

# White Rose Care Roselands

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### Care service description

Roselands is a residential care home for 15 people with learning disabilities.

### Rating at last inspection

At the last inspection on 21 October 2015, the service was rated Good. The service was rated Outstanding in the Responsive domain.

### Rating at this inspection

At this inspection we found the service remained Good and was Good in the Responsive domain.

### Why the service is rated Good

People told us they were happy living at the service and that it was well managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There were always enough staff to keep people safe. Risks relating to people's care and support were assessed and mitigated and people were supported to be as independent as possible.

People told us that staff were kind and caring. Staff treated people with respect and dignity. People led active lives and participated in a range of activities both inside and outside of the service. People told us they were looking forward to performing a show for their friends and relatives and that they were proud of their recent fundraising efforts.

The kitchen was open and people were supported to prepare drinks and food when they were able. People took it in turns to shop for meals and choose what they wanted to eat. Staff had made prompt referrals to healthcare professionals when they needed additional support and advice. People and their relatives told us they saw a doctor when they were unwell and received their medicines when they needed them.

Staff knew how to recognise and respond to abuse and the registered manager had reported any safeguarding concerns to the local authority. Action had been taken to minimise the risk of them happening again. There had been no complaints since our last inspection. People and their relatives told us they were happy with the support provided. Regular feedback was sought from people and their relatives. All the feedback we saw was positive, and included comments such as, 'Due to the high standard of care and management overall it is impossibly difficult to offer any suggestions in this delightfully peaceful and happy environment.'

Staff received appropriate training and were supported by the registered manager to carry out their roles effectively. The registered manager completed a range of checks on the service, including care plan reviews, environmental checks and weekly audits of medicines to ensure people were safe. Regular fire drills were held so people knew how to evacuate the service in an emergency. Staff were recruited safely. The Care

Quality Commission had been notified of important events within the service, as required by law.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service is now Good.

### Is the service well-led?

Good ●

The service remains Good.

# Roselands

## Detailed findings

### Background to this inspection

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

This inspection took place on 18 October 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, the deputy manager and three members of staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including one staff recruitment file, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

During our inspection we spent time with the people living at the service. We observed how people were supported and the activities they were engaged in. We spoke with seven people and one relative.

We last inspected Roselands on 21 October 2015 when no concerns were identified.

## Is the service safe?

### Our findings

People told us they felt safe living at the service. They were relaxed and comfortable in the presence of staff. One relative told us, "Yes. [My loved one] is safe. There is no way they can get out of the building. There is always someone around."

People told us they received their medicines as and when they needed them. One person told us, "I take a tablet at bedtime" and "The night staff do that." Another person told us their medicines were stored safely and, "[Staff] have got all the tablets in that cupboard round there." The person then pointed to the cupboard where medicines were stored. Relatives confirmed that people received their medicines as necessary. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were trained in how to manage medicines safely and were observed by senior staff a number of times administering medicines before being signed off as competent.

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and any behaviour that could be challenging. Each care plan explained how to manage these risks and ensured that people received the care they needed to minimise the risks from occurring.

Some people were at risk of developing pressure sores. Staff ensured people received the support they needed to keep their skin healthy. Some people had beds with air flow mattresses and special cushions were available for people to sit on. Staff regularly checked this equipment and ensured that they were on the correct settings.

Some people could become distressed when they became confused or anxious and displayed behaviour that could be challenging. There was clear information for staff on what may trigger a behaviour and how to offer reassurance or distraction to assist people to become calm. We observed staff putting this guidance into practice and staff reacted quickly when people became distressed or anxious, offering them reassurance and support.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

There were enough staff on shift to keep people safe and meet their needs. One relative told us, "There is always plenty of staff around" and "They help [my loved one] at their own pace. At breakfast they take ages and the staff do not rush them." The rota was flexible and ensured that people were able to access the activities they wanted, with the right staff support.

Staff knew people well. The registered manager told us that when staff were unavailable, for sickness or other reasons staff from the provider's other services covered the shortfall. People were not supported by staff they did not know or had not met before.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There had been no safeguarding incidents since our last inspection. Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. Staff were confident that the registered manager would act on any concerns that were raised. The registered manager was aware of their safeguarding responsibilities.

