity. We saw from records that all staff were up to date with training.
- The registered manager told us they talk about training during staff supervisions. Any additional training needs or courses that need to be completed can be raised during these supervisions. A staff member told us, "I have had regular training sessions and if there is anything else I need then I can just ask."
- Staff always had a handover at the beginning of their shift to ensure they were up-to-date with any changes in people's needs. A member of staff said of the handover, "We always meet for handover and we go through the people we are supporting that day."

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

- People were referred to health care professionals where required by staff. We observed in care plans that people were referred to occupational therapists, GP's, Physiotherapists and had input from district nurses.
- People had a health passport which included information about their health needs, medication and allergies which was essential knowledge for ambulance crews and hospital staff.
- People had a detailed oral health assessment in place. People were regularly checked for their oral hygiene and if required were referred to a dentist.
- Relatives said staff monitored their family members' health effectively and were quick to highlight any concerns. One relative told us, "They are on the ball with [my relatives] health, they always keep me informed of any changes or if an appointment has been booked with the GP for example." Another relative told us, "I often get updated when [my relative] needs to attend an appointment. I like to take [my relative] to their appointments so I appreciate being kept in the loop."

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 deteriorated to requires improvement. Although we did receive positive feedback about staff, people were not always given a choice around their care or included in reviews.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence:

- People did not always have an active voice in decisions about their care. People had not routinely been involved in the development of their care plans or included in reviews around their care. The registered manager informed us this was something they had identified as part of their service improvement plan. They told us they aimed to sit down with people and discuss how they wanted their care delivered.
- People did not always have a choice over daily personal care. Staff worked from a shower/bath list which gave people one allocated day for a bath or shower per week. We observed that people looked unkempt as a result of this, however no one had come to harm and people told us they were happy with their personal care. The registered manager told us, "We do have a shower list" but acknowledged people should have a choice every day. The operational manager told us, "We want to offer people choices. We want to include people's preferences in the care plans."
- People were not provided with a clean and efficient laundry service. People's white and coloured laundry had been washed together. This meant that people's clothing was discoloured and often grey in appearance. One person told us, "My family take mine (home), the laundry is awful. Things go missing." We raised this with the registered manager along with the other concerns around laundry raised under safe. The registered manager told us changes had been made following our comments to ensure that people's coloured and white laundry was washed separately.

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

- People said the staff who supported them were kind and friendly. One person told us, "I think it's lovely here, the staff are so kind and caring." Another person said, "They [staff] are all very caring."
- Relatives said staff treated their family members with kindness and respect. They said the home had a homely atmosphere that their family members enjoyed. One relative said, "It's like a family here, just like a family home." Another relative told us, "I can't fault the staff at all, they have always been very lovely and kind to both [my relative] and me." Relatives told us they were made to feel welcome when they visited. One relative said, "I am always welcomed when I come to visit, staff make me a drink and talk to me like a friend." A member of staff told us, "We are like a big family here."
- Relatives told us the home kept them up-to-date about any changes in their family member's care. One relative said, "I feel confident that they can manage, and I know that if anything changes with [my relative] then they let me know."
- We observed caring interactions between people and staff. One person who had become anxious about

paying for lunch was settled by staff. The staff member calmed them by saying "You don't need to worry my darling, everything is paid for. It's fine sweetheart, everything is ok." This reassured the lady who then settled and reacted to the staff member in a positive way, it was clear the person knew the staff member well and they had a good relationship. The registered manager put her arm around someone who was upset and spent time chatting to them and the person rested their head on the registered manager's arm. This interaction cheered the person up and they were seen smiling.

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 deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's care plans lacked detail around their life history and things that were important to them. We observed from looking through people's care plans there was very little detail to describe the life people had led prior to coming to live at Roselands. This meant when we spoke to staff they did not always know people's backgrounds.
- We observed people's care plans did not contain information in relation to people's specific conditions. For example, one person living with dementia had no form of dementia care plan to highlight to staff the type of dementia or how this affects their daily living. The only reference was a section which stated "reassurance when in distress" with no indication what may trigger this or how staff are supposed to support them.
- A second person's care plan stated they had depression and liked to spend time in their room each day. This person did not have a care plan in place to guide staff how to support them around their depression. The care plan stated, "Make sure I have one to one care in my room each day." There was no evidence to show this had been happening and we didn't observe this taking place on the day of inspection. This left them at risk of social isolation.
- People had access to activities provided within the home. However, this did not always account for people in their rooms and increased their risk of social isolation. People told us they felt bored and did not take part in any meaningful activities within home. One person told us, "They have a bit, but they don't have a lot. They should put more on. We need more stimulation. I just sit in my room and don't do much." We observed people sitting in their rooms for long periods without participating in activities.
- We observed some activities taking place within the home on the day of the inspection. We observed staff playing bingo and card games with people. Staff held a reminiscence session for people with dementia. However, there was very little activity taking place for people in their rooms.
- People gave mixed comments with regards to trips outside of the home. It was unclear if people had any involvement in the planning of the trips. One person told us, "There aren't many trips out. I found the last trip boring." Another person told us, "You can go out but not very often due to the transport." Another person told us, "We do get to go out from time to time, some of the trips are good and I enjoy them."

End of life care and support:

- At the time of this inspection no one was receiving end of life care. People's care plans included an end of life section to be completed, but information around people's end of life wishes was minimal. We spoke with the registered manager about this and they told us this is something they are looking to improve and will be speaking to people and families about their wishes and making the end of life plans person-centred.