## Is the service effective?

### Our findings

People received effective care, and staff were competent in their roles. Staff told us they were well supported by the registered manager. They had regular one to one meetings to reflect on their practice and discuss events that happened within the service. There was an ongoing programme of training which included face to face training and in house training. Staff completed basic training in topics such as safeguarding, mental capacity and first aid. All of this training was up to date, and staff had been booked onto refresher courses in line with the provider's policy.

Training was provided about people's specific needs and staff had a good understanding of people's varying needs and conditions. Staff put their training into practice and gave people the support they needed. People were leading full and active lives and staff knew them well. Staff moved people safely, taking time to reassure them and explain what was happening. Staff spoke to us about people's needs with knowledge and understanding.

The registered manager told us that if they had new starters, without care qualifications they would undertake the Care Certificate. The Care Certificate is an identified set of standards that social care workers work through based on their competency.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS for people, when necessary, but not all of these had been authorised by the local authority.

People were able to make day-to-day choices about what they wanted to do, eat and wear. Staff assessed people's capacity regarding each aspect of their care. When people did not have capacity, best interest meetings were held to ensure that appropriate decisions were made on people's behalf. On the day of the inspection staff were supporting a person to attend a best interest meeting regarding potential dental work. Their family and people who knew them well had been invited to attend.

People told us that they enjoyed the food at the service. Some people needed assistance to eat and drink safely and staff were knowledgeable about how their food needed to be served. During lunchtime people received the support they needed, and staff and people sat together chatting and laughing.

People were encouraged to be as independent as possible and were able to freely access the kitchen. One



person told us that they shared the responsibility for cooking and preparing meals with the other people that lived at the service. They said, "We all share out the cooking, I like cooking." People were able to choose between a range of meals daily and were asked individually what they would like to eat.

People were supported to live healthy and full lives. Some people were living with long term healthcare conditions such as diabetes and they received the support they needed to remain healthy and well. One relative told us, "They are very good with testing [my relative's] sugars. They send us their meds sheets when they come home and I always read the blood sheets and it is quite stable."

Staff assisted people to attend a variety of healthcare appointments and check-ups. People told us they visited the doctor and the dentist when necessary. One person told us, "Afterwards we went for dinner near the garden centre." Staff told us they tried to ensure people viewed seeing healthcare professionals as a positive activity, so people regularly did something they enjoyed, such as going for a meal out after appointments. The outcome of all appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. They felt comfortable in the service and in the presence of staff. One person said, "They [staff] are lovely here" and "They are nice." A relative told us, "They [staff] are all very competent and very good. I'm very happy with the staff. They are a caring lot." We saw feedback from another relative which said, 'The home is lovely and all the residents are so well looked after and seem so happy. Well done to all the team for all their love and support.'

Staff had built up strong relationships with people, and knew them well. When staff arrived on shift they greeted each person individually using their names. People greeted staff warmly, smiling and appearing pleased to see them. Staff listened when people spoke to them and we witnessed many sincere, natural interactions.

Staff ensured people received the support they needed in order to communicate effectively. One person was sitting at the dining room table with their hearing aid on the table. Staff asked the person, "What has happened to your hearing aid?" The person said, "I think half of it has come out." Staff fitted hearing aid together and helped put it into the person's ear. The person was then able to hear and participate fully in the conversations going on around them.

When people became distressed or anxious staff responded quickly to diffuse the situation. One person appeared restless and was wandering around the service both upstairs and downstairs and in the garden. The doorbell rang and staff opened the front door. The person then walked outside. Staff remained calm and reacted immediately. They said, "I am just going to take [person] out for a walk" and followed the person outside. A few minutes later they returned back inside together. The person appeared calmer and then sat with staff whilst they chatted to them.

Staff treated people with respect and dignity and gave them the support they needed in a discreet manner. We observed people eating foods such as yoghurt independently. Staff gave people encouragement to eat on their own, saying, "You can do it." When people spilt food down their chin they were subtly assisted to wipe it away.

People personalised their rooms in line with their particular likes and preferences. People's rooms were painted in the colours of their choosing and were decorated with pictures and things which were important to them.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The registered manager told us that no one currently used an advocate, but people had friends and relatives who supported them to make important decisions.

People were encouraged to be as independent as possible and helped to keep their service clean and tidy. They told us about the range of household tasks they took part in. One person said, "I do the cleaning in my

bedroom." A relative told us, "[My loved one] likes to make their own bed." "They can dress themselves, you just have to give them time. Staff always do that."

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Staff told us how people's relatives visited throughout the year and sometimes joined people on special occasions, such as Christmas Day. Everyone told us they enjoyed the cakes that some people's relatives bought when they visited.

People's care plans and associated risk assessments were stored securely and locked away so that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

## Is the service responsive?

### Our findings

At the previous inspection the service received an outstanding rating for meeting people's needs in a responsive way. At this inspection the ways in which people received responsive care was good, and people received care that was responsive to their needs. However, the service had not demonstrated innovative practice or made improvements on how responsive they were to people's individual needs. We saw feedback from relatives which stated, '[My loved one] is so happy where they live and is so well looked after which is comforting for me and I have no worries about their welfare.' Another relative had written, 'Anyone who is lucky enough to be placed at Roselands will have a life time of happiness. The staff always go the extra mile with their clients which helps people like me to feel reassured that their loved one is looked after so well. Well done Roselands.'

People took part in a range of activities both inside and outside of the service. People lead active lives and told us that they were always busy. They told us about their recent trips out to local restaurants, cafes and shops and about other regular activities they took part in such as swimming and horse-riding. Each person had an individual timetable of activities that they took part in, but this was flexible depending on people's moods and what they wanted to do each day. One person had chosen not to go to their regular activity on the day of the inspection and was supported to find other things to do at the service instead.

On the day of the inspection people were engaged in a variety of activities. Some people went to a local day centre to socialise with their friends. Staff asked one person if they wanted to listen to their favourite music and when the music was put on they stood up and danced in the lounge. Some people chose to stay in their bedrooms and watched television whilst others took part in arts and crafts activities. Throughout the day different people went out shopping or for coffee.

People were supported to follow their own interests and hobbies. One person told us that they enjoyed bird watching. They participated in an annual bird watching survey and submitted the results to a nationwide organisation. They had been supported to purchase their own binoculars and staff commented on the different birds in the garden, at multiple times throughout the inspection.

People told us about a show they were planning to put on with their drama group. They told us they were really looking forward to 'singing' and 'performing.' Staff had hired a local community hall and people were going to perform the Wizard of Oz. People spoke excitedly about the different characters they were playing, and one person proudly told us that they were going to be 'Glinda the good witch.'

Staff told us that some people had become more confident since they had started to sing at their local church. One staff member said, "It is the biggest success we have had. We have now bought four microphones here so they can have one each." People told us that they enjoyed singing and that they also took part in karaoke at home.

People were active members of their local community and had built up strong relationships with those around them. People told us they took part in regular fundraising events for causes within the local

community. People regularly raised money for a local theatre group who in turn always invited people to their performances. People also raised money for a local ukulele group who visited the service regularly throughout the year.

People's friends and family were always welcome at the service. Staff told us how people's families were an important part of their lives and they were invited to events at the service. One person's relative had given the service home grown tomatoes and people had been supported to make chutney with them. People were given additional support to remain in touch with their loved ones. One person was supported to use an electronic tablet to video call their relatives and other people were supported to use the telephone. When people visited their friends and family staff drove them and collected them if needed.

Regular celebrations were held at the service and the registered manager told us that they thought it was important for people to have positive things to focus on. Everyone's birthday was celebrated and people showed us invites they had made to recent birthday parties, including an afternoon tea. A relative told us, "On [my loved one's] birthday they did a garden party and they put on the food...they will do things like that." People had also recently participated in a harvest festival where they had made bread and discussed the things that they were thankful for.