Although no one was currently receiving end of life care the lack of planning meant that if someone's health changed then people would not have plans in place with regard to how they wished to be supported during this time.

The failure to provide person-centred care and lack of end of life care is a breach of Regulation 9 (Personalised care) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were supported to engage and maintain relationships with family and friends. Roselands had an open-door policy to family and friends. A relative told us, "I visit almost every day and staff and the manager are always so welcoming to me. I can come whenever I like and spend time with [my relative] and I am never made to feel rushed. I really enjoy speaking to staff and with the other people who live here."

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.

- Care plans contained guidance for staff about how to meet people's communication needs. Care plans detailed how each person liked to communicate such as verbal or nonverbal.
- The provider ensured documents were accessible for people using the service in a format they could understand. For example, easy read documents were made available to people if required.

Improving care quality in response to complaints or concerns:

- People were provided with information about how they could raise concerns or make a complaint. An easy read guide which explained the process of how to do this. Complaints received had been dealt with in a timely manner and reached a satisfactory conclusion.
- When people had raised concerns the provider acted quickly to alleviate people's worries.

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 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:

- The registered manager had developed an improvement plan. However, this did not include all of the issues we identified during our inspection. The registered manager and operational manager both offered assurances that feedback from the inspection will be included in the ongoing development of the home which would lead to improved personalised care for people.
- The registered manager completed a range of quality audits, in areas such as medicines, call-bell response times, infection control and health and safety. However not all these audits were effective in picking up the issues that we identified in the safe, effective and responsive domains. For example, none of the issues around the laundry, rusty fridge or people's weights had been identified by the registered manager in the audits. The registered manager told us, "No, [the laundry issue] has not been picked up on the audit. I have already spoken with the staff member and we are going to rearrange the laundry room for dirty and clean areas."
- The audit processes had also failed to identify the gaps in people's care plans around making them person centred. The operational manager told us they will be sitting down to review people's care plans to make them more person-centred.
- Cleaning records were ineffective and were not consistently audited by the manager. For example, divans beds were stained and worn. There was a large pot overflowing with cigarette butts from staff outside the back door, and the freezer which was storing food was covered in rust on one side. These issues had not been identified during quality control procedures.
- The registered manager was working towards embedding new process to improve the quality of the care provided to people. The registered manager had been in place just over 12 months and had started to develop positive relationships with people. The registered manager told us, "We have had some hard times and prior to me starting there have been three other managers in the space of a year. It has been really hard to gain the trust of relatives and residents. Slowly I have gained that trust, and this has helped me to link in more with people." A relative told us, "It has been a bit up and down for a while. There had been a few changes in management and it felt like no one really knew what was happening. Since the current manager has been here things have been so much better."

Quality monitoring processes were not operating effectively to ensure records held about people met requirements. This is a breach of Regulation 17 (1) 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 felt the home had been through difficult times. However, with the new manager things had started to improve. We observed a positive culture within the home and people seemed happy to be living there.
- People and relatives were very positive about the registered manager. One person said, "The manager is very nice. She's lovely. We are great friends." Another person said, "The manager is very good. I like [Managers name]. Very pleasant lady." A relative said, "Since the manager has been here things have got going a bit more and she has been amazing." Another relative said, "The manager seems very supportive."
- Staff told us they felt listened to and supported. Staff gave positive feedback about the registered manager and working at Roselands. One staff member told us, "The manager is nice. I get on really well and feel supported by them. The manager gets involved with supporting people and providing care to people which is great for staff to see."

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:

- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong. A relative told us, "Everyone was superb with [my relative] when they had an accident. They did all they could, looked after him and called me right away and kept me fully updated."
- Where a significant event had occurred, appropriate records had been maintained and the appropriate authorities had been informed. Relatives were routinely informed and kept updated.

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

- The home obtained views from people by asking them to complete a questionnaire. We observed from the feedback given and the analysis conducted people gave a positive account of living at the home. For example, one question stated, 'Are you satisfied with the care and support you receive'. Out of 25 responses received 24 stated yes and one stated sometimes.
- The home also sought feedback from family and friends. A friends and family questionnaire was sent out to people who overall responded positively. Some of the comments received included, "We are so impressed by Roselands. The staff are all very skilled, caring and endlessly patient and the efforts made to engage residents in activities and socialisation are highly effective", "Staff have been highly responsive when [my relative] has been unwell and they keep us well informed" and, "Very impressed with staff interaction. Definitely [my relative] shows she is happy and relaxed."
- Staff also completed an annual questionnaire. However out of 25 sent only seven replied with a response. Staff indicated they were happy in their job. For example, one of the questions read "Overall, are you satisfied with your job." Six people stated yes, and one person said no.

Continuous learning and improving care; Working in partnership with others:

- The home also had good links with local churches. The home was visited by a vicar from a local church who conducted holy communion and prayer. The home was also visited by another local church who provided singing, hymns and interaction with people.
- People had the opportunity to benefit from a local pet therapy team. They would regularly visit the home to visit people and allow for people to receive good quality time with pets.
- The registered manager and the operational manager were open in receiving feedback from us during the inspection. We felt they took the matters seriously and had now thought about ways to improve the level of care provided to people.

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 9 HSCA RA Regulations 2014 Person-centred care the registered provider failed to design care or treatment with a view to achieving people's preferences and ensuring their needs are met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider was not acting in accordance with the requirements of the MCA and code of practice in relation to people's consent to care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not do all that is reasonably practical to address risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to assess, monitor and improve the quality and safety of the service.