Before people moved into the service an assessment was completed to ensure that staff and the service could meet people's needs. People, their loved ones and other professionals that knew people well were involved to ensure the information was accurate and staff knew important things about the person. People were able to visit the service and meet the other people who lived there to check they all got on before they moved in. A relative told us, "Before they have anyone new move in they have them here for a day to see if they suit." People's care plans were regularly reviewed once people moved in to ensure they were updated if anything changed. One person who had recently moved in told us they were glad they had moved. They said, "I am happier here. It is lovely."

Important information about people was stored in the rooms, so it was easily accessible for people and staff to refer to. Each person had a 'person centred plan' which contained photographs of things that were important to them. The person centred plans contained key information that staff should know about a person and what was important to them. We visited one person in their room and they showed us all of the information that was kept there. They were clearly familiar with the contents of their person centred plan, and enjoyed looking at the pictures of themselves smiling and laughing, and taking part in the activities they enjoyed.

There was clear guidance in place for staff so they knew how people liked to be supported. The registered manager had recently re-written the moving and handling guidelines for one person as their needs had changed. Staff told us that this guidance was important as it ensured consistency and meant that regardless of who was supporting the person they received support in the way they wanted.

Each person had a named member of staff who took responsibility for their care. These staff members were referred to as key workers. Some people had two key workers, as there was two members of staff that they got on with particularly well. People were able to choose their own key workers to ensure they felt comfortable with the member of staff and knew them well. One person told us, "[Staff member] is my key worker and they take me out shopping."

Some people needed assistance to communicate and staff understood people's non-verbal communication which allowed them to make their needs known. Some people made specific sounds or noises which staff were able to interpret. Other people pointed or gestured at things they wanted. Staff knew people well so

everyone was able to participate in deciding how they wanted their care to be provided and staff knew if people were not happy about something.

There had been no complaints since our last inspection. A relative told us they were very happy with the service provided and that there was, "A good atmosphere." The complaints procedure was displayed in the entrance hall so was easily accessible to staff and visitors. Staff and the registered manager told us they always welcomed feedback to look at ways of improving the service. People took part in regular house meetings and met regularly with their key workers to which gave them an opportunity to discuss any issues or raise any concerns. One person said, "I don't get worried anymore. I talk to [the registered manager] and [staff member.]"

## Is the service well-led?

### Our findings

People and their relatives told us they thought the service was well-led. One person said, "[The registered manager] is the boss, they are a nice boss and they help me all the time." We saw feedback from a relative which stated, 'We find Roselands to be run to a very high standard always.'

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

The service had been run by the registered manager for a number of years. People and their loved ones were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of inclusion and equality with everyone taking a role in the running of the service. Everyone took part in some way in the cooking, cleaning and people were always consulted on any changes to the service.

Staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which were based on its homely ethos. The registered manager told us, "We offer quality of life, not always quantity." Some people had lived at the service for a long time and were getting older. Staff told us they wanted to ensure people remained as active as possible and were able to live their lives to the full.

The registered manager worked alongside staff so they could observe and support them. They told us, "I am very hands on, how else do you know what is going on?" Staff understood their roles and knew what was expected of them. Staff were supported by the registered manager who was skilled and experienced in providing person centred care. Staff told us they felt well supported and felt comfortable asking the registered manager for help and advice when they needed it.

The registered manager understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

There were links with the local and wider community and people had friends in the local area. People regularly met up with their friends from the provider's other services. People showed us invites they had received for a Harry Potter themed Halloween party and a Mexican evening. People were supported to use public transport and regularly ate out in local restaurants and cafes.

People had detailed care plans, risk assessments and communication passports in place. Staff regularly updated these when people's needs changed to ensure that everyone received consistent care, regardless of who was supporting them.

People and their relatives, staff and other stakeholders were asked for their feedback about the service on a

regular basis. All the feedback responses we saw were positive and included, 'Due to the high standard of care and management overall it is impossibly difficult to offer any suggestions in this delightfully peaceful and happy environment.' A relative told us they were regularly consulted about the service. They said, "We get a questionnaire once a year, which we complete. We get phone calls about things to give our input...I've always been quite happy."

The registered manager carried out regular monthly checks on the service. These covered a range of areas such as medicines administration, the quality of completed paperwork, including daily notes and incident forms and whether relevant health and safety checks were carried out.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the entrance hall and on their website.